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Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1-7 Principles		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1-7 Staff Pledges	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

This policy applies to all staff employed by University Hospitals of Morecambe Bay Foundation Trust, as well as locums, agency staff, volunteers, students, contractors and employees of other organisations that provide services across the Trust.

This policy does not cover hand hygiene, the use of personal protective equipment or laundry but makes reference to them.

2. PURPOSE

The purpose of this document is to set out the Trust's policy with regard to staff uniforms and to clarify the situation in relation to non-uniform arrangements.

This policy sets out the expected standards of dress code with UHMB, and is based upon patient safety, public perception and confidence and staff comfort whilst going about their daily duties

This policy also acknowledges that all employees and workers of UHMB have the right to choose the style i.e. trousers / dress for the job which they are employed. This policy is intended to be flexible enough to ensure that recognised minorities are able to feel comfortable e.g. religious groups, ethnic minorities, employees and workers with gender dysphoria and gender reassignment whilst ensuring that workwear should be safe, fit for purpose, comfortable and appropriate for the duties being undertaken

UHMB employees and workers are asked to make their uniform choice based on the gender that they identify with rather than their biological sex.

Studies have shown that presentation and appearance have a large impact upon public perceptions of competence, hygiene and skill in the NHS and it can influence perceptions of the quality of care received. Employees are expected to present a positive professional corporate image in order to encourage patient and public confidence in the Trust and its workforce.

A consistent approach to the standard of dress and wearing of uniforms enables members of the public to identify with ease UHMB employees including, Bank and agency staff and also addresses health and safety requirements. Staff have a responsibility to minimise the risk of infection, injury and ill-health to patients, other persons and themselves whilst at work. Therefore risks associated with items of clothing or accessories must be considered, as part of a risk assessment process, in relation to activities being carried out whether clinical or non-clinical.

Members of staff not required to wear uniform are required to enhance the profile of the Trust and the clothes worn should promote dignity and professionalism and demonstrate a positive image at all times.

For those not required to wear a uniform consideration should be given to necklines, dress / suit length / shoe type to allow for modesty whilst performing the role.

The Trust is committed to fair and equitable treatment of all members of staff irrespective of age, gender, marital status, disability, race, colour, national/ethnic origins, religion or sexual orientation and will therefore respect an individual's preference or requirement for customary dress, to be worn for cultural or religious reasons, subject to the minimisation of

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health, safety and infection risks.

Definitions

Uniform

A uniform for the purpose of this policy is clothing and footwear which is purchased and supplied for staff to wear when they are on duty. This applies but is not limited to traditional clothing such as dresses, tunics, shirts, blouses, in some areas safety footwear and PPE.

Direct patient care

When staff are working directly with patients either in any clinical or home setting. All clothing and equipment provided remains the property of the Trust and should be returned to your line manager when leaving the Trust

3. SCOPE

3.1 Duties

All staff are responsible for implementing and upholding the principles in this policy. If unsure of the suitability of a particular item of clothing for work, the employee should check with their manager.

All managers have a responsibility to ensure that:

- Staff are aware of the content of the policy
- All staff comply with the policy
- They should make informal assessments of dress and appearance of staff working within their team to ensure that workwear is in keeping with patient and staff safety in the workplace i.e. appropriate footwear/ jewellery worn when moving and handling
- When uniform is worn managers should ensure sufficient uniforms are available for permanent staff to ensure that they can wear a clean uniform each shift and make their uniform choice based on the gender that they identify with rather than their biological sex.
- Any concerns regarding dress code or appearance of staff including clothing, footwear, jewellery, watches/fitbits, alert bracelets, body piercing or general appearance, is to be discussed with the individual in the first instance. If the concern raised by the manager constitutes a health and safety risk, the individual will be required to make the appropriate changes immediate
- Failure to follow the Workwear Policy may result in disciplinary action under the Trust's Disciplinary Policy.

Some departments may wish to display posters or other visual aids advertising who wears which uniform, to make it easier for patients and staff to identify some staff roles.

