

## Workwear Policy

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## Document Summary Sheet

This document sets out the fundamental standards and professional standards of dress for all Northern Care Alliance (NCA) employees, ensuring a professional image while adhering to best practices in infection control.

The document does not provide a list of uniform type and colour for roles. A pictorial list of all uniforms worn in the NCA can be obtained from uniform services.

## 1. Overview

The purpose of this policy is to clarify the standards of dress and personal appearance expected of employees (including those required to wear a uniform).

If you have any concerns about the content of this document, please contact the author or advise the Document Control Team.

## 2. Scope

This policy applies to all Colleagues including those with honorary contracts, volunteers, NHS Professionals bank and agency workers and students when working for the NCA.

### Associated Documents

NCAIC026(22) - National Infection Prevention and Control Manual for England

NCAHR033(21) - Menopause Policy

## 3. Background

The policy sets out the expectations of the Trust in relation to dress code and the wearing of Trust uniforms. It is designed to guide managers and employees on the Trust's standards of dress and appearance. The policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance and colleagues should use common sense in adhering to the principles underpinning the policy.

Professional image is an important component in the way we are perceived by colleagues' patients and the public. For clinical and non-clinical Colleagues, a uniform or a professional image can promote trust and confidence for our patients, carers, and families.

The Trust recognizes the right for Colleagues to adhere to religious and cultural observances, and we will take a sensitive approach when this affects dress and uniform requirements. However, priority will be given to health and safety, security, and infection control considerations. If you feel additional consideration needs to be taken into account on the grounds of health, religion, or culture, you can raise it with your line manager in order for adjustments to be made.

This policy follows in full the Department of Health Guidance: Uniforms and Work Wear: guidance for NHS employers 2020, and the National Infection Prevention and Control Manual for England.

Managers are responsible for ensuring adherence to this policy at all times in respect of the employees they manage.

Management will make reasonable adjustments for Colleagues who require it (i.e., wearing of medical bracelets/necklaces) in line with the Equality Act (2010).

A sensible approach should be taken to ensure the spirit of the code is applied.

## 4. What is new in this version?

Full review has been undertaken to develop a single NCA policy that replaces the previous separate Salford Royal Foundation Trust and Pennine Acute Trust documents:

- EDG014 - Workwear Policy
- 126TD(F)5 - Workwear Policy.
- TWCG12(11) - Theatre Etiquette Policy.

## 5. Policy

This policy is necessary to:

- Convey a professional and identifiable image of the Trust and individual.
- Give confidence to patients, carers, and families.
- Support infection control principles.
- To reduce likelihood of injury to patients and Colleagues.
- Comply with professional codes of practice and standards for all Colleagues.

Failure to adhere to the Trust's standards of dress, appearance and personal hygiene guidance could constitute misconduct and result in formal disciplinary proceedings in line with the NCA Disciplinary Policy

### 5.1 Infection Control

**This section details key infection prevention information not covered in other sections.**

This policy adopts the Department of Health's 'Bare Below the Elbow' ethos to facilitate best practices in hand hygiene. All colleagues working in any clinical area should be bare below the elbow unless the use of PPE prevents this.

"Bare below the elbow" means no long sleeves or hand/wrist jewellery. A plain wedding band with no stones may be worn, where religious bracelets/sleeves are worn ensure, they can be pushed up the arm above the elbow and secured in place for hand washing and direct patient care. Shirt sleeves must be short sleeved or rolled up to above the elbow. This applies to all Colleagues working in clinical areas, or where patient contact is involved (e.g., wards, theatres, and outpatients etc).

For religious reasons, and if there are any medical skin conditions which the colleagues member does not wish to expose, adjustments can be made which would not compromise infection control. This may include the use of single use disposable over sleeves when undertaking direct patient care, ensuring handwashing is undertaken before and after their use and that they are disposed of after each usage. Over sleeves must be discarded in exactly the same way as disposable gloves.

Colleagues must dress and wear clothing that makes adherence to hand hygiene both easy and satisfactory.

Lanyards must not be worn in any clinical area or by any colleagues in uniform. If these are worn by non-clinical colleagues and they enter a clinical area, they must be removed.

