

Dress Policy

Hub reference:	PC060	Policy Lead	Helen Christodoulides, Deputy Chief Nurse
Version:	7.0	Policy Author (if different)	Stuart Pearson - Head of Nursing
Approved by:	Executive Team	Name of responsible committee/ group	
Date of approval:	17 October 2022	Review date:	17 October 2024
Policy supersedes:	Dress Policy, V6.0, 16th April 2020		
Executive Lead:	Lisa Grant, Chief Nurse		
Target audience:	All staff and volunteers working within the Trust along with those on secondment, on placement from other departments, organisations, and student placements within the Trust.		
Keywords	Dress, Uniform, Shoes, Footwear, Tattoos, Piercings, Religion		

Dress Policy

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Checklist for Review and Approval

Version Control Template (for draft policies only)

1 Staff Summary & Introduction

This policy outlines what the expectation is within the Leeds Teaching Hospitals NHS Trust in relation to employee's dress and applies to all staff and volunteers working within the Trust, those on secondment or placement from other organisations, students on student placements within the Trust and official visitors to the Trust. Students, along with all agency workers will obtain their uniforms from outside of the Trust but are otherwise required to comply with the standards in this policy without exception.

This document describes what we expect from staff members in the following categories: all staff, staff in clinical areas, all staff who wear uniforms and theatre staff.

General Information

A clinical area is defined as a location where patients are examined or undergo clinical procedures. All staff must be bare below the elbows when working in or entering clinical environments in order to facilitate effective hand hygiene. For the purposes of this policy this means that sleeves must be either rolled up or of a length that leaves the forearms completely uncovered, no wrist watch or any other wrist coverings are worn and no jewellery is worn below elbow level other than a single plain wedding / civil partnership band. Information is available in regards to staff members who object to having their forearms completely uncovered on religious grounds, see 4.1.1

All staff (including agency workers), volunteers, or students working in the Trust are expected to present a smart and professional image. They must wear the correct approved uniform and protective clothing where this is required. Where uniforms are not required, staff and students must dress appropriately for their role in accordance with the principles and practice set out in this policy. Staff wearing a clinical uniform must change into and out of their uniform on work premises only.

Any concerns from employees regarding the contents of this policy should be discussed with their line manager.

BACKGROUND/CONTEXT

As an NHS Trust our main purpose is to provide excellent patient care, education and research. Staff appearance inspires confidence, reflects standards of care and reassures public expectation. We expect a smart, professional image to be portrayed by everyone who is employed by the Trust who may or may not be required to wear a uniform. Further details are included in the General Principles section.

This policy should be read in conjunction with the following Trust policies which are available on Leeds Health Pathways

- Infection Prevention & Control policies, particularly Hand Hygiene and Infection Prevention & Control Policy.
- Health and Safety Management Policy
- Equality and Diversity Policy
- Smoking Control Policy
- Food Safety Policy

This policy reflects best practice and available evidence with regard to the wearing of suitable dress and uniforms. Recommendations have been made following advances in legislation and national guidance i.e. Infection Control, Health and Safety and the Human Rights Act (1998), Equality Act (2010), Uniforms & Work wear: guidance for NHS Employers (NHS England 2020), National Infection Prevention and Control Manual (June 2022)

It is recognised that supplementary dress codes maybe required, however these must still comply with the principles laid down within this policy. Any supplementary policies must be approved through the relevant CSU's governance procedures.

All staff (including agency staff), volunteers, or students working in the Trust are expected to present a smart and professional image. They must wear the correct approved uniform and protective clothing where this is required. Where uniforms are not required staff and students must dress appropriately for their role in accordance with the principles and practice set out in this policy.

This policy applies to all staff and volunteers working within the Trust, those on secondment or placement from other organisations, students on student placements within the Trust and official visitors to the Trust.

2 Purpose and Effect

PURPOSE

This policy recognises that employers have reasonable expectations that their employee's appearance will support and promote the values and aims of the organisation. At the same time it takes into account employees' expectations that they will be valued as individuals.

