

Dress Code & Uniform Policy

Version 3.0

Policy Statement:

This Policy sets out the Trust's requirements in relation to the minimum standards of dress for all staff.

Key Points:

- All members of staff are responsible for complying with this policy
- All line managers are responsible for enforcing this policy for their staff
- All staff, who will be having direct contact with patients must be 'bare below the elbow'
- All staff, if provided with uniform or equipment for their role must wear this as per policy

Key Changes: for all staff groups

- Only Trust NHS plain black /navy lanyards are permitted for non-clinical staff.(pg. 6)
- Any visible tattoos that make an offensive or political statement must be covered (pg. 7)
- Wearing of electronic monitoring devices is not permitted in the clinical areas.
- Flip flops/Thong style sandals, canvas pumps, 'are not considered to be suitable footwear, and are not permitted for any staff groups. (pg. 7)
- Clinical staff may wear a visible faith symbol for religious reasons; this would be a small discreet badge on their lapel (pg. 7)
- Unacceptable clothing includes Maxi-dresses/skirts (ankle length) or offensive T-Shirts (pg. 7)
- Dress Down Days are not permitted (pg. 8)
- Any individuals or teams who wish to participate in either a local or national fund raising event and wish to dress accordingly must seek permission from their Head of Department (pg. 8)
- All clinical staff that have chosen to smoke must have their uniforms fully covered by an outdoor coat. that is fastened (pg. 8)
- False eyelashes are not permitted for clinical staff(pg. 8)
- Nursing staff are not permitted to replace items of uniform with their personal preference e.g. the wearing own **non-uniform trousers is not permitted.** (pg. 9)
- Under no circumstances are staff permitted to travel to and from work in theatre scrubs (pg. 10)
- Only medical staff in the Emergency (ED) and Acute Medical Unit (AMU) will be provided with scrub uniforms
- Wearing of theatre scrubs is not permitted in day case units

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Approved by: Sam Foster Chief Nurse

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Accountable Directorate: Nursing

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Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
0.3	draft	29/12/08	Meeting members	Working draft for initial working/consultation	Amend and further consultation including PPI involvement
0.4	draft	23/01/09	Internal/external Policies & legislation	Incorporated information from policies/legislation	
0.51	draft	30/01/09	AHP Comments Initial Meeting Comments and layout	common themes and incorporate comments and layout changes	Done prior to consultation
0.52	Draft	3/02/09	HEFT Policies	Reference to support comments in the policy	

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0.6	Draft	5/02/09	HEFT Food Policy Evidence from BMA	To include dress for food handlers Benefits of Doctors uniforms	Amended policy
0.7	Draft	03/09	To all consultees again PPI and Disability Action Group Corporate Nursing Infection Control		Amended policy
0.8	Draft	16/03/09	Await H.R input Community Faith Group/PPI Meeting Incorporate Manual Handling Comments	To incorporate comments from Helen Barlow H.R Policies and joint comments from Equality and Diversity and H.R.	Further meeting needed soon to bring back key stakeholders and Staff Side including Mark Chapman Final policy to JINC and Medical Negotiating Committee
0.88	Draft	30/03/09	Infection Control	To include comments re removal of lanyards in clinical area	Amended policy
0.9	Draft	18/05/09	In Trust Template		
0.9	Draft	30/7/09		Document streamlined and repetition removed.	Ready for final comments from stakeholders
1.1	Revised	31/10/2013	No changes to policy.		For chair action to Approve
2.1	Revised	April 2016	Chief Nurse & Deputy Chief Nurse		
2.2	Revised	June 2016	Senior Managers, Nursing Midwifery and ACP Leads	Comments reviewed and incorporated	To go forward JNCC
2.3	Revised	June 2016	H.R Policy Advisory Group	To seek advice from Equality & Diversity Lead on the wearing of floor length dresses or skirts	Advice sought from Equality and Diversity Lead. EIA Updated as requested.
2.4	Final	July 2016	Trust Executive Board	Approved	

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1. Circulation

This policy applies to all staff working for or on behalf of Heart of England NHS Foundation Trust (HEFT) including permanent, temporary, and pre-registration students.