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4. POLICY

4.1 Principles

- To promote infection prevention and control.
- To avoid unintentional injury to patients
- To reduce the likelihood of injury to staff
- To respect the cultural values or beliefs of our patients, visitors and staff
- To lead by example and promote public confidence.
- To promote the Corporate image of the Trust

It is expected that everyone will use common sense in applying the Dress Code and in doing so will fully comply with the purpose and principles of the Code

4.2 Name Badges, Smartcards and Lanyards

- All staff are to wear identification badges in the form of clearly displayed photograph trust ID badges, smartcards are not a form of Trust identification but are access cards.
- Lanyards if worn by clinical staff must be secured away if involved in direct patient care.
- Lanyards must be washed weekly in keeping with infection prevention advice and guidance and in the interests of patient safety, any damaged lanyards, in which the safety catch(es) are not in working order or are damaged in any way must be disposed of and replaced immediately
- Lanyards should be checked daily to ensure that there are safety catches and they release easily, particularly for those staff involved in direct patient care., if damaged or broken must not be worn and be replaced immediately
- Badges if damaged or illegible must be replaced
- If your smart card is lost it must be reported to IT immediately to enable suspension of your account as a part of information governance and data protection.
- Uniforms and ID badges must remain fully covered or removed when travelling to and from work.
- Lanyard colour and provision is at the discretion of the Care Group
- **Lanyards must not be worn when driving** (there have been reported incidents of becoming tangled when air bags are activated).

4.3 General Presentation and Appearance

Staff will look clean and smart in appearance and tidy and have a good standard of personal hygiene.

Staff will wear uniforms where provided. These are to be clean and fit for purpose with minimal alteration that is in keeping with fitting only, no added fashion accessories or styles are permitted i.e. Rolling up of short sleeves or 3/4 pants .

Staff are not permitted to smoke or vape in uniform at any time.

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4.4 Uniform Guidance

Uniforms should be changed into and out at work where possible. Although there is no conclusive evidence of an infection risk, there is a public perception that wearing uniforms outside clinical environments is unhygienic.

The Trust is aware that not all staff have access to adequate changing facilities and therefore staff may choose to change into uniforms at home. When travelling between home and work, uniforms must be fully covered by a coat. Uniforms must not be worn out of hours (apart from when travelling between home and work).

The wearing of uniform in public places e.g. retail shops or recreational premises is not permitted unless that is an integral part of the individuals role (and in these cases the uniform should be covered unless job-related).

Uniforms should be transported separately from other items, and clean and dirty uniforms should be transported in different bags to reduce the risk of cross contamination.

Staff wearing theatre blues/scrubs must change prior to leaving their working area except in the event of an emergency situation. They must not enter the dining room wearing theatre blues/scrubs /masks or theatre shoes.

Maternity wear is available upon request.

Uniforms should be washed at 60 c or above in a regularly maintained washing machine. Allowances for the laundering of uniforms are not provided by the Trust; it is the member of staff's responsibility to claim any tax allowance relating to this.

For further laundry guidance refer to the Department of health guidance on uniforms and work wear¹

Managers should ensure that uniforms are replaced in a timely fashion as and when required either from the Trust agreed stockist or the linen/sewing room if available for staff.

Summertime options

- Staff may refrain from wearing hosiery
- Where the provision of a dress is part of your uniform options (this would be one of the preferred options of the uniforms provided) but if this is not in keeping with individual requirements, reasonable adjustments can be a consideration at the discretion of your senior manager (this can include skirts/shorts)
- Navy Blue/Black long length shorts (just above the knee length and not Lycra type shorts) may be considered at the discretion of your line manager / senior team in keeping with your area of work.

Non-uniformed employees

Are required to dress in clean smart casual wear:

- Clothing is to be practical and as comfortable as possible to enable staff to perform their duties to the best of their ability
- Torn clothing is unacceptable
- Skirts, dresses or shorts are to be knee length or below.
- Trousers are to be smart casual

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- No denim to be worn
- Underwear/undergarments are not to be exposed.
- Midriffs are not to be exposed
- Necklines are to be discreet
- Shirts, polo shirts and t-shirts are to be smart and plain in appearance.
- Clothing should not be able to be construed as provocative or offensive, including clothes with inappropriate writing, logos or designs.
- See section 4.9 regarding suitable footwear

See section 4.5 for further information regarding Bare Below the Elbow.

4.5 Bare Below the Elbows

“Bare Below the Elbows” is the phrase which has been used to refer to the DoH guidance on uniforms and work wear, (DoH 2007)². The guidance examined the evidence base around uniforms and work wear. It identified that long sleeved cuffs became heavily contaminated with microorganisms and were likely to come into contact with patients thus posing a cross infection risk.

All staff involved in a “direct patient care activity” (DoH 2010)¹ MUST be “Bare Below the Elbows”. A direct patient care activity” is defined in Appendix 1. Whilst in Clinical areas all staff, non-clinical and clinical must adhere to “Bare Below the Elbows” regardless of individual requirements unless PPE is required.

A Clinical area in this context is defined as an area which a clinician is involved in a “direct patient care activity” (See appendix 1).