There are many different staff groups working in a range of settings in the Trust and not all staff have contact with patients or visitors. This means that local dress codes may differ dependent on the nature of the work and job roles. However, no members of staff work in complete isolation. **All** staff are in contact with colleagues and their identification (ID) badges identify them as Trust staff when they move around the hospital sites.

The objectives of this dress policy are to promote patient health and safety, increase public confidence and to ensure members of staff feel comfortable in what they are wearing.

POLICY EFFECT

The policy identifies staff as belonging to one of four categories, namely:

- 4.1 All staff
- 4.2 Staff in Clinical Areas - additional requirements
- 4.3 All staff who wear uniform
- 4.4 Theatre staff

3 Key Definitions

LTHT	Leeds Teaching Hospital Trust
CSU	Clinical Service Unit

4 Process

4.1 All Staff

4.1.1 General

All staff must make sure the forearm is completely uncovered when working in or entering clinical environments to facilitate effective hand hygiene. For the purpose of this policy, this means that sleeves must be either rolled up or of a length that leaves the forearms completely uncovered. No wrist watch, jewellery or any other wrist coverings can be worn below the forearm level other than a single plain wedding / civil partnership band.

Where for religious reasons staff wish to cover their forearms during patient care activity, it is acceptable, as per the Uniforms & Work wear: guidance for NHS Employers (NHS England 2020) to wear disposable over-sleeves elasticated at the elbow and wrist, which must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists before and after use must still be observed as per Hand Hygiene Policy.

The only exception to the requirement for staff to cover the forearm in clinical areas is when they have to pass through such an area to access an office, changing room, teaching room or other non-clinical area. In this situation staff should pass through the clinical area as quickly as possible. If they need to stop in the clinical area for any

reason they must make sure that sleeves be either rolled up or of a length that leaves the forearms completely uncovered.

A clinical area is defined as a location where patients are examined or undergo clinical procedures, including ward rounds and or any interaction with patients, their notes or the clinical environment.

- All visible own clothing must be of smart appearance and professional. This applies to staff working from home when attending virtual meetings. Short cut skirts, low cut trousers, cropped tops which reveal midriffs or underwear, plunging necklines, see-through garments, or casual jeans are not acceptable. Underwear should not be visible.
- Slogans or images on clothes, badges or tattoos that might cause offence or make an individual believe they have been discriminated against or that they are the subject of harassment are not allowed and should reflect a professional image.
- Ties must be removed or tucked in prior to entering clinical areas. Bow ties may be worn.
- All staff must have the forearm uncovered when entering or working in clinical areas. Long sleeved garments must not be worn when entering or working in clinical or ward areas. First responders from outside of a clinical areas must make all reasonable attempts to uncover their forearms as soon as practicably possible
- Outer garments must be removed as soon as possible after entering a clinical area and not be put on again until leaving the area e.g. fleeces, coats.
- Generally, hats must not be worn unless they are part of a uniform. In order to meet religious requirements head coverings may be worn (Examples include turbans, head scarves and skullcaps).
- To ensure effective communication, clothing and veils which cover the face are not permitted in clinical areas. For security checks these must be removed on request for identification purposes.
- Modifications and reasonable adjustments will be made if a disability or medical condition makes it difficult or impossible for a staff member to comply e.g. allergies to specific fabrics, the need for specialist footwear etc. Initially, the member of staff will need to discuss with their line manager, appropriate and suitable adjustments which are fit for purpose. Longer term or permanent adjustments must be authorised in writing at Head of Nursing or Profession level with supporting advice from a doctor, other relevant healthcare professional or the Occupational Health department to ensure that the recommendation are fit for purpose.
- 'Theatre Scrubs' are a required uniform for theatre staff and for staff undertaking surgical procedures in an operating theatre environment. See section 4.4 for further information.
- Where clinical areas other than theatres have adopted theatre wear as practical clothing for their own work areas, this should be authorised by IPC and Estates & Facilities. **These must be purchased as a uniform and should be alternative colours to enable differentiation from theatre staff.**

