Document Title	Uniform and Workwear Policy			
Reference Number	CNTW(O)48			
Lead Officer	Lynne Shaw- Acting Executive Director of Workforce and Organisational Development Gary O'Hare - Executive Director of Nursing and Chief Operating Officer			
Author(s) (name and designation)	Vida Morris – Group Nurse Director			
Ratified by	Business Delivery Group			
Date ratified	January 2021			
Implementation Date	January 2021			
Date of full implementation	January 2021			
Review Date	January 2024			
Version number	V03			
Review and Amendment Log	**Version**	**Type of Change**	**Date**	**Description of Change**
	V02.5	Re-write	Jan 21	Rename and re-write

This policy supersedes the following document which must now be destroyed:

Document Number	Title
CNTW(O)48 – V02.5	Uniform and Workwear Policy

Uniform and Workwear Policy

Standard Appendices – listed within Policy		
A	Equality Analysis Screening Toolkit	13
B	Training Checklist and Training Needs Analysis	15
C	Audit Monitoring Tool	17
D	Policy Notification Record Sheet - click here	

1   Introduction

1.1   The purpose of this Policy is to ensure that all staff working for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW) portray a positive, professional and corporate image. Studies have shown that presentation and appearance have a large impact upon public perceptions of competence, hygiene and skill in the NHS and it can influence perceptions of the quality of care received. Employees are required to present a positive professional image in order to encourage patient and public confidence in the Trust and its workforce .A clean, tidy, modest and smart appearance encourages a high standard of behaviour and appearance and engenders self-confidence among the workforce. Employees should also demonstrate sensitivity to the needs of service users other employees and the sphere of work avoid wearing anything which could be construed as inappropriate, provocative or offensive.

1.2   This Policy is intended to clarify for all staff the standards of dress and appearance that are considered acceptable when at work or working on behalf of the Trust.

1.3   The Policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or staff or damage the professional reputation of the individual or the Trust. Staff wishing to deviate from this policy because of cultural, ethnic, religious or physical consideration must first seek agreement from their Line Manager, Workforce Representative, Infection Prevention and Control or Health and Safety Representatives, where appropriate. Priority will be given to health and safety, security, manual handling, communication and infection, prevention and control requirements when considering individual requests.

1.4   Every member of staff has a responsibility to minimise the risk of infection, injury and ill health to patients, other persons and themselves whilst at work. Therefore risks associated with items of clothing or accessories must be considered, as part of a risk assessment process, in relation to activities being carried out whether clinical or non- clinical.

1.5   Failure to comply with this Policy may lead to increased risks for patients/service users and staff. Repeated failure to adhere to the Policy may constitute misconduct and may result in disciplinary action being taken in accordance with the Trusts CNTW (HR) 04 – Disciplinary Policy; it may also result in the invalidation of any personal injury claims made against the Trust. The Policy reflects the guidance issued by NHS England and NHS Improvement April 2020.

2   Purpose

2.1   This Policy applies to all staff regardless of status, professional group or work location and also includes those on honorary contracts, bank workers, agency workers, contractors, volunteers, people on work experience and students working for the trust or providing a service to patients/service users. It also applies to all staff who deliver care to patients/service users in their homes or other external environments.

2.2 The aim of the Policy is enable staff to present a positive personal, professional and corporate image in order to enhance public and service user/patient confidence by:

- Avoiding unintentional injury to patients/service users and other staff

- Minimising the risk of cross infection

- Reducing the likelihood of personal injury

- Enabling identification for security and communication purposes

- Presenting a professional corporate image of the Trust and confidence in our staff

- Minimising offence to people of different cultures and/or beliefs

3 Duties, Accountability and Responsibilities

3.1 Executive Director of Workforce and Organisational Development/ Executive Director of Nursing and Chief Operating Officer

- Will advise Managers, staff and staff representatives on the Policy and its interpretation

- Will be responsible for ensuring the correct implementation of this Policy

- Will monitor the Policy and its effectiveness

- Will review this Policy on a regular basis in consultation with staff representatives

3.2 Managers

3.2.1 To be responsible for ensuring that their staff are aware of this Policy and comply with the requirements. Their decisions will be influenced by the following:

- The degree of moving and handling necessary within the job

- Any risk of violence or aggression towards staff

- The degree of personal care requiring awareness of infection prevention and control issues

- Whether the overall image presented is professional and positive

3.3   Employees

3.3.1   To be individually responsible for their general presentation, appearance and personal hygiene in accordance with this Dress Code, and have a responsibility to consider how their appearance may be perceived by others. All staff are responsible for following this Policy and must understand how this Policy relates to their working environment, health and safety, infection prevention and control, and their particular role and duties when in contact with others.

