

**Uniform and Dress Code Policy**

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| **Current Author / Lead and Job Title:** | Andrew Heath, Associate Director of Nursing and Quality  Jayne Taylor, Workforce Business Partner – Clinical Support | | | | |
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| Version Control Sheet | | | |
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| This must be completed and form part of the document appendices each time the document is updated and approved | | | |
| **Date dd/mm/yy** | **Version** | **Author** | **Reason for changes** |
| 14/01/2020 | 8 | **Andrew Heath, Associate Director of Nursing and Quality** | General Review |
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| 01/02/2023 | 9 | Andrew Heath, Associate Director of Nursing and Quality  Jayne Taylor, Workforce Business Partner – Clinical Support | Moderate changes to policy |

| Consultation / Acknowledgements with Stakeholders | | |
| --- | --- | --- |
| **Name** | **Designation** | **Date Response Received** |
| Barry Casey | Staff Side Representative | 20.12.22 |
| Tracy Manton | Linen & Sewing Room Manager | 03.02.23 |
| Caroline Hargreaves | Catering/Facilities | 07.02.23  03.05.23 |
| COAST | All Members | 08.03.23 |
| Director of Nurses Meeting | All Members | 22.02.23 |
| Uniform Approval Group | All Members | 07.02.23 |
| John Marsden | Counter Fraud manager | 15/05/23 |
| Maggie Heaton | Staff Side Representative | 15/05/23 |
| George Rogers | Adult Speech and Language Therapy and Pain Management Service Manager | 11/05/23 |
| Marion Chioda | Ward Clerk Chair/Unison Health Branch | 15/05/23 |
| Policy Forum |  |  |

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# Introduction / Purpose

The aim of this policy is to ensure that all staff whilst on duty within the Trust are dressed in such a way that maximises staff and patient safety, and projects a professional image. Standards of personal presentation in the workplace are expected to be high at all times and any uniform provided to be worn in the prescribed manner.

The professional image presented by staff is an important component in the way we are perceived by colleagues, patients and the public. Uniforms make a profession recognisable, which in turn promotes trust and confidence. A professional image is one that is smart and simplified with limited personal adaption, a professional appearance and manner is important to maintain patient and public confidence.

The Trust respects the right for staff to adhere to religious and cultural observances. However, consideration should be given to infection control, the operation of machinery, clear identification of staff and clear communication with patients.

Uniforms should not be visible outside the hospital unless on specific Trust business or with prior written authorisation. The general public's perception is that uniforms pose an infection risk when worn outside clinical settings. This may have a damaging effect on the relationship between professionals and patients and the public image of healthcare workers.

# General Principles / Target Audience

The Policy applies to all members of Trust Staff including Bank, agency, students, learners, work experience and contractors. Although some of these groups may have their own agency, university / college uniform, they are nevertheless expected to comply with the principles of this dress code whilst working on placement within the Trust.

## Purpose

The purpose of the policy is to ensure all staff are clear on the standard of dress expected whilst at work, whether wearing uniform or non-uniform. The dress code details the standards and image which the Trust wishes to convey to all patients and members of the public. In all cases, the following principles should be supported and promoted, to adhere to the recognised legal framework:

* Health, safety and well-being of patients
* Health, safety and well-being of staff
* Infection prevention and control
* Public confidence and professional image
* Professional accountability, as defined by professional bodies/councils

The application of this policy will:

* Ensure staff maintain a positive professional image and do not present themselves in a manner that might undermine confidence in the Trust or its services.
* Enable easy identification of role, profession and the individual staff member is maximised through clear and visible staff identification.
* Ensure staff wear clothing in line with the principles of this policy
* Ensure that infection prevention and control and health and safety issues are addressed recognising the specific requirements for Personal Protective Equipment (PPE (1)).
* Ensure that confidence of service users is maintained.

Failure to follow a Trust Policy may result in disciplinary action being taken (2; 3).

# Definitions and Abbreviations

DH Department of Health

PPE Personal Protective Equipment

# Responsibilities (Ownership and Accountability)

It is every member of staff’s responsibility to ensure this policy is upheld. The Trust has the right to expect that the standards in this policy are adhered to and line managers will regularly monitor adherence.