4.1.2 Staff Identification and Badges

- Official Trust photo Identification (ID) badge or, where relevant, ID badges of the employing organisation or educational institution, **must** be in possession of staff at **all** times. This must show a **current recognisable image** of the member of staff with full name and designation clearly displayed, worn when appropriate in the correct orientation. Trust staff members must not be alarmed if another staff member requests to see their Official Trust photo Identification (ID) badge or, where relevant, ID badges.
- **All clinical staff must attach ID badges to their uniform using a clip. Neck lanyards are not permitted when working in clinical areas.** Staff not working in patient areas may wear neck lanyards. These must have a safety breakaway clip with no text except NHS, LTHT, trade union names, or other affiliated organisations such as Leeds Cares.
- A Trust approved name badge (e.g. Hello my name is...) with preferred name and designation must be worn by **all** staff in public and patient facing roles in addition to the ID badge being in possession at **all** times.
- The badge of a professional organisation, trade union, or trust-wide accolades (e.g Leeds Excellence in Practice ward) may be worn
- Approved national health campaign badges may be worn (e.g. NHS Rainbow badge)
- All badges must be removed in situations where they are likely to cause injury to patients, staff or visitors.

4.1.3 Professional Appearance

It is important that all staff portray a professional image when at work. Staff must consider their professional appearance whenever entering the work environment and consider their professional image before undertaking activities that may alter their appearance in the workplace. Unconventional hairstyles, offensive tattoos, scarification or branding that might cause offence or make an individual believe they have been discriminated against or that they are the subject of harassment, are not allowed.

4.1.4 Hair

- Hair should be clean, neat and tidy.
- Long hair must be fastened up in a way that prevents the hair from falling onto the patient and tied back when working in a clinical area.
- All staff must be either clean shaven or stubble neatly trimmed. Beards and moustaches and facial hair are to be kept clean, neatly trimmed or rolled and tucked. In some circumstances beard nets or snoods will be necessary. For example; during food handling, in theatres or where beard length comes into contact with the collar. Local decisions will be made regarding the necessity for nets / snoods.

4.1.5 Jewellery

- In clinical environments jewellery (including watches, wristbands, necklaces, bracelets, ankle chains and all rings), other than one plain wedding/ civil partnership band, must be removed.
- Visible body piercing for instance on ears, tongues, eyebrows, lips and noses are permitted with small discreet studs (certain local dress codes may exclude the wearing of any facial jewellery including earrings, e.g. staff involved in food preparation and those working in theatres).
- Staff with existing ear stretching must wear flesh coloured plugs whilst at work.
- Dermal piercing/implants of face, neck and arms are inappropriate for professional environments. Staff must consider their professional appearance before undertaking to have such a piercing. Where a staff member has such a piercing, this must be kept covered.
- The security of jewellery that an employee has been asked to remove remains the responsibility of the wearer.
- Religious symbols e.g. Kara (steel bracelet) and bangles worn for therapeutic purposes may be worn discreetly, provided they comply with health and safety and infection prevention and control and hand hygiene guidelines. In clinical areas these must be pushed up the arm and taped to enable effective clinical hand washing and decontamination. Initiated Sikhs carrying a Kirpan (dagger), should ensure it is hidden and secure, in order to comply with health and safety and infection prevention and control guidelines.
- Where jewellery is permitted it must be discreet and not represent a health and safety risk to the employee and others.
- No member of staff is permitted to have dermal piercings/implants of the wrists as this prevents effective hand hygiene.

4.1.6 Footwear

- All shoes must be clean, in good repair and safe. In clinical environments, shoes must be dark in colour, non-slip, low heeled, wipeable and soft soled.
- Open backed footwear or open toed shoes are not conducive to safe moving and handling and are not recommended and as such should not be worn
- Specialist footwear may be necessary in some areas e.g. theatres and estate management staff and must be worn according to the local uniform policy or dress code.

4.1.7 Hosiery

- Staff working in clinical areas or who wear uniform, tights, stockings or socks must be black or neutral in colour.
- Socks or hosiery can be omitted in hot weather conditions.

4.1.8 Fingernails

- All staff should keep fingernails short, clean and neat.