4   General Appearance

4.1   The following principles apply to all members of staff, however, note there are additional requirements for those staff who work in clinical areas where Bare Below Elbow will apply, reference should be made to CNTW(C)23 – Infection, Prevention and Control Policy, Practice Guidance Note, IPC-PGN-04.1 - Hand Hygiene and the use of Gloves.

4.2   Areas identified as Bare below Elbow are:

- All Inpatient Wards Trust wide

- Physical Treatment Centres

- Physical Treatment Clinics

- ECT Suites

4.3   Personal Hygiene

4.3.1   All staff should maintain and promote a high level of personal hygiene and effectively demonstrate the general principles for the prevention of cross infection by wearing clean work wear or uniform each day as levels of contamination increase with extended use.   Failure to do so will be brought to the individual's attention by their Line Manager in a sensitive and private manner. In such circumstances staff will be expected to meet the standards outlined.

4.4   Identification Badges

4.4.1   All staff are to wear identification in the form of a clearly displayed Trust ID badge when working so that other staff, patients and family members can see their name and role. This is shown to be helpful for patients and their visitors.

- Staff whose work involves tasks where the wearing of badges could pose a health and safety risk, will be able to carry their identification badge and not display it.

- Lanyards are not to be worn by staff when engaging in direct patient care as they can be a hazard and can also become infected by pathogens

- Badges which are damaged or no longer readable should be replaced quickly. Staff should not wear numerous badges to denote professional memberships

and qualifications. More than one or two look unprofessional and can be a safety hazard

4.5 Jewellery and Piercings

4.5.1 Jewellery for clinical staff must be kept to a minimum; a plain/wedding ring and one pair of discreet stud earrings are permitted. If you handle food or drink no jewellery can be worn accept a plain band wedding ring. Wrist watches must not be worn when providing clinical care to comply with bare below the elbow requirements, Facial/body piercing is not permitted and must be removed before coming on duty. This includes tongue studs. Staff who have piercing for religious or cultural reasons may wear these provided health and safety or infection prevention and control requirements are not compromised. Managers have the discretion to insist jewellery is removed, or covered in the interest of health and safety or public image.

4.6 Hair and Beards

4.6.1 Hair and beards should be neat and clean. Beards should be short and neatly trimmed, unless this reflects the individual's religion where it should be tidy. Long hair should be tied back when undertaking any clinical interventions with service users or when handling food.

4.7 Nails

4.7.1 Particular attention should be paid to nails for staff working in clinical areas, meeting relatives or members of the public, and preparing or handling food. False nails or nail varnish must not be worn in clinical areas as they discourage efficient hand washing, and are also a source of contamination. Nails should be neatly manicured to prevent service users and staff being scratched when involved in direct handling procedures or PMVA interventions. Food Handlers are not allowed to wear false nails, or nail varnish

4.8 Tattoos

4.8.1 Visible tattoos where present should not be offensive or provocative to others. Where they are deemed to be offensive or provocative to others they must be appropriately covered.

4.9 Religious Dress Requirements

4.9.1 The wearing of, for example, clerical collars, turbans, skullcaps, hijabs or kippahs arising from particular cultural/religious norms, are seen as part of the diversity of our workforce and the population we serve.

4.9.2 The Trust welcomes the variety of appearances brought by individual styles and choices, however, whilst religious requirements regarding dress will be treated sensitively and will be agreed on an individual basis with the Manager and the Trust, they must also conform to Health and Safety and Security Regulations, infection prevention and control, and moving and handling guidelines.

4.10   Head Dress

4.10.1   The wearing of baseball caps, hats or other non-religious head wear is not acceptable on Trust property.

4.11.   Considerations for Employees Identifying as trans (see Section 4.11.2)

4.11.1   If a uniform is in place for the role, managers will ensure that the trans employee has access to the uniform that is most appropriate at all times. Some trans employees may need access to both the male and female uniforms. Managers will be flexible and will support the preferences of the trans person wherever possible. Trans staff have the right to comply with any dress codes in a way that reflects their gender identity and gender expression.

