

## **Equality Analysis**

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

### **Step One – Policy Definition**

Function/policy name and number:	Uniform Policy
Main aims and intended outcomes of the function/policy:	<ul> <li>This policy sets out the Trust's expectations concerning the corporate dress code and the wearing of uniforms in both clinical and non-clinical areas.</li> <li>This policy is necessary to: <ul> <li>Ensure a professional image of the Trust and the individual inspiring patient and public confidence.</li> <li>Support infection prevention and control and minimise the</li> </ul> </li> </ul>
	<ul> <li>potential spread of healthcare-associated infections.</li> <li>To support the specific requirements of the Health &amp; Social Care Act 2015<sup>1</sup></li> <li>To minimise health and safety risks arising from wearing inappropriate clothing or footwear</li> </ul>
How will the function/policy be put into practice?	All staff networks fully consulted and communicated Trust wide, available on internal intranet pages.
Who will be affected/benefit from the policy?	All staff
State type of document	Policy – Workforce
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes – Full Impact assessment required.
Accountable Director: (Job Title)	Chief Nurse
Assessment Carried out by:	Equalities Business Partner & Deputy Chief Nurse
Date Completed:	November – July 2023

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

#### -Eliminate unlawful discrimination, victimisation, and harassment -Advancing equality of opportunity -Fostering good community relations

#### **KEY QUESTIONS**

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

### Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.

data, anecdotal evidence.		-
Research/Publications	<u>Working</u> <u>Groups</u>	<u>Clinical</u> Experts
Religion and belief best practice guidance, NHS employers, human rights commission and NHSE/I:	EmbRACE Staff Network	Chaplainc y Team
https://www.nhsemployers.org/articles/religion-dress- codes-and-chaplaincy	EDI Steering Group	Head of Equality, Diversity,
https://www.equalityhumanrights.com/en/advice-and- guidance/religion-or-belief-dress-codes-and-religious- symbols	Patient Experience Group	and Inclusion
https://www.england.nhs.uk/coronavirus/documents/unif orms-and-workwear-guidance-for-nhs- employers/#appendix-b		Equality Business Partner
		Chaplainc y team
Culture Dashboard, assessing demographics for all protected characteristics.		
Engagement, Involvement and Consultation:		
If relevant, please state what engagement activity has bee and with which protected groups:	n undertaken and	the date
Engagement Activity	Protected Characteristic	<u>Date</u>

	<u>/ Group/</u> <u>Community</u>	
EmbRACE Staff Network	Race, ethnicity, religion and belief	Throughou t November 2022 & May 2023
Disability and Long Term Conditions Staff Network	Disabilities and Long Term Conditions	Throughou t November 2022& May 2023
Women's' Staff Network	Gender representation, menopause, Social and economic focus	Throughou t November 2022& May 2023
LGBTQ+ Staff Network	Gender Representation	Throughou t November 2022& May 2023
Equalities Team	All Protected Characteristics including social and moral factors	Throughou t whole consultatio n process – November 2022 – January 2023.
For each engagement activity, please state the key feedba will shape policy / service decisions (E.g. patient told us		ffected / or

#### Summary of the feedback:

- Policy to have a recommended number of uniforms issued per staff
  member/sessions worked which is present in the national guidance (1 set of uniform
  for each session/day worked per week i.e. 5 sets if you work 5 days, 3 sets if you
  work 3 days etc) This allows effective laundering of uniforms decreasing stress for
  those members of staff rushing to get clean sets ready for clinics. <sup>1</sup> Section 9.3 x. Uniform
  and workwear policies ensure that clothing worn by staff when carrying out their duties are clean and fit for
  purpose. Particular consideration should be given to items of attire that may inadvertently come into contact with
  the person being cared for. Uniform and dress code policies should specifically support good hand hygiene.
- Community staff were advised they could have 1 set of scrubs for hot weather which we should change into at work (when we have no changing rooms or lockers in most locations) They have to be laundered (60C wash + tumble dry) after each day to wear again the following day meant that the majority of my colleagues declined the offer as it simply isn't practical – Suggest a provision for hot weather to be clearly set out in the policy so everyone can prepare and take advantage when needed.