All staff entering, or working in clinical environments, or wearing uniform, are not permitted to wear nail varnish including gel nails, false nails, nail extensions or nail jewellery. **4.1.9 Tattoos, Scarification and Branding**

- These must be kept covered until fully healed. Where this may contravene effective hand hygiene procedures, staff must remain off work until their tattoo, scarification or branding is fully healed. Staff must therefore only undertake to have the above when they have sufficient annual leave available to allow them to take time off for full healing.

4.1.10 Make up

Make up must be natural looking and discreet. If wearing false eyelashes, they must be natural looking and well secured.

4.1.11 Personal Hygiene

- Staff are expected to maintain a high level of personal hygiene and avoid wearing strong perfume or aftershave.
- Staff who are wearing strong deodorant or perfume/aftershave must be considerate to the wider working team, and sensitive discussion should be held between individuals and managers where there is disagreement about what constitutes a strong fragrance.
- For staff with food handling responsibilities it is recommended that blue plasters are used if required to cover an open wound.

4.2 Staff in Clinical Areas - additional requirements

- Head coverings worn for religious reasons must reflect a professional image, and worn tucked in to prevent accidental contact with the patient or their immediate environment.

4.3 All Staff Wearing Uniform

Staff wearing uniform must maintain a professional image at all times. To achieve this aim, uniform must be of an appropriate fit and in good repair. The uniform must be clean, odour free, crease free and not damaged.

- Tunic and trousers or dresses may be worn. Longer length dresses are available if required.
- Vests or T-shirts must not be visible unless of matching colour to uniform. Uniforms must be correctly fastened.
- Uniform cardigans or jumpers may only be worn outside clinical areas and must be navy. However, night staff are allowed to wear a cardigan or jumper but it must be removed before attending to patients.
- Trainers may be worn but must be dark in colour and adhere to section 4.1.6 including being of a wipe clean material.
- Staff performing outside duties may wear jackets if their work takes them out of the Trust.
- Staff who work outside may wear a plain sunhat or a plain woollen or fleece hat.
- Staff wearing a **clinical** uniform must change into and out of their uniform on work premises only.

- The wearing of **clinical** uniform outside Trust property is not permitted unless a specific requirement of the role, e.g. community midwives or conducting home visits.
- Clinical staff may travel directly between hospital sites in uniform (not theatre attire - this applies regardless of whether the staff member actually works in a theatre environment or not) by car or the Trust shuttle service providing the route is direct from site to site. Under **no** circumstances should the uniform be worn on public transport, motorbikes or bicycles.
- It is **not** acceptable for staff to be seen smoking in uniform either close to or away from hospital premises. Staff wishing to smoke during working hours **must** change out of their full uniform before doing so. This also applies to e-cigarettes and vaping pens.

4.4 THEATRE

All staff entering restricted areas must wear designated clinical uniform (restricted areas include anaesthetic rooms, preparation rooms and operating rooms).

When leaving the theatre department on official or unofficial duties, staff should adhere closely to the recommendations within the policy and the local theatre dress code.

4.4.1 Dress

- All staff within the operating department must wear a freshly laundered set of theatre blues (trouser suit) of an appropriate and comfortable fit.
- Theatre blues must be replaced at least daily. Following contamination by blood, body fluids, excessive perspiration or returning to the department, staff must select fresh theatre blues to reduce the potential risk of cross infection.
- No theatre blues, used or clean, are to be stored in personal lockers.
- Following use, theatre clothing must be laundered using the Trust laundering contractors.

4.4.2 Hair and Headwear

- All head and facial hair must be covered, preferably by a single use disposable theatre hat or hood.
- All headwear **MUST** be replaced at least daily. However, following contamination it must be replaced as soon as practicable. This applies to all headwear whether single use disposable or not.
- If headwear is not single use disposable it must be washed according to IPC guidelines and a clean one used daily. This applies to any headwear including cloth hats or any headwear worn for religious reasons.
- Single use disposable hoods are recommended for those with beards. All staff must be either clean shaven or stubble neatly trimmed. Beards and moustaches and facial hair are to be kept clean, neatly trimmed or rolled and tucked.
- In some circumstances beard nets or snoods will be necessary. This will be decided locally based on risk assessments which should consider religious needs
- Hats must not be worn outside designated areas.