4.11.2   **Definition of Terms**:

- Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, gender queer, gender fluid, non-binary, gender variant, genderless, agender, non-gender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine.

- Transgender is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Some people who have this history may not self-identify as transgender.

- Non binary - People who identify as non-binary experience their gender identity as different from exclusively masculine or feminine. They may experience a combination of masculinity and femininity or neither.

5   Non-Uniformed Staff

5.1   Staff are required to dress appropriately.   All clothes must be clean and presentable and consistent with presenting a professional image. Clothing must be safe, having regard to the activities being carried out at the time, and comply with the Health and Safety regulations to ensure personal safety and that of service users and carers. Clothing that is too tight, too revealing or see-through is unacceptable.   All clothing must be of a type that promotes dignity and professionalism and is not provocative, or could be construed as such.

6   Washing Uniforms and Workwear

6.1   All elements of the washing process contribute to the removal of micro – organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling form the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.

Scientific observations and tests, literature reviews and expert opinion suggests that:

- there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms form uniforms and workwear;

- washing with detergents at 30°C will remove most Gram-positive micro-organisms, including methicillin –resistant Staphylococcus aureus(MRSA);

- A ten minute wash at 60ºC is sufficient to remove almost all micro-organisms. In tests only 0.1% of any Clostridioides difficile spores remained. Microbiologists carrying out the research advise that this level of contamination on Uniforms and Workwear is not a cause for concern.

- In relation to COVID-19 – uniforms should be laundered separately from other household linen, in a load not more than half the machine capacity and at the maximum temperature the fabric can tolerate.

7   Good practice – evidence based practices

These are recommended good practices some are based on evidence from the literature reviews, testing and effective hand hygiene procedures

Good practice	Why
Wear short- sleeves during patient care activity.	Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients.
Change immediately if uniform or clothing becomes visibly soiled or contaminated.	Visible soiling may present an infection or cross contamination risk and will be disconcerting for patients.
Dress in a manner which inspires patient and public confidence.	People may use appearance as a proxy measure of professional competence.
Change into and out of uniform at work when travelling to and from work.	Staff **must** wear alternative clothing on their journey to and from work, and change into and out of uniform at work. All clothing worn by staff working in health and social care has the potential to become contaminated via environmental, individual or patient microorganisms.
Wear clear identifiers.	Patients like to know the names and roles of staff who are caring for them.

Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric	A wash for ten minutes at 60ºC removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30ºC – eliminates most micro-organisms
	In relation to COVID-19 – uniforms should be laundered **separately** from other household linen, in a load not more than half the machine capacity and at the maximum temperature the fabric can tolerate.
Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions.	Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk.
Tie long hair back off the collar.	Patients prefer to be treated by staff who have tidy hair and are smartly presented.
Put on a clean uniform at the start of every shift.	Helps to minimise the spread of infection and reduce the potential for cross contamination and presents a professional appearance.

8 Poor practice – evidence-based

Poor practice	Why
Go shopping in uniform or engage in other activities outside work.	Staff **must not** wear their uniform outside of the workplace. This applies to all clinical staff. This will minimise the risk of potential cross-contamination.
Wear false nails during patient care activity.	False nails harbour micro-organisms and make effective hand hygiene more difficult.
Wear any jewellery, including a wrist-watch, on the hands or wrists during direct patient care activity (local policies may allow a plain ring such as a wedding ring wedding ring).	Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.

9 Good practice – common sense

These are examples of good practice which need no evidence base. They simply serve the three objectives of patient safety, public confidence and staff comfort.

Good practice	Why?
Wear soft-soled shoes, closed over the foot and toes.	Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards.
Do not overload the washing machine.	Overloading the machine will reduce wash efficiency.
Wash heavily soiled uniforms separately.	Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest recommended temperature.
Use posters or other visual aids to show who wears which uniform.	Patients and their visitors like to know who is looking after them. Uniforms will help them identify who they may wish to speak to.
Where, for religious reasons, members of staff wish to cover their forearms or wear a bracelet when not engaged in patient care, ensure that sleeves or bracelets can be pushed up the arm and secured in place for hand washing and direct patient care activity.	Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.
Headscarves must be worn unadorned and secured neatly.	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 staff is not compromised.