# Uniform Wearers

## Changing and Washing Facilities

* The Trust has two main areas dedicated for staff changing facilities.  These are managed by the Facilities Department and for further information on how to obtain a locker in these areas, please contact the laundry department.
* Some wards and departments will have staff changing facilities in their area and for these facilities, please discuss with the manager of the area*.*
* Where changing room facilities are available, staff must only wear uniform within the Hospital and its campus, unless they are undertaking a clinical visit in the community setting, staff must not arrive or go home in uniform. If staff do not have a ward / departmental level changing facility, they may travel directly to and from work only in uniform. In these instances, the uniform must be suitably covered by external clothing to preserve the professional image of the Trust.
* Staff must be changed and ready to commence work at their rostered start time and must remain in uniform until their rostered finish time. Unless protected by Whitley Council rules, changing time is not provided to allow staff to change in their “working” time.
* For staff working in the community sites, they must preserve a professional image, always wearing the appropriate uniform.
* Only uniforms provided by the Trust which have been approved by the ‘Uniform Approval Group’ and supplied to staff can be worn, this includes cardigans, trousers, and fleeces.
* Any change in staff ‘titles’ must also be approved by the Uniform Approval Group before being embroidered on a uniform.
* Uniforms that are subject to normal wear and tear may need replacing every 3 years. If an employee experiences significant weight loss, weight gain or wear and tear such that their uniform is no longer fit for purpose or fails to present the professional image required then they may request a replacement sooner.
* Clinical uniforms must be clean and correctly laundered at all times. A wash for 10 minutes at 60° removes most micro-organisms. Staff wearing non-clinical uniforms should check the laundry instruction labels on item of uniform to wash at the designated temperature.
* Personal Protective Equipment (PPE (1)) will be provided and must be worn appropriately when required.
* Wash uniforms separately from other clothes. Clean machines and tumble driers regularly and maintain according to manufacturer’s instructions.
* Allowances for the laundering of uniforms are not provided by the Trust, it is the member of staff responsibility to claim any tax allowance relating to this (4).   
  <https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools>
* Protective resources must be worn i.e., aprons, however, if uniform / clothing becomes visibly soiled or contaminated these must be changed as soon as practical.
* A clean uniform must be worn at the start of each shift.
* Uniforms must not be worn at formal outside events unless permission is obtained from the relevant divisional director.
* Belts in corresponding colours issued by the sewing room at Blackpool Victoria Hospital or at Lancaster, Moor Lane Mills, may be worn with dresses and must be laundered regularly or replaced if visibly soiled or contaminated. Buckles must be kept clean, and belts should be removed when delivering clinical care.
* Staff wearing theatre greens 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 greens.
* “Old Style Theatre Blue” uniforms are only to be worn in areas agreed by individual Divisions. “Blues” are not to be worn in operating theatres.
* The correct uniform allocated, must be always worn when on duty, including nights and weekends.
* Any item of uniform damaged by misuse will be replaced from stock and paid for by the member of staff.
* Maternity wear is available upon request.
* Staff providing clinical care must ensure that no garment comes below the elbow (Please refer to the Control of Infection Policy (5; 6) and 4.1.1).
* All uniforms provided remain the property of the Trust and must be returned upon termination of employment to your immediate Line Manager as per contract of employment.
* Shorts should not be worn unless direction has been given as per the severe weather plan as detailed in **5.3**. In such cases the limitations of where shorts may be worn will also be detailed.

## Bare Below the Elbows

* The NHS Uniforms and Workwear: guidance for NHS employers (2020 (7)) provides an evidence base for developing local policy, which details the requirement to wear short sleeves, the avoidance of wearing white coats, and the avoidance of wearing hand or wrist jewellery. All these measures help to support effective hand washing and so reduce the risk of transmission of the infection to patients.
* All staff involved in direct patient care or visiting a clinical area must be 'bare below the elbow'. Staff that are unable to be bare below the elbows for any reason must discuss this with their line manager who may seek guidance from e.g. Occupational Health and/or infection prevention.

## Footwear

* Staff undertaking clinical duties must wear footwear that is a full shoe i.e., Heel and toe parts intact. They must be correctly fitted and must also be plain, compatible with their uniform and made of a substantive material, with a soft, quiet heel and sole and should be in a state as to provide full support for the feet. Heels on the shoes must not exceed 2.5cms (1inch). Shoes must be kept clean.
* Plain black training shoes with no branding may be worn at the divisional management team’s discretion.
* When wearing a uniform dress tights / stockings or hold-ups should be worn and these should be of natural colour, navy blue or black. Socks should not be visible or be of a nature which may cause offence. Concessions to wearing of tights / stockings or hold-ups may be given in accordance with the Severe Weather Plan procedure CORP/PLAN/003 (8) during times of heatwave. This direction will be given and authorised by the Director of Nursing or Deputy Director of Nursing and will be for a defined period of time.
* Where required, safety footwear will be provided; it will be the responsibility of the individual staff member to ensure that the footwear provided is worn and kept clean following use.
* Clogs and Crocs without holes or ‘jibbitz’ are permitted to be worn in Theatre and Critical Care areas. These must have heel supports to prevent possible slips, trips and falls. They must be dark blue, black or white in colour and only be worn in the clinical work environment.