2. Scope

This policy includes the required standards of dress for all staff in both clinical and non-clinical areas of the Trust. Minimum standards are summarised under the following headings:

- Identity Badges
- Hair
- Tattoos
- Make-up
- Jewellery
- Footwear
- Clothing

3. Exclusions

Contract staff are not included in this policy, but instead are subject to the Management of Contactors Policy 2007

4. Definitions

For the purpose of this policy, the following definition applies:

Clinical Area –Any place where patients are receiving clinical attention, e.g. wards, clinics, theatres therapies, medical imaging, phlebotomy and satellite units. **(This list is not exhaustive)**

5. Rationale for Development

- HEFT has an agreed standard of dress that actively contributes to the public image and gives confidence to those that use the services offered, and that patients, visitors and other staff are able to distinguish between different professional groups and the seniority of roles.
- The Trust ensures that standards of dress support patient safety and safe work practices for employees, and meet all relevant legislation.

6. Aims and Objectives

- To provide staff with clear guidance on what is, and is not, acceptable in the standards and items of dress that they wear whilst at work.
- To provide managers with clear guidance on standards to ensure compliance is maintained against the policy
- To promote and protect the Health and Safety of HEFT staff, patients and visitors

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- To ensure legislation is met.
- To protect the professional reputation of the Trust and promote user confidence.

7 Standards of Dress All Staff

Bare below the elbows is mandatory for all staff in the clinical area. Any staff that are non-compliant may be subject to a disciplinary investigation.

- 'Bare below the elbows' applies to all staff regardless whether working permanently or just visiting a clinical area or where patient contact is involved (e.g. wards and outpatients),
- All staff should dress and wear clothing that makes hand hygiene both easy and effective.
- Wristwatches and all below the elbow jewellery must be removed when attending to patients; a wedding/plain band ring (without stones) is permitted.
- The wearing of "fitbits" or any other electronic fitness monitoring devices are not permitted to be worn on the wrist in the clinical area.

Identity Badges & Other Badges

- The official Trust ID name badge identifying the staff member and their designation must be worn where it is clearly visible at all times.
- All ID Badges are supplied by the Trust on clips, non-clinical staff who choose to wear a lanyard, can wear a Trust, NHS, or a plain black or navy lanyard only.
- Lanyards are not permitted to be worn in the clinical area by any staff groups.
- Clinical staff will be permitted to wear a maximum of two professional/ campaign badges on their uniform.
- No staff groups are permitted to wear any offensive or political statement badges whilst on duty.

Hair/ Beards

- Extreme hairstyles or colours will not be permitted, where they detract from the individual's role and function - hair colour must be within the natural spectrum of human hair.
- Hair should be neat and tidy at all times and arranged off the face and collar. All clinical staff must ensure long hair is secured above the collar and long ponytails are not permitted.
- Beards should be short and neatly trimmed or secured when patient contact is involved.

Tattoos

- Visible tattoos should not be offensive to patients, visitors or other members of staff.
- Where they are deemed to be offensive they should be appropriately covered.
- Any visible tattoos that make a political statement must be covered

Make-Up & Perfume/Aftershave

- Must be discreet and acceptable to others.