- More clarity as per the NHSE/I uniform and workwear guidance (pg9), which is clear about head coverings and IPC, for example it provides guidance in regard to single use theatre disposable headscarves. Also, regarding 'facial hair should be neatly trimmed', some religious practices do not permit trimming or cutting facial hair, managers need to be mindful of this. Page 3 mentions '*cultural and religious practices need to be respected*' but there is no details in regards to religious head covering such as turbans or headscarves. (NHS employers have suggested guidance)
- Under good practice it states 'Facial hair should be neatly trimmed', however Sikh men cannot trim their facial hair and there are times when Muslim men are required to not shave. We need to be mindful. I know this has caused issues in the past in other organisations where staff have been told to shave or trim their beards.
- Short sleeves Need for arm covers for religious (or health reasons) and suggest also that we adopt the advice from the MSCP as included in the Uniforms and workwear: guidance for NHS employers (Publications approval reference: 001559)
   we should also include their guidance regarding bracelets (for religious reasons) and head coverings
- Clarification on footwear, consideration given to black trainers as acceptable footwear for foot health.
- Definition of Sportswear to be reviewed for all especially those staff groups such as physio therapists where it appropriate to their role.
- 'Not wearing of tops/blouses that expose cleavage to an extent that may cause embarrassment or offence' and 'not wearing garments which have the potential to expose underwear' – More guidance/definition is needed as it's incredibly subjective.
- Provision or mention about the use of 'Reasonable adjustments' when required, giving managers to autonomy to work with individuals to make the right choices to enable them to carry out their work to the best of their ability. Ideally to specially mention material composition of uniform, type, size and allocation to be considered where appropriate.

### **Step Three – Assessment of Impact**

Complete relevant boxes below to help you record your assessment.

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data.
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

	Negative Impact HIGH MEDIUM LOW PR Negative (not both)	Neutral Impact (Tick)	<ul> <li>List concerns raised for possible negative impact. OR</li> <li>List beneficial impact</li> <li>(Utilise information gathered during assessment)</li> </ul>	Mitigation List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Timescale	How are actions going to be monitored/reviewed/ reported? (incl. after implementation
1) Age Describe	e age related i	mpact and e	vidence. This can include safeguarding, c	consent, and welfare issues:			
	medium		Women (80% of Trust staff) who are at perimenopause or menopause to be able to have a choice of the material composition of uniform, type, size and allocation to be considered where appropriate.	Uniform composition and options to be reviewed with the manufacturer. Allocation amount is reviewed case by case with the manager, reasonable adjustments are implemented where appropriate.	Mitie DCN	June 2023 July 2023	The uniform list supplied all garments are to the correct specification using breathable material. Add to policy detail.
	-	•	nd evidence. This can include attitudinal,	physical, communication and social ba	rriers as we	ll as mental he	alth/ learning disabilities,
	Low		Clarification on footwear, consideration given to black	Footwear re-worded to reflect black, enclosed, comfortable footwear.	DCN	July 2023	Add to policy detail

		trainers as acceptable footwear for foot health.				
	Medium	Provision or mention about the use of 'Reasonable adjustments' when required, giving managers to autonomy to work with individuals to make the right choices to enable them to carry out their work to the best of their ability. Ideally, specially mention material composition of uniform, type , size and allocation to be considered where appropriate.	As above in Age category.	DCN	June 2023	Add to policy detail.
	nder re-assignn	<b>ent</b> d evidence on transgender people. This can include	issues such as privacy of data and ba	rassment.		
	Medium	Uniform colours and options being the same for men and women (unisex) so transitioning is made easier.	Uniform list supplied my mitie to be updated to reflect this action & communicate in main body of policy.	DCN & Mitie	July 2023	Add to policy detail.
	riage and civil	partnership d evidence in relation to marriage and civil partnersh	nip. This can include working arrangem	ents, part-tir	ne working, an	d caring responsibilities:
		X				
	gnancy & Mate	r <b>nity</b> d evidence on pregnancy and maternity. This can in	clude working arrangements, part-time	working, an	d caring respo	nsibilities:
6) Rac Desc barrie	cribe race related im	pact and evidence. This can include information on	different ethnic groups, Roma gypsies	, Irish travell	ers, nationaliti	es, cultures, and language