4.4.3 Footwear

- Specific theatre footwear will be provided by the Trust.
- Theatre footwear must be well fitting, supportive and protective with enclosed toes and uppers. They must provide protection from spillages, accidentally dropped sharps, allow rapid response in an emergency (heel grips), facilitate safe moving and handling, and support reduced noise levels (soft soled). In addition the footwear will have antistatic properties.
- Footwear must be regularly cleaned and decontaminated. Cleaning is the responsibility of the wearer. It must not be left in a contaminated state and must be left clean and ready for use.

4.4.4 Facemasks

- Masks must be worn by the surgical scrub team when sterile items are being opened (or already open), when surgery is already underway or during surgical intervention.
- Masks must be worn by the full theatre team when implants are being inserted as part of the surgical procedure
- All masks must completely obscure the mouth and nose.
- All masks must be single use and disposed of immediately after use. When removing the mask, it should be handled by the tapes.
- Hands should be washed following removal of mask.
- Masks must not hang around the neck or under the chin.
- A fresh mask must be worn following a rest break.
- Masks must not be worn outside of designated areas (e.g. theatre).

4.4.5 Outer Garments

- Outside clothes, coats or fleeces etc. must not be worn over theatre attire at any time.

4.4.6 Appropriate Dress When Leaving Theatre

- If there is a requirement to leave the theatre for official duties or during rest breaks, masks and headwear must be removed and replaced upon return to theatre with a fresh hat and mask.
- Staff must not stay in public refreshment areas in their theatre blues. Staff wishing to do so must change into their own clothing.
- Footwear must be changed into normal shoes in all circumstances.
- Under no circumstances must staff leave the building in theatre attire and theatre shoes. This includes hospital grounds, car parks, public transport (including hospital shuttle) and own cars. The public are very aware of infection issues. It is generally their understanding that this type of clothing is worn for invasive procedures and in high risk areas.

4.5 NATIONAL / REGIONAL EMERGENCY SITUATIONS

Where national / regional emergency situations arise, there may be adaptation or adjustments to this policy. Information will be disseminated via the emergency preparedness intranet page and email updates and the Infection Prevention and Control team.

4.6 LAUNDERING OF CLINICAL UNIFORMS

- Uniforms must be changed whenever soiled and at least daily.
- Uniforms must be laundered at home in accordance with the guidance detailed below or in accordance with the temperature stated on the garment care label (theatre clothing must be laundered using the Trust laundering contractors)
- Uniforms must be transported to and from work in a clean plastic bag.
- Where the Trust laundry service is unavailable or inappropriate (e.g. where own clothes are worn) and items are laundered at home they must be washed at the hottest temperature for the fabric.
- Domestic washing machines only achieve social cleanliness and are rarely capable of achieving thermal disinfection. It is important that clothing of clinical staff is washed appropriately in order to achieve thermal disinfection. They must be washed on a machine cycle that maintains a temperature of 71°C for at least 3 minutes or 60°C for at least 10 minutes.
- Uniforms must be washed separately from other items to avoid cross contamination. Tumble drying will help to reduce the risk of microbial survival.
- When dry, uniforms need to be ironed with a hot iron paying particular attention to the seams as this is where bacteria may harbour.
- Staff wearing head coverings of any kind for religious reasons must ensure that they have sufficient to wear one that is freshly laundered each day.

4.7 SUPPLY OF UNIFORMS

- Where it is a requirement for a uniform to be worn this will be provided by the Trust.
- Staff working in a clinical setting will be supplied with sufficient uniforms according to their pattern of work. Additional uniforms will not be issued for weekend working but staff must still comply with the need to wear a clean uniform each working day.

Working Frequency	Number sets of Uniform
5 days a week	4 sets of uniform
4 days a week	3 sets of uniform
3 days a week	2 sets of uniform
2 days a week	2 sets of uniform
1 day a week	2 sets of uniform

- The above table is a guide and should staff require additional uniforms, they are advised to discuss their requirements with their managers who have the discretion to provide these.'