There may be instances for cultural or social reasons where staff requests to meet the requirements of a certain belief / religion in the workplace. Such requests should be discussed with an individual’s line manager and should not compromise Bare Below the Elbow guidance.

When staff are in clinical areas/designated Clean areas i.e. from the entrance to a ward is deemed as a clinical area or in a “direct patient care activity” (DoH 2010)¹ they MUST be “Bare Below the Elbows” and adhere to infection prevention procedures relating to work wear e.g.: Bare below the elbow, removal of tie, any jewellery except a plain wedding band.

4.6 Jewellery

For staff working in clinical areas and other designated Clean areas (i.e. catering staff, CSSD staff):

- No rings except a plain band
- No wristwatches or bracelets of any kind
- No visible neck chains
- No visible ankle chains
- No more than one pair of discreet ear studs (white metal or yellow metal) additional ear piercings must be covered, if they cannot be removed whilst in the clinical area.
- No other visible body piercings other than a single plain nose or eyebrow stud is permitted

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Aims:

- Ensures effective hand washing techniques and prevents infection
- Avoids personal injury and injury to those being cared for
- Maintains a professional image

4.7 Infection Prevention

Effective hygiene and preventing infection are absolutes in all healthcare settings and staff should demonstrate positive personal hygiene. Although there is no evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients.

Maximum contamination of disease-causing bacteria has been found in the areas of greatest hand contact, for example pockets and cuffs allowing the recontamination of washed hands.

Staff who come into contact with bodily fluids **MUST** wear Trust provided personal protective equipment (PPE), such as gloves, aprons and masks, as described in the PPE policy. Additional measures may be necessary during a declared outbreak of infection to reduce cross infection and further contamination. For example staff may be asked to wear scrubs which will be centrally laundered.

The Trust are be sensitive to customary dress of staff, but any modifications to usual practice which may compromise health and safety or infection prevention measures, must be discussed with the line manager and risk assessed.

Staff working in areas where long sleeves are a part of the PPE would be the exception to this mandate

4.8 Hair / Beards / Nails / Make-up

- Hair must be clean and tidy. Staff who are performing clinical work should secure hair away from the face and above the collar.
- Staff must project a professional image at all times when on duty.
- Hair accessories must only be worn for practical use i.e. to tie hair up and dark in colour. Catering and theatre staff must wear the appropriate hair covering and must not wear hair accessories for contamination and health and safety reasons.
- All staff who work or have contact in inpatient or designated clean (food hygiene) areas should ensure that their nails are short, clean, and unvarnished without any false nails or overlays to reduce the risk of infection.
- Beards should be well groomed and short above the collar or a net worn
- Make-up should be worn in moderation.

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4.9 Footwear

Footwear must be practical and appropriate to ensure a safe environment for staff and patients.

- Staff engaging in direct patient care should wear full footwear. Shoes will be closed, and of waterproof material over the foot and toes to protect staff from spills and dropped objects, reducing the threat of injury and contamination. (Crocs or Clogs that may be worn would be required to comply with this standard.)
- Soft soled shoes provide a quieter environment and are to be worn by staff providing direct patient care.
- Flip Flops, Crocs, plimsolls, stiletto heels and beach shoes are unacceptable in the workplace
- Uniform footwear should be plain black/dark brown in colour, without any logos being visible and appropriate for the work being undertaken, any exceptions to this must be discussed and approved with your line manager and Senior Care Group team.
- Where it is required that specific footwear is provided by UHMB then this footwear **must** be worn as directed unless an alternative reasonable adjusted footwear has been sanctioned and agreed by OHD and the manager

4.10 Outerwear

Clinical and frontline non-clinical staff may wear sweatshirts, fleeces, fine wool cardigans or jumpers when travelling between areas of the hospital / community subject to management discretion. These must be plain without any logos other than the NHS logos and navy blue for Nursing Staff, or the same colour as the uniform for other staff disciplines.

Cardigans must always be removed before entering a clinical area and delivering any clinical care. To reduce the risk of cross infection cardigans, hoodies, suit jackets and jumpers must not be worn when carrying out clinical duties or when in a designated clinical area. There may be exceptions to this i.e. in some community settings, which will be reviewed and assessed by the line manager to ensure safe practice.