In any clinical area ties must either be tucked into the shirt opening or not be worn as they could be colonised by pathogens.

Alcohol-based hand gels used in clinical areas contain synthetic alcohol, which does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain).

## 5.2 Dress code

**This section applies to all Colleagues.**

Colleagues that are not required to wear a uniform must present a professional image and inspire public confidence whilst at work and if working from home and attending virtual meetings. The following examples are considered unacceptable clothing:

- Tracksuits, casual sports t-shirts, combat trousers, baseball caps/hats, jeans or denim clothing, leggings.
- Overly tight or revealing clothes.
- Clothing bearing large and/or inappropriate slogans.
- Flip-flops, clogs, walking boots (unless a requirement, safety or otherwise, of their specific role).
- Brightly coloured trainers.

Footwear must be safe, sensible, stable, and in good order, be smart and clean and have regard to Health and Safety considerations detailed in risk assessments within the work area. This includes any footwear that may be required for colleagues who require reasonable adjustments due to health/physical reasons.

Certain jobs require colleagues to wear protective footwear. Each line manager will ensure that personal protective clothing and equipment is available to employees in accordance with the Health and Safety regulations and local risk assessments.

Colleagues in roles that require protective clothing are required to wear this whilst carrying out their duties in accordance with health and safety requirements. If an individual is unsure about such requirements, they should discuss these with their line manager.

All employees are supplied with a Trust photo identification name badge that must always be worn and be visible when on duty or acting in an official capacity representing the Trust unless they are likely to cause a danger to the member of staff or patient.

Jewellery, piercings, and hair accessories should be discreet and must not be a health and safety or an infection control hazard. A single necklace can only be worn when in uniform if it is not visible. Any piercings to the face (e.g., nose/eyebrow/lip), or ears should be small and discreet studs, stones are allowed, however hoops are not permitted. If multiple sets are worn, all must be small and discreet. Piercings should not impede the wearing of personal protective equipment.

Any items of jewellery and piercings that create the potential for injury or present the possibility for entanglement (e.g., drop earrings or hoops) must not be worn when working within a clinical setting.

It is essential that staff pay attention to personal hygiene. Perfume and aftershave should be discreet and if worn should not be overpowering to other people.

Colleagues who have tattoos, if considered to be offensive, may be asked to cover them.

Headwear, for example, turbans and kippot, veils (Christian or niqab) and headscarves are permitted on religious grounds, provided that patient care, health and safety, infection control

and security and safety of patients or colleagues is not compromised. If in uniform, these should be plain and either Navy blue or black in colour. Headscarves must be worn unadorned and secured neatly and tucked into uniforms. Normal cloth headscarves may be worn for each theatre attendance and subsequently washed at 60° C.

Hair should be neat and tidy at all times and when in uniform arranged off the face and tied back with suitable hair ornamentation, if below shoulder level. This also applies to staff in clinical areas not in uniform.

Beards should be neatly trimmed or secured if long to avoid patient contact and beard covers should be worn in theatres.

False eye lashes are permitted but must not impede the wearing of personal protective equipment such as eye/face shields. Wearers of false eyelashes should be aware of the increased risks of infection with frequent touching/manipulation.

Laboratory coats should be person specific (no shared coats) and be laundered on a regular basis (ideally changed daily/minimum weekly or sooner if soiled). They should be laundered within the healthcare laundry system.

### 5.3 Colleagues in Uniform and Clinical Areas

Where the term 'Clinical Area' is used in the policy this refers to: 'all places where there are patients receiving clinical attention, i.e., wards, clinics, operating theatres (including anaesthetic and recovery areas), Outpatient Departments, community buildings, therapy rooms/gyms, medical imaging, phlebotomy, etc.' and applies to all Colleagues groups within these areas (including those who do not carry out direct patient care).

Additional requirements relate to specific colleague groups where there is a separate requirement (refer to section 5.5 – 5.8).

Colleagues who are issued with a uniform, may be eligible for tax relief for washing their uniform. Further information is available from HMRC: <https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools>, or from their union representative.