- Trust uniforms must be purchased from a recognised Trust supplier in accordance with relevant local dress code.

4.8 ADVICE

Any staff needing advice should pursue this through their management structure and local Human Resources specialists. The Infection Prevention and Control department, Human Resources, Head of Chaplaincy, Head of Patient Experience and the Head of Health and Safety can also provide advice if necessary.

5 Key staff and committees/ groups

5.1 Role of the Chief Executive

The Chief Executive has overall accountability for ensuring that the Trust meets its obligations in respect of maintaining appropriate standards as per the dress code policy

The Chief Executive devolves the responsibility for monitoring and compliance to the Chief Nurse and Chief Medical Officer.

5.2. Role of the Chief Nurse and Chief Medical Officer

The Chief Nurse and Medical Director are responsible for ensuring that Trust staff uphold the principles of the dress policy and that appropriate policies and procedures are developed maintained and communicated throughout the organisation in co-ordination with other relevant organisations and stakeholders.

5.3 Medical Director and Nurse Directors (Operations)

The Medical Director and Nurse Director (Operations) are responsible for ensuring implementation of this policy in Clinical Service Units (CSUs).

5.4 Clinical Director, Head of Nursing or Head of Profession and General Manager

The Clinical Director, Head of Nursing or Profession and General Manager are responsible for ensuring that the requirements of this dress policy are managed within their CSU and that staff are aware of, and implement, those requirements.

5.5 Lead Clinician, Matron and Business Manager

The Lead Clinician, Matron and Business Manager are responsible for ensuring that the dress policy is communicated and implemented within their areas of responsibility.

Lead Clinicians and Matrons will take a leading role in the implementation of this policy within their clinical areas. Lead Clinicians and Matrons will also take a leading role in the investigation of incidents or complaints in regard to the dress policy.

5.6 Role of Senior Sister, Charge Nurse, Departmental Manager, Lead AHP

It is the role of the Senior Sister, Charge Nurse, Departmental Manager or the Lead for Allied Healthcare Professions to locally implement this policy. They should make provision for mechanisms to be in place to ensure that their staff have read, understood and enforce this policy and any additional local dress codes.

They must ensure that any local uniform or dress codes, for which they are responsible for, are reviewed and amended if necessary to comply with the Trust Dress Policy.

They must take the necessary steps to resolve any problems raised by staff about changing facilities, laundry quality and the availability of soap, paper towels and hand gel.

They must resolve or report up through the appropriate management structure any circumstances which make compliance difficult.

5.7 All Staff Members

It is the responsibility of every staff member to ensure their personal compliance with the dress policy.

All staff must recognise that if on-call, that they may be required to attend an emergency situation and should be prepared to respond rapidly in appropriate attire.

All staff must report any circumstances which make compliance with the requirements of this policy difficult to their line managers in a timely manner including availability of laundry facilities.

6 Equality and Diversity Impact

This Policy has been assessed for its impact upon equality. The Equality Analysis can be seen in appendix 1.

The Leeds Teaching Hospitals NHS Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

7 Consultation and review process

This policy was circulated for review to:

- Clinical Directors and Clinical Service Unit (CSU) teams
- Chief Nurse Team
- Staff Side
- Religious groups including Sikh, Muslim, Jewish, Christian (via LTHT Chaplaincy)
- Infection Prevention and Control Team.

- Consultation group incorporating specific staff groups including, Allied Health Professionals, pharmacy, hotel services, logistics, physiotherapy, nursing, medical, radiography representatives.
- Theatres and Anaesthesia
- Patient Experience
- Human Resources

8 Standards/ Key Performance Indicators

Dress code is one of the elements audited in the Health check Metrics within Inpatient Wards, Outpatients, Maternity, Theatres and the Emergency Department. These results will enable the Trust to establish the effectiveness of the policy. Any incidents arising in relation to the dress policy will be reported via Datix.