Jewellery & Piercings

- Jewellery must be kept to a minimum
- Clinical staff are permitted to wear one plain wedding band (without stones) one pair of small plain stud earrings only.
- Any member of staff who has chosen to wear an ear stretcher, must accept full responsibility for any injuries or harm that may occur as a result of undertaking this practice.
- Fob watches worn with uniforms must be functional and not adorned with gems which may present a risk of coming detached.
- Facial jewellery is not permitted

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- **Security of jewellery that the employee has been asked to remove remains the responsibility of the wearer. The Trust is not liable for any loss.**

Footwear

- Footwear must be safe, sensible, and stable, in good order, be smart and clean and have regard to Health and Safety considerations.
- “Flip flops”, thong style sandals, canvas style pumps or crocs are not considered to be suitable footwear, and **are not permitted for any staff groups.**
- All line managers should take a pragmatic approach when on occasions it may be necessary for staff to deviate from agreed footwear on medical grounds. Line Managers should discuss the options with the individual concerned and where necessary seek advice from Health and Well Being Service, a risk assessment may be required.
- Very high heels (heel height greater than 3 inches/7 cm) and open toe sandals can pose a risk to the individual and are not permitted.
- Certain jobs require staff to wear protective footwear. These staff must wear the correct footwear whilst undertaking their work, and if staff are uncertain, must check with their line manager.

Ties

- Ties are not permitted to be worn in any clinical area, and must be removed for activities involving patient contact; as they perform no beneficial function in patient care and have been shown to be colonised by pathogens.

Veils/ Religious Adornments

- Veils are not permitted to be worn by any staff when on duty; this is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- In the clinical area a scarf [Hijab] or turban may be worn for cultural or medical reasons only [plain dark colours to be worn and free from adornment, ensuring it is well secured [to prevent need for frequent adjustment]. Headscarves must be changed daily.
- Sikh Kara (bangle) are permitted for clinical staff, but the individual should ensure it is worn as high up as possible on the forearm when carrying out patient contact.
- Clinical staff may wear a visible faith symbol for religious reasons; this would be a small discreet badge on their lapel.

Unacceptable Dress

The following items of clothing are examples of those deemed unacceptable and are not permitted, this list are not exhaustive and managers are advised to consider items which do not portray the professional image of the organisation.

- Gym clothes rumpled or ripped clothing, (micro) miniskirts, underwear as outerwear, inappropriately tight clothing, revealing attire such plunging necklines, bare midriffs, maxi-dresses or maxi skirts (ankle length) and offensive slogan t-shirts.
- To maintain the professional image of the Trust adherence to dress codes needs to be adhered to every day and the options for **“A Dress Down Day is not permitted”**.

Funding Raising/ Charity Events

- Any individuals or teams who wish to participate in either a local or national fund raising event and wish to dress accordingly must seek permission from their Head of Department.
- For any staff groups with direct patient contact including administrative and ancillary staff consideration will be given to the impact on delivering care and patient groups affected. E.G. Paediatrics it may be appropriate for staff to participate and dress accordingly.

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Smoking

- All staff without exception must comply fully with the Trust's Smoke Free Policy.
- All members of clinical staff that choose to smoke whilst on break must ensure **their uniform is covered by an outdoor coat that is fully fastened**, to reduce the smell of tobacco on the clothing.
- Cardigans are not considered outdoor wear and are not accepted.
- **Staff who fail to adhere to this may face disciplinary action.**
- Under no circumstances should staff in uniform be observed smoking when off the premises.

Chewing Gum

- Chewing gum is not permitted by any members of staff when in direct contact with patients or members of the public, as this does not promote a professional image of the Trust.

7.1 Additional Standards of Dress for All clinical Staff Groups

Medical Staff

- The Trust provides a scrub style uniform for medical staff which is permitted in the Emergency (ED) and Acute Medical Unit (AMU) only
- Medical staff must maintain a professional image at all times.

Allied Health Professionals

- Some Allied Health Professionals will be issued with an agreed national uniform which they are expected to wear whilst on duty. This may include a complementary cardigan to wear when travelling between departments.
- Radiology, Occupational Therapists, Physiotherapists & Pharmacy Technicians will be issued with appropriate sets of uniforms, with a choice of tunic/trousers, polo shirts or dresses, or a combination.
- Due to the nature of therapy, O.T. and Physiotherapists may wear wipeable training shoes that are smart, clean and plain white or black only.