The Trust will supply sufficient uniforms in a timely manner to allow colleagues to have a clean uniform daily. This will be one uniform per day up to a maximum of five uniforms. Only Trust issued uniforms should be worn. Where uniforms are not available, employees should agree with their manager what work wear would be suitable in the meantime.

The wearing of the Trust uniform when off duty/out of premises is not acceptable unless travelling to and from work, involving patient care in the community or between sites (when it must be covered by a coat where possible or suitable garment).

Maternity clothing will be provided in line with the normal uniform for the role.

As per the Menopause Policy, adjustments will be made, and colleagues are able to wear lighter clothing during this time.

Where colleagues are issued with a uniform, this can be adjusted through the sewing room. Uniform dresses should not be above knee length.

The uniform should be worn in a clean and presentable fashion: Colleagues can access scrubs to use in an emergency or in hot weather conditions when working on a hospital site. These must not be taken home and must be disposed into laundry before leaving.

If in uniform, shoes must be professional. They must be closed toe, low heel with a non-slip sole and should have low noise soles in clinical areas. Clogs should only be worn in theatres, emergency departments and Critical care units. Clogs must comply with EU safety standards (PE marking) with no perforations to prevent liquids getting through and to facilitate cleaning and are not to be worn except when wearing scrubs.

Colleagues may wear trainers, provided they are all black in colour (including soles) and are wipeable.

Socks should be plain and not brightly coloured. Where a skirt or dress is worn as part of a uniform, tights must be worn with either neutral coloured or black tights. Tights do not need to be worn in hot conditions.

Where cardigans/fleeces, hoodies or garments with hoods are worn with uniform, they must be plain and smart and be the correct colour e.g., green, navy blue or black. They must not be worn in clinical areas.

Wrist watches/wrist jewellery, stoned rings must not be worn when in uniform and/or in clinical areas. A plain ring band is allowed in clinical areas but must be removed for surgical scrubbing. Nails should be short and clean.

Nail polish, false nails, gel nails, acrylics, nail decoration are not permitted for any colleagues in uniform or within clinical areas.

Colleagues should observe safe practice when carrying pens, scissors etc and should not be carried in breast pockets as this may cause injury if handling patients or in the event of a colleague falling.

One or two badges only may be worn but only to denote professional qualifications, and not for any other reason.

Colleagues should refrain from smoking and vaping whilst in uniform. In the interest of hygiene employees are asked to take whatever steps are necessary to ensure tobacco odour is not present on their person or clothing /uniform so maintaining a professional image at all times.

## 5.4 Community Colleagues

Community colleagues must be aware of the balance between portraying a corporate image and protecting their personal safety in line with the local risk assessments. If community Colleagues wear uniforms, they are expected to be worn at all times when with patients.

Coats/ outer garments must maintain a professional image and can be issued as part of the uniform allocation.

In extremely hot conditions in discussion with the line manager, community Colleagues are permitted to wear tailored knee length shorts in navy blue or black.

Community colleagues may need to be sensitive to cultural needs when carrying out home visits. This may include being asked to remove footwear. Footwear should only be removed when safe to do so, and it may be necessary to consider the use of disposable overshoes

following a risk assessment if there is a risk of not being able to complete the visit, or to the health and safety of colleagues.

## 5.5 Estates and Facilities Colleagues

Some colleagues within this directorate have specific clothing requirements based upon the need (as defined by a risk assessment) for:

- Personal safety.
- Statutory regulatory requirement.
- Work environment (including outdoor working).
- Infection Control.

## 5.6 Colleagues who wear scrubs.

Scrubs are worn in areas where it is anticipated there may be additional risk of contamination/soiling, and where we are trying to protect the sterility/ cleanliness of a clinical environment (e.g., theatres/procedure rooms)

Scrubs and clogs must be clean at the beginning of every shift and changed daily and every time they become stained with blood or body fluids.

Scrubs should not be worn when travelling to and from work. Scrubs should be changed into on arrival at work and disposed into laundry before leaving. Scrubs should not be laundered at home.

It is recognised that scrubs may be worn in environments outside the operating department/ specialist procedure areas, and as such are seen as uniform. In these instances, scrubs should be treated as uniform.