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5. ATTACHMENTS	
Number	Title
1	Definition of Direct Patient Care Activity (Department of Health
2	Advice from the Muslim Spiritual Care Provision (MSCP) in the NHS
3	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	Title and web links from the document library
Corp/Pol/048	Disciplinary Policy
Corp/Pol/068	Personal Protective Equipment (PPE)

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Department of Health (2010) Uniforms and Workwear: Guidance on uniform and workwear policies for NHS Employers. London: Department of Health. Available at: https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751 (accessed 6.1.20)
2	Department of Health (2007) Uniforms and Workwear: An evidence base for developing local policy. Available at: https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078433 (accessed 6.1.20)
Bibliography	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Joint Working Group		04/07/2019

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10. DISTRIBUTION PLAN	
Dissemination lead:	Joint Working Group
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	Request to made to Policy Coordinator
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? No		
Action by	Action required	Implementation Date
N/A	N/A	N/A

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date
2	October 2013	All	Complete revision of policy	October 2016
2.1	25/09/2016	Page 1	Review Date extended to 01/01/2018	01/01/2018
2.2	22/08/2018	Page 1	Review date extended - form 120/2018	01/03/2019
3	04/07/2019	All	Policy revised to replace, UHMB, Blackpool and CPFT policies	01/07/2022
	13/11/2019	4.2	Minor amendments made following Trust Procedural Documents Group	

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Appendix 1: Definition of Direct Patient Care Activity (Department of Health)

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings.

On the ward

- In the patient area
- In any activity that involves patient contact
- Moving between areas in a ward

In out-patient clinics

Any activity that involves patient contact, for example

- Examining patients
- Wound care
- Collecting samples for testing

In the Community

- Patient's home
- Community hospitals
- GP practice or other delegated clinical area
- When the patient is receiving treatments or care

In treatment and minor surgical procedure rooms

At all times when patients are being treated.

In clinical areas with specific dress requirements

- In operating theatres
- In intensive/critical care units
- A&E departments

Hand Hygiene during direct patient care activity requires washing / disinfection:

- Before patient contact
- After patient contact
- Sometimes during patient contact in between treatments or medications such as IVs as a part of ANTT
- Before aseptic tasks
- After risk of body fluid exposure
- After contact with a patients environment.

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Appendix 2: Advice from the Muslim Spiritual Care revision (MSCP) in the NHS

Exposure of the forearms is not acceptable to some staff because of their Islamic faith. In response to these and other concerns, the MSCP convened a group including Islamic scholars and chaplains and multi-faith representatives as well as the Department of Health policy makers and external experts in infection prevention. Based on these group discussions, the MSCP prepared a list of recommendations to ensure that local dress code policies are sensitive to the obligations of Muslims and other faith groups whilst maintaining equivalent standards of hygiene.

Incorporating any of these recommendations into Trust policy will have to be agreed in conjunction with clinical managers and the local infection control team.

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct patient care activity.
- Uniforms can have three quarter length sleeves.
- Any full or three quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand washing and direct patient care activity.
- Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed.

Use of hand disinfection gels containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain)

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Equality Impact Assessment Form

Department/Function	Nursing	
Lead Assessor	Helen Thompson	
What is being assessed?	Workwear Policy	
Date of assessment	19.6.19	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Network	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Staff Side Colleague	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Service Users	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Staff Inclusion Network(s)	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Personal Fair Diverse Champions	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Other (including external organisations)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Please give details: Lancashire Teaching and Blackpool Victoria		

1) What is the impact on the following equality groups?		
Positive: <ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	Negative: <ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups 	Neutral: <ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Positive	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? <p>This policy has developed in liaison with staff from all ethnic groups, to ensure that workwear is safe, fit for purpose and appropriate for all staff employed by UHMB</p>
Disability (Including physical and mental impairments)	Positive	<p>This policy includes reasonable adjustments to enable all staff access to comfortable fit for purpose workwear in line with their role, whilst maintaining dignity and respect for every individual within the Trust.</p>
Sex	Positive	<p>There is flexibility contained within the policy to reflect and respect choices of all individuals within the organisation</p>
Gender reassignment	Positive	<p>This policy provides a consistent flexible and fair approach to the standards of workwear within the organisation</p>
Religion or Belief	Positive	<p>This policy has developed in liaison with staff from all ethnic groups, to ensure that workwear is safe, fit for purpose and appropriate for all staff employed by UHMB</p>
Sexual orientation	Positive	<p>There is flexibility contained within the policy to reflect and respect choices of all individuals within the organisation</p>
Age	Positive	<p>This policy includes reasonable adjustments to enable all staff access to comfortable fit for purpose workwear in line with their role, whilst maintaining dignity and respect for every</p>

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		individual within the Trust.
Marriage and Civil Partnership	Neutral	Not relevant to this policy
Pregnancy and maternity	Positive	This is an integral part of the business as usual
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	This does not apply
--	---------------------

3) If your assessment identifies a negative impact on Equality Groups, you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually. 		
Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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