Other Health & Professional Groups

- Clinical Scientists and laboratory staff are expected to comply with this policy and also comply with regulatory and good practice requirements that reflect the individual work environment and materials that are handled.

Nursing /Midwifery /Advanced Clinical Practitioners (ACP)–Staff Who Wear Uniform

Nursing, Midwifery and ACP staff must comply with the key principles outlined within this policy. In addition the following standards are also applicable. All nursing, midwifery and ACP staff in uniform must adhere to the uniform policy **irrespective if they have patient contact**.

- Nails are to be kept clean and short, false nails gel tips, nail varnish including clear polish are not permitted by any staff who wear uniform regardless if they are in a non-clinical role.
- False eyelashes are not permitted.
- The chewing of gum is not permitted when in direct patient contact.
- Rings with stones, wristwatches, electronic fitness monitoring devices and facial jewellery are not permitted to be worn by any nurse or midwife or ACP in uniform.
- A plain wedding band, a small pair of plain discreet stud earrings are the only permitted jewellery that may be worn.
- Shoes must be black, low heeled (less than 3cm or 1 inch) with a closed toe and heel with a non-slip sole, made of wipeable material "Croc's" or any canvas style pump are not permitted.
- Plain dark socks (navy or black) may be worn with trousers; plain tights can be worn with dresses and will be either flesh coloured or black.
- Anti- static clogs may be worn in designated areas and not outside of the trust buildings and must be worn with a heel strap. Footwear must be appropriate for the environment.

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- Cardigans must not be worn when attending to patients. Smart plain black or navy blue cardigans can be worn when travelling between departments and wards.
- Vests or T shirts must not be visible under uniforms.
- Nursing and Midwifery staff may choose to wear dress with optional petersham belt and own decorative buckle belt must correspond with uniform colour or to wear tunic and trousers.
- **Band 7 Nurses and above** may choose to wear decorative cuffs that match the trim on their uniform.
- Only agreed designated departments, (e.g. Emergency Department, Endoscopy, Interventional Radiology and Neonatal Unit) will wear scrub style tunic and trousers.
- Uniforms must be changed daily/for each shift and enough supplied at commencement of employment to allow for this.
- Uniforms should not be worn at outside events unless permission has been granted by the Chief Nurse.
- Nursing and Midwifery staff must not undertake any modification to their uniforms, hemming trousers and a dress to the correct length is acceptable.
- Staff are not permitted to replace items of uniform with their personal preference e.g. wearing own **non-uniform trousers is not permitted.**
- Nurses and Midwives that are pregnant will be supplied with a maternity uniform; the individual must liaise with their line manager to ensure uniforms are ordered in a timely manner.
- Individuals are responsible for liaising with their immediate line manager for replacement uniforms when current uniforms do not fit, have become worn or damaged.

Nursing/ Midwifery ACP Titles and Uniforms

- Only the titles and uniforms stated in attachment one are accepted at HEFT. Any nursing, midwifery or ACP staff groups who wish to deviate from the approved list must seek permission from the Chief Nurse.

Travelling in Uniform

- The organisation acknowledges that staff changing facilities are not available in every clinical area and employees have to travel to and from work in uniform.
- Uniforms must be covered by an outdoor coat for any staff using public transport.
- It is acceptable for staff to change out of their tunic into an alternative top for purpose of travelling.
- Wearing uniform in shops, restaurants or any other public place is not permitted unless your purpose for entering these premises is in your role as Healthcare Practitioner.

Community Staff

- It is accepted that staff working in the community will wear their uniform while travelling between patients as they carry out business on behalf of HEFT, it is reasonable that staff may need to purchase petrol during their day.
- Community staff will not be permitted to undertake personal business whilst in uniform e.g. shopping banking etc.

Uniform Laundering

- All uniforms must be washed at the hottest temperature suitable for the fabric.
- A ten-minute wash at 60 degrees Celsius will remove most micro-organisms and detergent will remove most organisms if washing at a lower temperature. MRSA is completely removed from fabric washed at 30 degrees Celsius.
- If any member of staff has an allergy/hypersensitivity to uniform materials, this will need to be confirmed by occupational health in writing to the individual's line manager.