## 5.7 Theatre Colleagues

In addition to the guiding principles, outlined above, the following will apply:

A plain ring may be worn but must be removed for surgical scrubbing. A single pair of small studs (non-stoned) earrings may be worn.

Colleagues should wear well-fitting, dedicated, approved theatre footwear in line with the local risk assessments (no fluorescent colours). If clogs are worn, the heel strap must be in place to avoid slips, trips, and falls. Clogs should be cleaned daily and stored appropriately.

Theatre management should ensure that local mechanisms are in place for these procedures to take place. This may include the addition of clog washers.

All theatre Colleagues and visitors to theatres should comply with local risk assessments and professional workwear standards.

Theatre Colleagues working at 19 degrees under laminar flow or during winter months may wear a clean, plain, half sleeve black vest under the scrubs, which covers the sternal notch. Warm up jackets must be short sleeved and not worn in clinical areas. Theatre gowns are not to be worn as an alternative for warm up jackets.

Theatre clothing and equipment (masks, lead aprons etc) other than scrubs must not be worn outside the theatre area. They must be removed when leaving the theatre complex. Where cloth

theatre hats are worn, they should be professional in appearance, and changed daily or sooner if they become soiled. An agreed laundry process must be in place.

Theatre scrubs must not be taken home for washing.

Theatre Colleagues will advise visitors to the operating theatres on what attire is expected.

## 6. Roles & Responsibilities

It is the responsibility of all Colleagues within the Trust to adhere to policy and guidance as it affects their own department.

It is the responsibility of all managers and, clinical leaders to ensure that uniform is provided for colleagues.

It is the responsibility of all managers, clinical leaders, and clinicians to monitor that all staff are aware of the policy and monitor compliance.

## 7. Monitoring Document Effectiveness

**Key Standard** – Colleagues will conform to the appropriate dress code.

**Method** - Compliance with the policy will be monitored via direct observation on a daily basis by all Colleagues and additionally via regular senior walkabouts. Review of disciplinary action taken for non-adherence to the policy.

**Team Responsibility for monitoring** – Nurse in charge, shift leaders, line managers and Senior colleagues during walkabouts

**Frequency of Monitoring** – This will be monitored on a daily basis.

**Process for reviewing results and ensuring improvements in performance** - There will be no incidents, accidents or near misses where root cause analysis has deemed failure to follow the work wear policy as a contributing or main factor.

Wards, Maternity services, operating theatres, and community areas will also be monitored through the Assessment and Accreditation System (NAAS/CAAS/TAAS/MAAS) whereby audits are undertaken, and one observational criterion stipulates 'Colleagues ID badges are worn, are visible and Work Wear Policy is adhered to by all Colleagues i.e., bare below the elbows.

## 8. Abbreviations & Definitions

List all abbreviations or acronyms in alphabetical order (even if they are explained within the document as well)

CAAS	Community Assessment and Accreditation System
MAAS	Maternity Assessment and Accreditation System
NAAS	Nursing Assessment and Accreditation System
NCA	Northern Care Alliance
NMC	Nursing and Midwifery Council
HCPC	Health Professions Council
PPE	Personal Protective Equipment
OPD	Outpatient Department
TAAS	Theatre Assessment and Accreditation System

## 9. References

### References:

Nursing and Midwifery Council (2015). The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates.

<https://www.nmc.org.uk/standards/code/>

Health Professions Council. Standards of conduct, performance and ethics.

<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

Uniforms and workwear: guidance for NHS employers 2020 [NHS England » Uniforms and workwear: guidance for NHS employers](#)

Equality Act (2010) [Equality Act 2010 \(legislation.gov.uk\)](#)

National Infection Prevention and Control Manual for England 2023.

[NHS England » National infection prevention and control manual \(NIPCM\) for England](#)

## 10. Document Control Information

### Part 1: Lead Author, Consultation Details, Communication Plan

<b>Name of lead author</b>	Victoria Thorne
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**Consultation:** List persons/group included in consultation. Include Pharmacy/Medicine Optimisation Group (MOG) for documents containing drugs. Indicate whether feedback used/ received and no suggested changes (FU), not used (FNU) or not received (NR).