9 Monitoring Compliance and Effectiveness

Policy element to be monitored	Standards/ Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency or monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
Publication	The policy is published on Share point.	Corporate Nursing to check this is published.	Head of Nursing Professional Practice Standards & Safety Team.	2 Yearly - to be revised in the interim if required.	Professional Practice Standards Safety Team.	Professional Practice Standards & Safety Team.
Use of the policy.	The policy is in use in all clinical areas of the Trust.	Health check metrics audit in clinical areas.	Ward Manager, Matron, Head of Nursing. Professional Practice Standards & Safety Team.	Monthly.	Head of Nursing for the CSU.	Clinical Director & Head of Nursing for the CSU.
Use of the policy.	The policy is in use in all areas of the Trust.	Local governance.	Departmental Managers.	As specified per department.	Departmental Managers.	Departmental Managers.
Incidents.	That there are no incidents relating to the dress policy.	Incidents are reviewed at CSU Governance Meetings.	CSUs.	Quarterly.	CSU Governance Meetings.	CSU Governance Meetings.

10 Plan for Communication and Dissemination of Policy

Dissemination will be via the following methods;

- Operational Bulletin
- Heads of Nursing meeting

11 References / Associated Documentation

In addition to local Trust policies the following documents have been taken into consideration:

- Uniforms & Work wear: guidance for NHS Employers (NHS England 2020)
- Health and Safety and the Human Rights Act (1998)
- Equality Act (2010)
- Emergency Preparedness Policy
- Infection Prevention & Control

Equality Analysis

Full analysis template 3



This form:

- can be used to prompt discussion when carrying out your analysis
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Division/Programme: Nursing	Service area/Project: Nursing
Lead person: Nurse Director (Corporate)/Deputy Chief Nurse	Date: April 2022

1. Title: Dress Policy			
Is this a: <Tick as appropriate>			
Change to an existing Strategy / Policy	<input checked="" type="checkbox"/>	New Strategy/policy	<input type="checkbox"/>
Change to Service / Function	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify:			

2. Members of the assessment team		
Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
Simran Dorca	LTHT	Sister
Laura Wokes	LTHT	Lead Nurse
Stuart Pearson	LTHT	Head of Nursing

3. Summary of strategy, policy, service(s) or function(s) being assessed:
This policy has been revised to advise what the expectation is within Leeds Teaching Hospitals NHS Trust in relation to employee's dress and applies to all staff and volunteers working within the Trust, those on secondment or placement from other organisations, students on placements within the Trust and official visitors to the Trust.

4. Scope of the equality analysis: (complete - 4a if you are assessing a strategy, policy or plan and 4b if you are assessing a service, function or event)	
4a. Strategy, policy or plan (please tick the appropriate box below)	
The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input checked="" type="checkbox"/>
Please provide detail:	
The scope of the equality analysis is the Dress Policy.	

4b. Service(s), function(s), event (please tick the appropriate box below)	
The whole service (including service provision and employment)	<input type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input type="checkbox"/>
Please provide detail:	

5. Fact finding – what do we already know
<p>This is an update to the existing policy. Specific updates have been made to supporting guidance around certain religious wear, and managing situations where strong fragrances are worn. There has been removal of references to gender stereotyping.</p>
<ul style="list-style-type: none"> • Staff members working within the Trust are advised of appropriate dress under the incumbent policy. • A wide consultation will occur as part of this policy review to include <ul style="list-style-type: none"> ○ All Clinical Service Unit (CSU) teams and HoNs ○ Chief Nursing Team.

- Religious groups including Sikh, Muslim, Jewish, Christian
- Patient Experience Team

Consultation groups including representatives from,

- Allied Health Professionals
- pharmacy
- estates and facilities
- hotel services
- logistics
- physiotherapy
- nursing
- medical
- radiography

Are there any gaps in equality and diversity information:

Please provide detail:

- Equality monitoring data on staff members dress is not currently available.

What actions will you take to close the gaps:

Please provide detail:

Identify how data may be obtained going forward to report as part of Equality and Diversity information monitoring.

- Wide consultation has occurred in relation to this policy to consider equality from a diverse perspective

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested in the policy or proposal?