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Theatre Scrubs

Only designated theatre staff are permitted to wear theatre scrubs, as their normal working uniform. **Members of staff who work in day case units must wear agreed nursing uniforms as per their role and band.**

In exceptional circumstances clinical staff may be required to wear theatre scrubs in the clinical area for the following reasons

- The clinical area is on lockdown due to infection outbreak and staff will not be permitted to leave the clinical area in uniform.
- When a member of staff uniform has become soiled/ damaged whilst on duty and cannot be worn.
- Theatre scrubs cannot be worn as alternative to designated uniform out of preference.
- In exceptional circumstances when uniforms have not arrived in time for a new employee commencing in post theatre scrubs may be worn in the clinical area. The individual must change into these on the premises and change out of the scrubs at the end of the shift.
- **Under no circumstances are staff permitted to travel to and from work in theatre scrubs. Any member of staff found to be wearing theatre scrubs outside of the hospital may be subject to disciplinary investigation.**
- Theatre staff must wear well-fitted dedicated operating approved theatre footwear that includes an ankle strap. These must be cleaned/decontaminated on a regular basis, particularly when visibly dirty or when contaminated with blood or body fluids. Theatre management should ensure that local mechanisms are in place for these procedures to take place.
- Theatre staff in scrubs may only visit other clinical areas when there is a direct need to do so.
- Theatre staff in scrubs or clogs are not permitted to enter the restaurants, shops Education or Library facilities within the Trust
- No staff will be permitted to enter to the restricted areas within theatre who are not dressed in the appropriate theatre attire.

7.2 Use of Apron and Gloves

- All clinical staff must use gloves and aprons where appropriate to protect themselves and their clothing from contamination.
- Clinical staff must ensure their uniforms are covered by a disposable apron when undertaking food handling or preparation.

7.3 Catering Staff & Ward Food-Handlers

- All Catering staff involved in the preparation and service of food must wear the appropriate uniform, headwear and, where required, protective shoes.
- Staff working in a kitchen environment must ensure that their hair is kept covered at all times, and beards must be covered with an appropriate facial mask when preparing food.
- All catering staff must adhere to the following dress code as agreed in the Food Hygiene Policy 2009.
- All catering staff are to be issued with a clean uniform on each day of duty, or more frequently if necessary.
- Staff protective clothing must be laundered either by the Trust laundry or in exceptional circumstances when this has been agreed by staff at home.
- Catering Staff must not wear jewellery or false nails in food preparation and service areas a single plain ring is permitted.
-

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- Clip on and pierced earrings are prohibited and facial piercing is not permitted. Nail varnish, strong perfume or aftershave must not be worn.

7.4 Estates & Facilities Staff

Some staff within this directorate has specific clothing requirements based upon the need for:

- Personal safety
- Statutory regulatory requirement
- Work environment (including outside working)
- Infection control
- All Domestic, Laundry, Portering and Driving Staff must wear their issued uniform at all times whilst on duty.

7.5 Volunteers – Standards of Dress

- All volunteers must have a Trust identification badge, a uniform is provided for some volunteers either a polo shirt or tabard with the Trust Volunteer Logo on.

7.6 Personal Protective Clothing

A number of clinical and non clinical staff groups are required to wear protective clothing as part of their individual role. The principles are based upon the need for:

- Patient safety
- Personal safety
- Statutory regulatory requirements
- Work environment
- Health and safety requirements
- Infection control requirements
- All managers must ensure that personal protective clothing and equipment is available to the employee in accordance with COSHH regulations and local/statutory recommendations.
- Staff in roles that require protective clothing are required to wear this whilst carrying out their duties in accordance with health and safety requirements.
- If individuals are unsure about such requirements they should discuss this with their manager.
- The Trust's Personal Protective Equipment Regulations at Work Policy should be consulted if more information is required.