<b>Name/s of person or group</b>	<b>State which Care Organisations/ corporate services/staff groups the person or group represents</b>	<b>Date</b>	<b>Response: FU/FNU/NR</b>
Directors of Nursing	Nursing across all CO including D&P	26/01/2024	FU
Medical Directors	Doctors across all COs including D&P	26/01/2024	NR
Wiebke Wentzlau and Fiona Cowie	Consultant Physicians	10/05/2024	FU
Director of Nursing Infection Control	Corporate	12/06/2023	FU
Victoria Dickens Chief AHP	AHPs	26/01/2024	FU
HR Directors	Workforce	26/01/2024	FU
Staff side Partners	Colleagues	26/01/2024 and 15/03/2024	FU
Stephanie Mills Health and Safety	Colleagues	12/06/2023	FU
Nadine Armitage Director of Estates and Facilities	Estates and Facilities	26/01/2024	NR

**Equality Impact Assessment sign off:** See Section 11.

<b>Name (Lead from EDI team)</b>	Emma Davenport
<b>Date</b>	07/02/2024

**Communication plan:** State in the box below how practice in this document will be rolled out across the organisation and embedded. A communication plan may be requested for review by the approving committee – if applicable, add owner details.

**Shared via Care Organisation Teams and Corporate services, published on the policy hub and specific communications to be sent out to formally launch the policy.**

## Part 2: Committee Approval

Must be fully completed by the author following committee approval. Failure to complete fully will potentially delay publication of the document. Submit to the Document Control Team at [document.control@nca.nhs.uk](mailto:document.control@nca.nhs.uk) for publication.

<b>Approval date</b>	28/05/2024
<b>Method of approval (Delete as appropriate)</b>	Formal Committee decision
<b>Name of approving Committee</b>	Rochdale Care Organisation Quality Group
<b>Chairperson Name / Role</b>	Victoria Thorne, Director of Nursing Shona McCallum, Medical, Director
<b>Amendments approval: Name of approver, version number and date. Do not amend above details</b>	

## Part 3: Search Terms and Review Arrangements

Must be fully completed by the author prior to publication.

<b>Keywords &amp; phrases</b>	Work wear, Uniform, Scrubs, PPE
<b>Document review arrangements</b>	Review will occur by the author, or a nominated person, within five years or earlier should a change in legislation, best practice, or other change in circumstance dictate.
<b>Special requests</b>	Indicate whether upon publication you require specific groups to be informed such as nursing or medical? This will be in addition to the policy author.

## 11. Equality Impact Assessment (EqIA) tool

- The below tool must be completed at the start of any new or existing policy, procedure, or guideline development or review. For ease, all documents will be referred to as 'policy'. The EqIA should be used to inform the design of the new policy and reviewed right up until the policy is approved and not completed simply as an audit of the final policy itself.
- All sections of the tool will expand as required.
- EqIAs must be sent for review prior to the policy being sent to committee for approval. Any changes made at committee after an EqIA has been signed off must result in the EqIA being updated to reflect these changes. Policies will not be published without a completed and quality reviewed EqIA.

### Help and guidance available:

- [Equality Impact Assessment Help Resource](#)
- Email the EDI Team: [eqia@nca.nhs.uk](mailto:eqia@nca.nhs.uk) for advice or training information.
- Submit documents requiring EqIA sign off to: [eqia@nca.nhs.uk](mailto:eqia@nca.nhs.uk). Allow an initial four-week turnaround.
- Where there is a statutory or significant risk, requests to expedite the review process can be made by exception to the Group Equality & Inclusion Programme Managers: [Yasmin.bukhari@nca.nhs.uk](mailto:Yasmin.bukhari@nca.nhs.uk) or [stephanie.chadwick@nca.nhs.uk](mailto:stephanie.chadwick@nca.nhs.uk)