X					
on or Belief be any religion, belief	or no belief impact and evidence. This can inc	lude dietary needs, consent and end of I	ife issues:	-	
High	More clarity as per the NHSE/I uniform and workwear guidance (pg9), which is clear about head coverings and IPC; for example, it guides single-use theatre disposable headscarves. Also, regarding 'facial hair should be neatly trimmed', some religious practices do not permit trimming or cutting facial hair; managers need to be mindful of this. Sikh men cannot trim their facial hair, and there are times when Muslim men are required not to shave.	Refer to NHSE guidance as best practice and implement recommended provisions in the policy main body.	DCN	July 2023	Add to policy detail and / link into NHSE guidand Ask for feedback regular on how this is working ir practice from lead nursir staff and staff network memberships.
Medi um	Short sleeves – There is a need for arm covers for religious (or health reasons) and suggest also that we adopt the advice from the MSCP as included in the Uniforms and workwear: guidance for NHS employers (Publications approval reference: 001559) – we should also include their guidance regarding bracelets (for religious reasons) and head coverings	guidance for NHS employers (Publications approval reference: 001559) – include this guidance regarding bracelets (for religious reasons) and head coverings in main body of the policy. List provisions for disposable arm sleeves to be used, ordered via procurement for areas requiring them.	DCN	June 2023	Ask for feedback regular on how this is working in practice from lead nursi staff, medics and staff network memberships.

Medi um		Terminology such as 'Not wearing of tops/blouses that expose cleavage to an extent that may cause embarrassment or offence' and 'not wearing garments which have the potential to expose underwear' – More guidance/definition is needed as it's incredibly subjective.	Review and re-word to be more inclusive and less discriminatory.	DCN	May 2023	Gain further feedback from Network memberships on revised wording.
9) Sexual Orientati Describe any impact and social barriers:		e on heterosexual people as well as lesbi	ian, gay and bisexual people. This could	include acce	ess to service	es and employment, attitudinal
Describe any impact	and evidence	s e.g. Homeless people o on groups experiencing disadvantage a , homeless, looked after children, single				
11)Privacy, dignity,	respect, fa	airness etc.				
Medium	n n s v d la s r	Policy to have a recommended number of uniforms issued per staff nember/sessions worked which is present in the national guidance (1 set of uniform for each session/day worked per week - i.e. 5 sets if you work 5 days, 3 sets if you work 3 lays etc) This allows effective aundering of uniforms decreasing stress for those members of staff ushing to get clean sets ready for clinics	Review with Mitie and factor into adjustments area of policy.	DCN & Mitie	2023	Add text to main part of policy to review case by case with manager.

Low	Inconsistency or late notice about	Set out in the policy the provisions		
	uniform provision in hot weather.	for when we have extreme		
	(Scrubs, shorts and polo shirts etc)	weather, hot or cold.		

### **Step Four – Assurance**

This section must be approved by a senior member of staff such as a head of department or higher.

# **EQUALITY ANALYSIS - GUIDANCE NOTES**

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

#### Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

#### Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

#### What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

#### **DGFT Process for EAs**

The revised EA process is a single stage process carried out in three steps

#### **Step One: Policy Definition**

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

#### Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

#### Step Three: Assessment of Impact

This is the main and the most important part of the EA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment -Advancing equality of opportunity -Fostering good community relations

#### **KEY QUESTIONS**

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

#### **Step Four: Assurance**

This section enables the EA to be signed off