8. Responsibilities

8.1 Individual Responsibilities

Chief Executive

The Chief Executive retains overall responsibility for the implementation, monitoring and renewal of this policy. This responsibility can be delegated.

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Executive Directors

All Executive Directors are responsible for the implementation of this policy within their areas

Line Managers

All line managers are responsible for both the monitoring of this policy and ensuring all new employees are aware of this policy on induction.

If members of staff are required to wear uniform, line managers are responsible for ensuring all employees are issued with the appropriate uniform/personal protective equipment on appointment to their post.

When an employee requires replacement uniforms due to damage, or wear and tear the line manager must ensure the uniform is replaced promptly.

Line managers should report to heads of departments where there are issues over funding for agreed uniform or equipment.

Managers should ensure lockers are available for any staff that is required to keep a spare clean change of clothes at work during a shift.

Managers should ensure that all members of staff have enough sets of uniform to wear clean items on each shift.

Although this policy is not exhaustive managers are expected to apply a common sense approach to advising staff who are non-uniform wearers.

Any line managers that are found not to challenge their staff over non-compliance with this policy may be required to provide an explanation to the Trust Executive Board.

Individual Staff Responsibilities

All staff must accept personal responsibility to ensure they comply with this policy, and where uniform/equipment has been issued, that it is worn as stated within this policy.

When uniforms become worn, damaged or need replacing, the individual should bring this to the attention of their line manager.

Any items of uniform or equipment remain the property of the Trust and should be returned upon termination of employment.

Other Staff / Patients / Contractors

Please refer to Management of Contractors Policy 2007.

Human Resources Team

The Human Resources Team will ensure support is available to individuals and managers to resolve concerns over compliance with this policy, and will consult with the Equality and Diversity team where appropriate.

9. Training Requirements

The implementation of this policy will be facilitated through the local induction arrangements of all areas of the Trust. HEFT Equality and Diversity Training Human Rights and (Equality Impact Assessment) is recommended for managers.

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10. Monitoring and Compliance

Responsibility for ensuring all staff are aware of and remain compliant with this policy belongs to the line managers within each of the Clinical and Corporate Groups. Monitoring of nursing and midwifery adherence to policy is conducted monthly via the Nursing and Midwifery Care Indicators. A continuing breach of this Dress Code and Uniform Policy and the standards explicitly described within it, will lead to more formal action through the Trust's Disciplinary Procedure.

An annual report will be presented to Workforce Strategy Group which will consist of:

- An annual report from the Nursing Directorate which summarises the issuance of Professional Practice Performance Notice for non-compliance with uniform.
- For Non nursing staff, HR will provide a summary of the disciplinary cases leading to dismissal where breaches of the uniform policy were specifically mentioned.
- An analysis of problems/trends will be conducted.

11. Attachments

Attachment 1: Agreed Nursing & Midwifery Uniforms and Titles
Appendix 1 Equality & Diversity – Policy Screening Checklist
Appendix 2 Equality and Diversity Action Plan

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Attachment1:**Nursing Midwifery & Advanced Clinical Practitioner Uniforms and Titles**

Band 2 & 3	Pale Blue Tunic/Dress and White Trimming and Black Trousers	Health Care Assistant
Band 4	Pale Blue Tunic/Dress and White Trimming and Black Trousers	Assistant Practitioner
Band 5	Hospital Blue Tunic/Dress and White Trimming and Black Trousers	Staff Nurse
Band 5	Hospital Blue Tunic/Dress and White Trimming and Black Trousers	Midwife
Band 6	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Sister
Band 6	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Charge Nurse
Band 6	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Senior Nurse
Band 6	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Midwife
Band 7	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Senior Sister
Band 7	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Senior Charge Nurse
Band 7	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Senior Nurse
Band 7	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Midwife
Band 7	Sailor Navy Tunic/Dress and White Trimming and Sailor Navy Trousers	Advanced Clinical Practitioners
Band 8a/b/c	Sailor Navy Tunic/Dress and Red Trimming and Sailor Navy Trousers	Senior Nurse
Band 8a/b/c	Sailor Navy Tunic/Dress and Red Trimming and Sailor Navy Trousers	Senior Midwife
Band 8a/b/c	Sailor Navy Tunic/Dress and Red Trimming and Sailor Navy Trousers	Advanced Clinical Practitioners
Chief Nurse/Deputy Chief Nurse/Head Nurses	Navy Trousers Navy Dress or Tunic with purple piping Navy Trousers	Chief Nurse/Deputy Chief Nurse/Head Nurses/Associate Head Nurses