## Part 1: Possible Negative Impacts

Protected Characteristic	Possible Impact	Action/Mitigation
Age	No negative impact identified	
Disability	Yes, where colleagues may have a disability, health condition or allergy to certain fabrics that requires reasonable adjustments to be made to their uniform/clothing.	If colleagues feel consideration needs to be taken into account on the grounds of their health, they can raise it with their line manager in order for adjustments to be made.
Ethnicity	Yes, where items are worn for cultural reasons.	Positive support and management for colleagues who wear items for cultural reasons. If colleagues feel consideration needs to be taken into account on the grounds of culture, they can raise it with their line manager in order for adjustments to be made.
Gender	Yes, due to menopause, colleagues may require lighter uniforms to help alleviate discomfort.	Policy to be used alongside the Menopause Policy so any reasonable adjustments can be supported, e.g., colleagues are able to wear lighter clothing during this time.
Marriage/Civil Partnership	Jewellery including wedding bands with stones must not be worn in clinical areas requiring 'bare below the elbow'.	A plain wedding band with no stones may be worn but must be removed for surgical scrubbing.
Pregnancy/Maternity	No negative impact identified	

Religion & Belief	Yes, where items are worn for religious reasons.	Positive support and management for colleagues who wear items for religious reasons included, for example the use of oversleeves, bracelets, and headwear. If colleagues feel consideration needs to be taken into account on the grounds of religion, they can raise it with their line manager in order for adjustments to be made.
Sexual Orientation	No negative impact identified	
Trans	No negative impact identified	
Other Under Served Communities (Including Carers, Low Income, Veterans)	Yes, colleagues who are not required to wear uniform are required to purchase their own work appropriate clothing.	Positive confidential support and management for colleagues who may be experiencing financial difficulties.

## Part 2: Possible Opportunity for Positive Impacts

Protected Characteristic	Possible Impact	Action/Mitigation
Age	No positive impact identified	
Disability	No positive impact identified	
Ethnicity	No positive impact identified	
Gender	No positive impact identified	
Marriage/Civil Partnership	No positive impact identified	
Pregnancy/Maternity	No positive impact identified	
Religion & Belief	No positive impact identified	
Sexual Orientation	No positive impact identified	
Trans	No positive impact identified	
Other Under Served Communities (Including Carers, Low Income, Veterans)	No positive impact identified	

### Part 3: Combined Action Plan

Action (List all actions & mitigation below)	Due Date	Lead (Name & Job Role)	From Negative or Positive Impact?
Disability - Consideration needs to be taken into account on the grounds of their health, they can raise it with their line manager in order for adjustments to be made.	Completed and ongoing	All line managers	Negative
Positive support and management for colleagues who wear items for religious preference included for example with the use of oversleeves, bracelets, and headwear	Completed and ongoing	All line managers	Negative
Policy to be used alongside the Menopause Policy so any reasonable adjustments can be supported	Completed and ongoing	Wellbeing team	Negative
Positive confidential support and management for colleagues who may be experiencing financial difficulties.	Completed and ongoing	All line managers	Negative

**Part 4: Information Consulted and Evidence Base (Including any consultation)**

Protected Characteristic	Name of Source	Summary of Areas Covered	Web link/contact info
Age	Department of Health Guidance: Uniforms and Work Wear: guidance for NHS employers 2020, and the National Infection Prevention and Control Manual for England		
Disability	As above		
Ethnicity	As above		
Gender	As above		
Marriage/Civil Partnership	As above		
Pregnancy/Maternity	As above		
Religion & Belief	As above		
Sexual Orientation	As above		
Trans	As above		
Other Under Served Communities (Including Carers, Low Income, Veterans)	As above		

**Part 5: EqlA Update Log (Detail any changes made to EqlA as policy has developed and any additional impacts included)**

Date of Update	Author of Update	Change Made
05/02/2024	Victoria Thorne	EqlA completed

**6. Have all of the negative impacts you have considered been fully mitigated or resolved?** *(If the answer is no, please explain how these don't constitute a breach of the Equality Act 2010 or the Human Rights Act 1998)*

**Yes**

**7. Please explain how you have considered the duties under the accessible information standard if your document relates to patients?**

N/A not patient related

**8. Equality Impact Assessment completed and signed off?** *(Insert named lead from EDI Team below). Please also add this information to Section 10 Part 1.*

**Name:** Emma Davenport

**Date:** 07/02/2024