10   Poor practice – common sense

Poor practice	Why?
Wear neckties/lanyards (other than bow-ties) during direct patient care activity.	Ties have been shown to be contaminated by pathogens and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care.
Carry pens, scissors or other sharp or hard objects in outside breast pockets.	They may cause injury or discomfort to patients during care activity. They should be carried inside clothing or in hip pockets.
Wear jewellery while on duty other than a smooth ring or plain stud earrings.	Necklaces, long or hoop earrings and rings present possible hazards for patients and staff.
Wear numerous badges.	One or two badges denoting professional qualifications or memberships may be acceptable. Any more looks unprofessional and may present a safety hazard.
Dress untidily and in an unprofessional manner.	Patients and visitors may equate untidy appearance with low professional competence and poor hygiene standards.

11   Workwear

Examples of acceptable/unacceptable workwear are:

- Skirts, or dresses, should be a reasonable length

- Trousers should be clean and smart

- No jeans to be worn unless agreed appropriate to the clinical area (where they are deemed to be appropriate for clinical reasons they must still be clean and smart)

- Midriffs must not be exposed

- Necklines must be discreet

- Shirts, polo shirts and t-shirts should be smart in appearance

- No shorts to be worn by any member of staff except if appropriate to work area and agreed by the Service Director

- No attire(s) with messages or illustrations that are indecent, vulgar or that advertise any product or services not permitted by law by minors,

offensive pictures, words that are religious or politically motivated slogans

- No replica sports shirts and vests including football/rugby shirts or sports t-shirts unless staff are involved in sporting activity with patients

- No tracksuits or tracksuit bottoms (except for specific staff groups that are issued this i.e. sports and leisure, PMVA instructors)

- No militaristic clothing i.e. camouflage

- Clothing which is ripped or torn

12   Attendance at Work Related Events

12.1   All those who work for the Trust are reminded that whilst attending any meeting, training or conference, (including those training courses which are sponsored and provided by the Trust), they are representing the Trust and therefore the principles outlined within this Policy apply – even when casual dress is the specified dress code for the event.

13   Process for Implementation of the Policy (Trust wide and Local)

13.1   This Policy is designed to guide Managers, staff and workers within the Trust on the acceptable standards of dress and appearance. At all times appearance must be professional, both within the workplace and when representing the Trust.

13.2   Line Managers will be expected to bring this Policy to the attention of their staff, particularly during secondary induction and staff transferring to other areas of work. During these discussions Line Managers will explain the principles and requirements of this Policy and agree a common standard of what is expected and why.

13.3   This Policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance, and staff must use common sense in adhering to the principles underpinning this Policy. The Trust recognises the diversity of culture, religions and disability issues of its staff and will take a sensitive approach when this affects the way that staff dress. However, priority will be given to health and safety, security and infection control considerations.

13.4   Risk Assessments will take place as appropriate. If any member of staff has cultural or religious beliefs that make it difficult for them to comply with this Policy, they must discuss the issue with their Line Manager or with the Workforce and Organisational Development Directorate to seek to resolve the issue.

14   Monitoring Arrangements

14.1   All Managers will ensure that the dress code is monitored and review standards within their areas of responsibility on a regular basis and through the Personal Development Review (PDR) process.

15 Failure to Adhere to this Policy

15.1 All staff should respect the necessity to dress appropriately when attending work. Should a member of staff attend work and is deemed to be dressed inappropriately that member of staff will be sent home and asked to return to work with appropriate dress.

16 Identification of Stakeholders

16.1 This policy has had a re-write to include considerations for staff identifying as transgender; COVID-19 precautions as well as examples of good and bad practice and was circulated for a 2 week Trust wide consultation.

- North Locality Care Group
- North Cumbria
- Central Locality Care Group
- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit
- Health Safety Security and Resilience

17 Training - (Refer to Appendix B)

17.1 The Workforce Directorate and the Training and Development Department will ensure training on this Policy is included in the Workforce Policy Training Programme and that all new starters are made aware of the Policy through attendance of the Corporate Induction Programme, Equality and Diversity Awareness and Trust Values Training.