## Cardigans

* 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 Trust or NHS logos and be Navy blue for Nursing Staff, or the same colour as the uniform for other staff disciplines.
* Cardigans must always be removed before delivering any clinical care.

## Hair

* Both male and female staff must tie long hair back and when in clinical areas, hair must be off the collar.
* Hair must be clean, neat and tidy, and not of an unconventional style. Staff should always consider patients’ expectations of a professional image when on duty.
* Hair accessories must only be worn for practical use i.e.to tie hair up and dark in colour and must not contain stones. Catering and theatre staff must wear the appropriate hair covering and must not wear hair accessories for contamination and health and safety reasons. Headwear should be worn for work when part of a required uniform.
* Facial hair must be kept clean and tidy and reflect the professional standards expected by Trust staff. In food preparation, serving areas and decontamination areas facial hair should be covered.

## Tattoos

* Tattoos, that are considered offensive or likely to cause upset to patients, carers, visitors or other staff must be covered at all times.
* Full length arm covers are available through NHS supplies.
* The use of arm covers should be considered in discussion with the individuals line manager and Infection Prevention as the person will no longer be bare below the elbows and may require a risk assessment to be completed so that they can continue to undertake their role.
* In circumstances where it is not appropriate to wear arm covers or the person refuses to wear them redeployment to an area where being bare below the elbows is not required may be necessary.
* Where an individual is contemplating having a tattoo they should consider the professional standards expected by Trust.

## Jewellery

Please refer to the Hand Hygiene Policy (CORP/POL/056 (9; 6)) regarding jewellery.

### Clinical Staff Only.

* Rings – only one white or yellow, plain metal band is permitted. Rings with stones are not allowed.
* Earrings – one small plain ball stud with no stones may be worn in each ear, necklet chains are not to be worn, unless for religious purposes and worn under the uniform. Gauge earrings or stretched earlobe piercings must always have a ‘hoop’ in and be covered whilst working in a clinical environment.
* Scissors are not permitted to be worn in an outside breast pocket. If pens or bleeps are worn in the outside breast pocket, they must be secured to the pocket.

### Catering Staff Only.

* Items of jewellery must not be worn with the exception of a watch and one plain metal band. However, wristwatches must not be worn in food handling areas. This is stipulated by the Blackpool Environmental Health Officer and must be always adhered to.

### Clinical & Catering Staff.

* No other visible body piercings / ornaments are acceptable unless for religious reasons.
* Fingernails must be always kept short and clean. Clinical and catering staff must not wear artificial / acrylic / gel nails or nail varnish at any time please refer to the Hand Hygiene Policy (CORP/POL/056 (9; 6)
* Make-up must be discreet.
* Semi-permanent and false eyelashes are not to be worn in clinical areas or areas where food handling occurs.

### All Staff.

* It is expected that non-clinical staff who may undertake periods of work or have reason to be in clinical areas will also adhere to the requirements of all the above points

# Non-Uniform Wearers

* Staff must dress in a manner, which is smart in appearance, clean and promotes a professional image
* If providing patient care, ensure that you are bare below the elbows, remove outer jackets / cardigans on entering a clinical area.
* It is preferred that neck ties are not worn. If they are they should be removed, or necktie should be tucked in prior to any activity involving patient contact and no more than one shirt button to be undone.
* Skirts and dresses must be of a reasonable length so as not to be unbecoming or cause risk to safety.
* Tattoos considered offensive or likely to cause upset to patients, carers, visitors, or other staff must be always covered.
* Staff who do not need to wear a uniform must wear sensible footwear to reduce the risk of injury.
* Hair must be clean, neat, and tidy and not be of an unconventional style. Staff must always project a professional image when on duty.

# Badges

## Trust Identity Badges

Trust photographic identity badges should be visible and prominently displayed by all staff.

It is the employees’ responsibility to ensure they wear this at all times whilst on duty. When working clinically lanyards must not be worn and the identity badge should be attached to the pocket or lapel and use a Trust supplied Identify Card clip.