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Appendix 1 Equality and Diversity - Policy Screening Checklist

Equality and Diversity - Policy Screening Checklist

Policy/Service Title Dress Code and Uniform Policy V3.0		Directorate Corporate Nursing					
Name of person/s auditing/developing/authoring a policy/service: Sam Foster/ Maria Mackenzie							
<ul style="list-style-type: none"> Aims/Objectives of policy/service To provide staff with clear guidance on what is, and is not, acceptable in the standards and items of dress that they wear whilst at work. To provide managers with clear guidance on standards to ensure compliance is maintained against the policy To promote and protect the Health and Safety of HEFT staff, patients and visitors To ensure legislation is met. To protect the professional reputation of the Trust and promote user confidence 							
Policy Content:							
<ul style="list-style-type: none"> For each of the following check the policy/service is sensitive to people of different age, gender re-assignment, disability, race & ethnicity, religion or belief, sex, sexual orientation, marriage & civil partnership and pregnancy & maternity? The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation. 							
1. Check for DIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:		Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
1.1	Age?		X				
1.2	Gender re-assignment?		X				
1.3	Disability?		X				
1.4	Race or Ethnicity?		X				
1.5	Religion or belief (including lack of belief)?		X				
1.6	Sex?		X				
1.7	Sexual Orientation?		X				
1.8	Marriage & Civil partnership?		X				
1.9	Pregnancy & Maternity?		X				
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
2. Check for INDIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any statements/functions which may exclude people from using the services under the grounds of:		Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
2.1	Age?		X				
2.2	Gender re-assignment?		X				
2.3	Disability?		X				
2.4	Race or Ethnicity?		X				
2.5	Religion or belief (including lack of belief)?		X				

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2.6	Sex?		X				
2.7	Sexual Orientation?		X				
2.8	Marriage & Civil partnership?		X				
2.9	Pregnancy & Maternity?		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from implementing the service/policy under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		X				
3.2 Gender re-assignment?		X				
3.3 Disability?		X				
3.4 Race or Ethnicity?		X				
3.5 Religion or belief (including lack of belief)?		X				
3.6 Sex?		X				
3.7 Sexual Orientation?		X				
3.8 Marriage & Civil partnership?		X				
3.9 Pregnancy & Maternity?		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		X				
4.2 Gender re-assignment?		X				
4.3 Disability?		X				
4.4 Race or Ethnicity?	X		X			X
4.5 Religion or belief (including lack of belief)?	X		X			X
4.6 Sex?		X				
4.7 Sexual Orientation?		X				
4.8 Marriage & Civil partnership?		X				
4.9 Pregnancy & Maternity?		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 2

Signatures of authors / auditors Maria Mackenzie Date of signing: 30/06/2016

Equality Action Plan / Report

Policy: Dress Code and Uniform Policy Version 3.0
Directorate: Corporate Nursing (Equality & Diversity)
Responsible Manager: Sam Foster & Maria Mackenzie
Name of Person Developing the Action Plan: Maria Mackenzie
Consultation Group(s): Staff Side, H.R Policy Group, Departmental Managers Trustwide.
Review Date:

The above policy has been reviewed and the following actions identified and prioritised.