17.2 Training on this Policy is also incorporated into the Equality and Diversity Training course for Managers.

17.2.1 All Supervisors identified within ESR will be expected to attend Workforce Policy Training on the following, in order to fully understand their roles and responsibilities in managing concerns relating to bullying and harassment

- Equality and Diversity Manager Training

- Disciplinary and Grievance Training

- Recruitment and Selection Training

18   Implementation

18.1   This Policy has been widely circulated to Directors and Managers, is available via the Trust Intranet and should be fully embedded across the Trust by **January 2021**

19   Equality Impact Assessment

19.1   In conjunction with the Trust's Equality and Diversity Officer this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights implications in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner

20   Fair Blame

20.1   The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

21   Monitoring and Compliance - (Refer to Appendix C)

21.1   There will be ongoing monitoring of this Policy to ensure compliance via the reporting of on intervention incidents relating to inappropriate dress and uniform the number of grievances by reason and attendance at relevant training via the Workforce and Information Report to the Workforce and Training Development Sub Group.

22   Associated Documents

- CNTW(HR)04 – Disciplinary Policy
- CNTW(HR)05 – Grievance Policy
- CNTW(HR)08 – Dignity and Respect at Work Policy
- CNTW(HR)15 – Recruitment and Selection Policy
- CNTW(O)01 – Development and Management of Procedural Documents
- CNTW(O)20 – Health and Safety Policy, PGN
- HS–PGN–04 – Personal Protective Equipment
- Uniforms and Workwear Guidance for Employers-NHS England and NHS Improvement April 2020

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Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	**Date of Initial Screening**	**Review Date**	**Service Area / Locality**
Christopher Rowlands	January 2021	January 2024	Trust-wide
Policy to be analysed		**Is this policy new or existing?**	
CNTW(O)48 – Uniform and Dress Code – V03		Existing	

What are the intended outcomes of this work? Include outline of objectives and function aims

The purpose of this Policy is to ensure that all staff working for the Trust portray a positive, professional and corporate image. The Trust has pride in the services it provides and its staff and this Policy in defining appropriate standards of dress at work will assist in inspiring public and service user confidence. This Policy is intended to clarify for all staff the standards of dress and appearance that are considered acceptable when at work or working on behalf of the Trust.

Who will be affected? e.g. staff, service users, carers, wider public etc.

All Staff.

Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

Disability	Reasonable adjustments may be required for disabled people, e.g. some of the suggestions may be inappropriate / impractical of wheelchair users. Footwear may also be an issue – may find that the most appropriate shoe for some impairments is a 'trainer style'.
Sex	Policy equally applies.
Race	Policy states that for reasons of ethnicity / religion/belief that there may be situations where such cultural needs can be accommodated within the Policy.
Age	Policy applies consistently across all age groups.
Gender reassignment (including transgender)	Employees who begin the "real life experience" stage of their transition are required live and work full-time in the gender identity that they are transitioning to, which includes dressing at all times in the clothes of that gender. Once an employee has informed management that he or she is transitioning, the employee will begin wearing the clothes associated with the gender to which the person is transitioning. The dress code should be applied to employees transitioning to a different gender in the same way that they are applied to other employees of that gender. The dress code should not be used to prevent a transgender employee from living full-time in the role consistent with his or her gender identity.
Sexual orientation.	Policy has a neutral impact with regard to sexual orientation.
Religion or belief	Policy details how religion or belief can be accommodated within it.

Marriage and Civil Partnership	Neutral impact.
Pregnancy and maternity	A relaxation of aspects of the dress code, particularly footwear may be necessary.
Carers	Neutral Impact.
Other identified groups	No others.

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Policy has been developed by careful examination of policies in other organisations, by using guidance produced by the Dept. Health and other organisations, policy has been discussed extensively in varied meetings during its design stage.
How have you engaged stakeholders in testing the policy or programme proposals?
Policy will go out to consultation, comments received will be incorporated in a final draft that will be submitted for approval by the Business Delivery Group.
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Staff Side Early drafting, Workforce Advisors Early Drafting, Commercial Support Team Early Drafting. Desk top research based on experience of other organisations, Dept. Health guidance and that of the Equality and Human Rights Commission.
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. .Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.. How you will mitigate any negative impacts. .How you will include certain protected groups in services or expand their participation in public life.
Unless consideration is given to the areas of concern listed in the above outline of the protected characteristics, there will be potential for the Policy to have a potential negative impact in terms of equality and diversity. The Equality and Diversity Advisor considers that these measures should mitigate the risk of discrimination, though recognises that each case will have to be examined individually.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic.	
Eliminate discrimination, harassment and victimisation	By recognition of cultural and religious requirements in the application of the policy and recognising the needs for reasonable adjustments.
Advance equality of opportunity	No impact.
Promote good relations between groups	Recognition of the needs of working within a community setting and the allowances that the policy makes for this should help promote good relations between groups.
What is the overall impact?	To be assessed after formal consultation.
Addressing the impact on equalities	Other than already stated in the policy and the equality analysis, to be outlined after the formal Policy consultation.