Yes

No

If you ticked no, please state why not and indicate what evidence you are relying on to inform this analysis:

7. Who may be affected by this activity?

(please tick all relevant and significant protected characteristics and stakeholders that apply to your strategy, policy, service or function)

Protected characteristics

<input type="checkbox"/> Age	<input type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or belief
<input checked="" type="checkbox"/> Sex (male or female)	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Other

(for example – marriage and civil partnership, pregnancy and maternity, social class, income, unemployment, residential location or family background, education or skills level)

If you answered Other, please specify:

Stakeholders

<input type="checkbox"/> Patients	<input type="checkbox"/> Carers	<input type="checkbox"/> Trade Unions
<input type="checkbox"/> Partners	<input checked="" type="checkbox"/> Employees	<input checked="" type="checkbox"/> Suppliers
<input type="checkbox"/> Other		

If you answered Other, please specify:

8. Analysis of impact

Using the information you have gathered including feedback from any engagement activities, consider whether the evidence highlights potential for differential impact (positive or negative) in relation to the protected characteristics and stakeholders

- As there will be wide engagement, it is expected that there will be minimal impact of the policy in regard the protected characteristics

8a. Will this activity help to advance equality of opportunity?

Yes

What actions will you take to maximise any positive impacts?

Sharing of good practice and wide engagement
8b. Could this activity potentially have a negative impact?
No
What actions will you take to mitigate any negative impacts?
To check datix for incidents related to staff dress. Respond to comments, issues or complaints relating to the content of the policy and review concerns within 1 month of receiving the concern.

9. Will this activity promote strong and positive relationships between the different groups/communities identified?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details: Standards regarding dress wear will be uniformed across the Trust
Action required: None identified.

10. Could this activity be perceived as benefiting one group at the expense of another?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please provide details: No, consideration and adjustments within the policy will ensure fairness
Action required: None required.

11. Equality Analysis Action Plan

(insert all your actions from your analysis here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
Review impact of implementation of policy	Annual- March 2023	Feedback from Heads of Nursing, Allied health Professionals and datix incidents regarding dress.	Head of Nursing: Professional Practice, Clinical Standards and Safety

Checklist for the Review and Approval of Policy

LEEDS TEACHING HOSPITALS NHS TRUST

Approving Body Checklist for the Review and Approval of Trust Policy or Procedure

To be completed and attached to the policy when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Format and Content		
	Is it in the correct format?	Y	
	Is the staff summary clear and adequate?	Y	
	Are the intended outcomes clearly described? (the Policy/Procedure Effect)	Y	
	Is there a Definitions section giving an explanation of key terms used.	Y	
	Has the policy's impact on Equality and Diversity	Y	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	been fully considered?		
2.	Consultation and Review		
	Has there been appropriate consultation with stakeholders and users?	Y	
	Has an appropriate governance group reviewed and supported the document prior to submission for formal approval?	P&P review group	
	For HR Policies only, has the TCNC approved the document?	Y	
	If it is a clinical policy/procedure has it been reviewed by the Clinical Guidelines Group?	n/a	
	Has it been reviewed by the counter fraud team?	N	
3.	Dissemination and Implementation		
	Is there a communications plan to identify how it will be communicated and implemented? The Communications Team can help you with advice.	Y	
4.	Process to Monitor Compliance and Effectiveness		
	Is there a monitoring table setting out measurable standards or KPIs together with clear monitoring and reporting mechanisms (to ensure there is assurance of implementation)	Y	
5.	Review Date		
	Is the review date in 2 years? If not is there a justified reason?	Y	

If the document needs urgent approval before all of the above are satisfactorily addressed, please bring this to the attention of the appropriate committee so conditional approval can be given.

Endorsement from appropriate group(s)

(This will vary depending on content and nature of policy)

For example, a policy relating to radiation should be considered by the radiation safety committee.

A staff policy should be reviewed by TCNC.

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Group		Date	
Group		Date	

Version Control Sheet

This document to be maintained by the Policy/Procedure/Protocol Lead, and a copy attached to each version as it is circulated for consultation/input.

Version	Date	Author	Status	Comment (including actions taken)