Lanyards must be laundered regularly or replaced if visibly soiled or contaminated. Lanyards must have a safety 3-point release clasp to allow for effective release. Lanyards should be NHS issue, the only exception to this is for staff working in children’s areas, Trade Union Representatives, Volunteers and those with lone working devices worn around the neck.

Identification badges do not replace the need for a verbal communication of identification, and this should be considered as a requirement when meeting patients, visitors, service users or colleagues etc.

Staff must ensure that current photo ID badges are available for presentation whenever requested, to optimise patient and staff security, this includes agency/locum, Learners and volunteers.

## Non-Trust Badges

No more than two badges may be worn at any one time, these must only be Professional Association, charity, awareness, Trade Union pin badges or have been issued by the Trust with the appropriate Trust logo. E.g.: #Hello My name is….

# Smoking

All staff should uphold the Trusts Smokefree Policy on the hospital site and must not smoke in a public area while wearing a full / part NHS uniform and/or a Trust Identification Badge, whether on or off duty (please refer to Smokefree Policy CORP/POL/233 (10)).

# Allowances

## Allowances for Equality reasons

The Trust recognises and values the diversity of its workforce in relation to age, disability, gender, gender reassignment, race / ethnicity, religion and belief and sexual orientation and we respect and uphold the right of individuals to the lawful expression of these differences and will take a sensitive approach when this affects dress and uniform requirements - any member of staff who wishes to wear a particular type of clothing, headwear or jewellery for cultural, religious or health reasons should discuss their requirements with their Line Manager. When wearing headwear this must be fully tucked in around the collar bone and not hanging or swinging loosely. However, there may be circumstances in which there are genuine occupational reasons as to why the wearing of certain articles and/or clothing is not permissible, and priority will be given to health and safety, security, and infection control.

It is recognised that individuals undergoing gender reassignment may require a review of their issued uniform to accommodate for the transition to their new gender. The Trust will show flexibility and, where possible, ensure that provisions are made available for this to take place.

If a member of staff needs to vary from the standards set out in this policy, they should discuss this with their manager who will seek appropriate guidance on an individual basis, with advice and support from Occupational Health, Health and Safety Team and Human Resources as required.

The Trust will endeavour to treat such requests sympathetically and balanced against the needs of the service.

All staff must dress in a manner that is sensitive to the social, cultural, diversity and equality needs of other staff, patients and carers / visitors.

## Uniform Allowance

* Full time staff will be issued with 4 sets of uniforms.
* Part time with 3 sets of uniforms.
* Bench Staff will be issued with 2 sets of uniforms.

# References and Associated Documents

1. **BTHFT - Procedure.** Implementation of the Personal Protective Equipment (PPE) Regulations 1992. [Online] 15 09 2021. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-421.docx. CORP/PROC/421.

2. **BTHFT - Policy.** Disciplinary Policy. [Online] 31 05 20419. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-525.docx. CORP/POL/525.

3. **BTHFT - Procedure.** Disciplinary and Appeal Procedure. [Online] 19 05 2021. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-636.docx. CORP/PROC/636.

4. **Gov.uk.** Claim tax relief for your job expenses. [Online] [Cited: 23 01 2023.] www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools.

5. **BTHFT - Policy.** Infection Prevention. [Online] 20 09 2022. [Cited: 29 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-116.docx. CORP/POL/116.

6. **NHS England.** National infection prevention and control. [Online] Last update: 08/12/2022. [Cited: 23 01 2023.] https://www.england.nhs.uk/publication/national-infection-prevention-and-control/. NHSE/C1691.

7. **NHS.** Uniforms and workwear: guidance for NHS employers. [Online] 02 04 2020. [Cited: 13 05 2021.] https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf. Publications approval reference: 001559.

8. **BTHFT - Plan.** Severe Weather Plan. [Online] 03 09 2021. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PLAN-003.docx. CORP/PLAN/003.

9. **BTHFT - Policy.** Hand Hygiene. [Online] 20 09 2022. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-056.docx. CORP/POL/056.

10. —. Smoke-free Policy. [Online] 16 06 2017. [Cited: 23 01 2023.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-233.docx. CORP/POL/233.

11. **Crown.** Health and Safety at Work etc. Act 1974. [Online] 1974. [Cited: 23 01 2023.] http://www.legislation.gov.uk/ukpga/1974/37/contents.

12. —. The Management of Health and Safety at Work Regulations 1999. [Online] 1999. [Cited: 23 01 2023.] http://www.legislation.gov.uk/uksi/1999/3242/contents/made.