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?   **Measures suggested should mitigate the potential for negative impact, full impact assessment is not necessary, but a regular review of how the policy is operating in practice with a particular view to equality and diversity issues is deemed to be appropriate**
Manager's signature: **Christopher Rowlands**   **Date:**   **January 2021**

NHS
Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Communication and Training Check List for Policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust Policy

Is this a new policy with new training requirements or a change to an existing policy?	Existing Policy
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	No
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.	Need to understand the practical application of the Policy and the workforce implications ensuring a consistent and common CNTW approach
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	The Policy applies to all staff; training is available to Managers to enable them to understand their roles and responsibilities. Also to enable them to manage and implement the Policy effectively
Is there a staff group that should be prioritised for this training / awareness?	Managers
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	Trust induction for all staff Policy will be available on the intranet; will be highlighted in the Chief Executives Bulletin Mandatory Training for all Managers
Please identify a link person who will liaise with the Training Department to arrange details for the Trust Training Prospectus, Administration needs etc.	Christopher Rowlands

NHS

**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

Appendix B – continued

Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
All Directorates – all Line Managers as identified within ESR	Attendance at: • Prevention of Bullying and Harassment • Equality and Diversity Manager Training • Disciplinary Training • Grievance Training	1 day 1 day 1 day 1 day	Once 3 Yearly Once 3 yearly
All Directorates – all staff	Attendance at: • Corporate induction – when joining CNTW • Equality and Diversity Awareness Training	2 days 3 hours	Once 3 yearly

Should any advice be required, please contact:- 0191 245 6770 (internal 56770)

NHS
Cumbria, Northumberland,
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NHS Foundation Trust

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy authors are required to include how monitoring of this policy is linked to auditable standards / key performance indicators will be undertaken using this framework.

CNTW(O)48 – Uniform and Dress Code Policy - Monitoring Framework		
Auditable Standard / Key Performance Indicators	**Frequency / Method / Person Responsible**	**Where results and any associated action plan will be reported to implemented and monitored;** (this will usually be via the relevant Governance Group)
1. Mandatory Training courses – Induction Programme, Equality and Diversity Training will include content relating to Uniform and Dress Code Policy and how staff can raise concerns and receive support	Monthly Report produced from ESR indicating completion of training for all supervisors, Managers and new starters Annual review of the content of training courses by the Training Manager to ensure "fit for purpose"	Workforce Training and Development Group (Sub Group of Trust-wide Quality and Performance Group who will highlight areas of concern for relevant action within the Directorates/ Groups
2. Monitor Grievance and Disciplinary statistics relating to Uniform and Dress Code issues identifying areas of concerns and draw up action plans as appropriate including identifying support for staff	Monthly Report produced by Case Management and Workforce Planning Team	Workforce Training and Development Group (Sub Group of Trust-wide Quality and Performance Group who will highlight areas of concern for relevant action within the Directorates/ Groups

NHS
Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Appendix C - continued

CNTW(O)48 – Uniform and Dress Code Policy - Monitoring Framework		
Auditable Standard / Key Performance Indicators	**Frequency / Method / Person Responsible**	**Where results and any associated action plan will be reported to implemented and monitored;** (this will usually be via the relevant Governance Group)
3. All Line Managers as identified within ESR have undertaken Equality and Diversity Manager Training Disciplinary and Grievance Training Recruitment and Selection Training Prevention of Bullying and Harassment	Monthly Report produced by Workforce Planning Team	Workforce Training and Development Group (Sub Group of Trust-wide Quality and Performance Group who will highlight areas of concern for relevant action within the Directorates/ Groups
4. Ensure the Trust Policy and the Staff Handbook contains a statement by the organisation that unacceptable standards of dress are not acceptable within the work environment	At each Policy Review by Policy Author	Workforce Training and Development Group (Sub Group of Trust-wide Quality and Performance Group to ensure that the responsibility of the Trust that unacceptable standards of dress are not acceptable within the work environment is clearly stated within the Policy

The Author(s) of each Policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.