All identified actions must be completed by:

Action:	Lead	Timescale:
Review and rewriting policy	Maria Mackenzie	Complete by July 2016
<p>What aspects of the policy / service function are of particular relevance to the protected characteristics?</p> <p>The restriction of some types of clothing has been stated within the policy to optimise both patient and staff safety.</p>		
<p>Does the policy / service function relate to an area where there are known inequalities? If so which and how?</p> <p>The organisation recognises cultural beliefs and practices for particular religious groups to wear long sleeved garments, head or facial coverings. There are also customs for individuals to wear wristbands, bangles and other forms of jewellery or artefacts. The Trust has taken a commitment</p> <p>To first and foremost maintain patient and staff safety, whilst acknowledging staff religious and cultural beliefs. This has been reflected within the policy.</p>		
<p>Please identify what evidence you have used / referred to in carrying out this assessment.</p> <p>Discussions with Staff side representatives, presenting policy at Trust H.R Policy review group. Discussion with Trust Equality and Diversity Lead. Policy e-mailed to all Departmental Leads and Policy presented at Chief Exec Team Brief in June and July.</p>		
<p>If you identify LOW relevance only can you introduce any minor changes to the policy / service function which will reduce potential adverse impacts at this stage? If so please identify here.</p>		

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<p>Please indicate if a Full Equality Impact Assessment is recommended. (required for all where there is MEDIUM & HIGH relevance) N/A</p>		
<p>If you are not recommending a Full Equality Impact assessments please explain why. N/A</p>		
<p>A different approach to how the interpreting service is delivered: N/A</p>		
<p>Increase in partnership working Policy is applicable to all staff groups and across the Community Teams</p>		
<p>Training/Awareness Raising/Learning Whilst the policy does not require training awareness to its content will be provided via Corporate Induction and at local induction with Line Managers being responsible for delivery. The content has also being shared at Chief Exec Team Brief.</p>		
<p>Review date of policy and EIA: this information will form part of the Governance Performance Reviews</p>		
<p>If risk identified, add to risk register. None</p>		
<p>Monitoring Nursing Uniform compliance will be monitored via monthly nursing care indicators. Other staff groups the line manager will be responsible for monitoring compliance.</p>		

When completed please return this action plan and the policy after ratification to the Trust Equality and Diversity Lead Riaz Janjua. The policy and Action Plan will be published on the E & D website it will also form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Maria Mackenzie Associate
Head Nurse

30/06/2016

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Appendix 3

Title		Policy Dress Code and Uniform Policy V3.0
	Ratification checklist	Details
1	Is this a: Policy	
2	Is this Revised	
3*	Format matches Policies and Procedures Template (Organisation-wide)	Yes
4*	Consultation with range of internal /external groups/ individuals	Yes
5*	Equality Impact Assessment completed	Yes
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	No
7	Are there any operational implications?	Yes
8	Are there any educational or training implications?	No
9	Are there any clinical implications?	No
10	Are there any nursing implications?	No
11	Does the document have financial implications?	No
12	Does the document have HR implications?	No
13*	Is there a launch/communication/implementation plan within the document?	Yes
14*	Is there a monitoring plan within the document?	Yes
15*	Does the document have a review date in line with the Policies and Procedures Framework?	Yes
16*	Is there a named Director responsible for review of the document?	Yes
17*	Is there a named committee with clearly stated responsibility for approval monitoring and review of the document?	Yes

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 Appendix 4 Launch and Implementation Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	Who	When	How
Identify key users / policy writers	All staff groups	When Ratified	Through Trustwide Comms and Chief Exec Brief
Present Policy to key user groups	HR Policy Group	June 2016	Attendance at meeting
Add to Policies and Procedures intranet page / document management system.	Through Policy Assurance Officer Governance	When ratified	Upload onto sharepoint
Offer awareness training / incorporate within existing training programmes	Line Mangers	When Ratified	Through corporate induction to new employees
Circulation of document(electronic)		When ratified	Via intranet and comms