13. —. The Control of Substances Hazardous to Health Regulations 2002. [Online] 2002. [Cited: 23 01 2023.] https://www.legislation.gov.uk/uksi/2002/2677/contents/made.

14. **NHS England and NHS Improvement.** Uniforms and workwear: guidance for NHS employers. [Online] Page updated: 28/03/2022. [Cited: 23 01 2023.] https://www.england.nhs.uk/publication/uniforms-and-workwear-guidance-for-nhs-employers/.

15. **Department of Health and Social Care.** Guidance: Health and Social Care Act 2008: code of practice on the prevention and control of infections. *Code of practice on the effective prevention and control of infection by health service providers.* [Online] Last updated: 13/12/2022. [Cited: 23 01 2023.] https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance.

16. **Department of Health.** HSG (95)18: Hospital laundry arrangements for used and infected linen. [Online] 21 04 1995. [Cited: 23 01 2023.] https://webarchive.nationalarchives.gov.uk/ukgwa/+/www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/healthserviceguidelines/dh\_4017865. Series Number: HSG(95)18.

17. **Nursing and Midfery Council.** The Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates. [Online] 2018. [Cited: 23 01 2023.] https://www.nmc.org.uk/standards/code/.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.  
NMC, August 2018.  
Protect and support the health of individual patients and clients  
Protect and support the health of the wider community  
Act in such a way that justifies the trust and confidence the public have in you  
Uphold and enhance the good reputation of the professions  
This statement, by the Nursing and Midwifery Council, is primarily aimed at Nurses and midwives and encompasses the wearing of uniform in the most appropriate and professional manner. However, the statement is relevant to all staff, whether they are required to wear uniform or not. This policy is designed to, and indeed should, reflect a professional Trust image, protect patients and staff and also adhere to health and safety and control of infection recommendations.

| Appendix 1: Equality Impact Assessment Form | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | Organisation Wide | | | **Service or Policy** | Policy | | | **Date Completed:** | | | |  | | |
| **GROUPS TO BE CONSIDERED**  Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. | | | | | | | | | | | | | | |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**  Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. | | | | | | | | | | | | | | |
| **QUESTION** | | | **RESPONSE** | | | | | | | **IMPACT** | | | | |
| Issue | | | Action | | | | Positive | | | | Negative |
| What is the service, leaflet or policy development?  What are its aims, who are the target audience? | | | The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process. | | | Raise awareness of the Organisations format and processes involved in relation to the procedural document. | | | | Yes – Clear processes identified | | | |  |
| Does the service, leaflet or policy/ development impact on community safety   * Crime * Community cohesion | | | Not applicable to community safety or crime | | | N/A | | | | N/A | | | |  |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | | | No | | | N/A | | | | N/A | | | |  |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | | | No | | | N/A | | | | N/A | | | |  |
| How does the service, leaflet or policy/ development promote equality and diversity? | | | Ensures a cohesive approach across the Organisation in relation to the procedural document. | | | All policies and procedural documents include an EA to identify any positive or negative impacts. | | | |  | | | |  |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | | | The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact. | | |  | | | |  | | | |  |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | | | Our workforce is reflective of the local population. | | |  | | | |  | | | |  |
| Will the service, leaflet or policy/ development   1. Improve economic social conditions in   deprived areas   1. Use brown field sites 2. Improve public spaces including creation of green spaces? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development impact on transport?  What are the implications of this? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | | | N/A | | |  | | | |  | | | |  |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | | | None identified | | |  | | | |  | | | |  |
| Does the policy/development promote access to services and facilities for any group in particular? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on the environment   * During development * At implementation? | | | No | | |  | | | |  | | | |  |
| **ACTION:** | | | | | | | | | | | | | | |
| **Please identify if you are now required to carry out a Full Equality Analysis** | | | | | | | **~~Yes~~** | | **No** | | **(Please delete as appropriate)** | | | |
| **Name of Author:**  **Signature of Author:** | | **A Heath** | | | | | | | **Date Signed:** | | | | **03/05/23** | |
|  | | | | | | | | | | | | |  | |
| **Name of Lead Person:**  **Signature of Lead Person:** | | Lauren Newton | | | | | | | **Date Signed:** | | | | 02/06/23 | |
|  | | | | | | | | | | | | |  | |
| **Name of Manager:**  **Signature of Manager** | | Jayne Taylor | | | | | | | **Date Signed:** | | | | 02/06/23 | |
|  | | | | | | | | | | | | | | |