### Uniform and Dress Code Policy

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>150</th>
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</table>
| **Author & Title:** | Mandy Rumble – Clinical Manager, ED  
Heidi Cox – Emergency Admin Manager  
Jan Lynn – Assistant Director of Nursing  
David Mawdesley – HR Business Partner |
| Responsible Director: | Director of Human Resources |
| Review Date: | 28 July 2018 |
| Ratified by: | Claire Buchanan  
Director of Human Resources |
| Date Ratified: | 28 July 2015 |
| Version: | 2.1 |

#### Related Policies and Guidelines
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- Code of Expectations of Employees Policy
- Managing Conduct Policy
- Infection Control Policy
- Operating Theatre Dress Policy
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Amendment History

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<th>Issue</th>
<th>Status</th>
<th>Date</th>
<th>Reason for Change</th>
<th>Authorised</th>
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<tr>
<td>1.0</td>
<td>Final</td>
<td>2013</td>
<td>New policy; previously included in the Code of Expectations Policy (reference 108).</td>
<td>Lynn Vaughan, Director of Human Resources</td>
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<tr>
<td>1.1</td>
<td>Final</td>
<td>July 2014</td>
<td>Minor amendment to policy (re Junior Doctor grades FY1, FY2, ST/CT1-2, Trust Doctors and GPST uniforms p17)</td>
<td>Claire Buchanan Director of Human Resources</td>
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<tr>
<td>2.0</td>
<td>Final</td>
<td>2015</td>
<td>Revised with minor amendments.</td>
<td>Claire Buchanan, Director of Human Resources</td>
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<tr>
<td>2.1</td>
<td>Final</td>
<td>April 2016</td>
<td>Minor tweak to 4.2 Staff with Trust Uniforms (p7). No need for ratification</td>
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1. Policy Summary

This Policy provides guidance for staff within the Royal United Hospital, Bath NHS Trust about the standards of dress the Trust requires its staff to meet at all times.

It is the responsibility of all staff to comply with this policy and procedure.

Failure to follow the requirements set out in this policy and procedure may lead to investigation under the Trust Managing Conduct Policy and will result in disciplinary action up to and including dismissal.

2. Policy Statements

To demonstrate clearly, the standard of dress required of all staff.

These standards are based on clinical, health & safety & professional requirements; further guidance concerning these is provided below.

2.1. Infection Control

This policy ensures that all staff follow the requirements of wearing appropriate clothing which minimises the risk of infection transfer which is a key part of maintaining patient and staff safety and giving confidence on this issue to patients, carers/relatives, visitors and fellow staff. It is also essential to ensuring that the staff and the Trust fully comply with the Health and Social Care Act (2008) (“NHS Hygiene Code”).

Bare below the elbow

On the 1st January 2008, the ‘bare below the elbow’ initiative was implemented to adhere to Department of Health guidance as outlined by the Health Secretary in September 2007. The guidance has been introduced to ensure that staff wash their hands regularly and thoroughly to limit the spread of infection. It applies to non-uniformed and uniformed clinical staff and the clinical area is defined as “when seeing patients in wards, during ward rounds and when examining patients in outpatient clinic”.
In summary the key points are:

- **Sleeves** rolled up to above the elbow, or wear short sleeved shirts/blouses
- **Ties** must be securely tucked in, or a bow tie or no tie can be worn
- **Wrist** watches must not be worn
- **One** plain band ring can be worn (with no stones)
- **White** coats must not be worn (except in laboratories /Cath Lab and the Department of Nuclear Medicine where they are worn as personal protective equipment).
- **Jewellery including wrist watches must be removed for hand washing and prior to any invasive procedure or entering a Clinical environment**

**Theatres**

On entering any designated theatre area a clean scrub suit must be selected from the changing area. Any item of operating department clothing which becomes contaminated with blood or bodily fluids must be changed as soon as possible.

Footwear worn inside theatres should be designated for that purpose and must be able to be cleaned and decontaminated. It is the responsibility of each member of staff to ensure that their footwear is cleaned regularly and stored appropriately.

No designated footwear intended to be worn inside the operating theatre may be worn outside the theatre complex. On leaving the operating theatres footwear that is intended to be worn inside the area must be removed for outdoor footwear.

Surgeons and anaesthetists who need to visit patients on the wards during the duration of an operating list may visit these clinical areas in theatre scrubs but would need to change into fresh attire on returning to the operating theatre.

### 2.2. Health and Safety

**Protection from Hazards**

This policy ensures that all staff wear appropriate uniforms and all required protective wear which is essential to protect all staff from hazards in line with Health & Safety legislation.

**Moving and Handling**

This policy ensures clothing is compatible with safe handling and moving which is essential to the safety of staff and their patients. It is also essential to ensuring that the staff and the Trust fully comply with Health and Safety legislation (e.g. Manual Handling).
2.3. **Professional Image**
Ensuring that all staff look smart, clean and professional is vital to reassuring patients, relatives and visitors to the hospital that they will receive effective and high quality care in a clean environment. (“Trust Code of Expectations of Employees”).

2.4. **Identification of Staff**
Ensuring that staff in clinical roles wear consistent and identifiable uniforms help patients, carers/relatives, visitors and fellow staff to identify the role of the staff concerned. (“Trust Security Policy”).

3. **Definition of Terms Used**

- **NMC:** The Nursing and Midwifery Council
- **HCA:** Health Care Assistant
- **Cath Lab:** Cardiac Catheterisation Laboratory

4. **Duties and Responsibilities**

4.1. **All Staff**
Must wear appropriate attire for their role in line with the requirements outlined within this Policy. For most staff this means wearing a uniform specific to their service.

Where it is deemed appropriate that staff’s own personal clothing is to be worn in clinical areas this must be made of a 60° washable fabric.

It is the responsibility of the wearer to ensure that the uniform is clean and free from contamination, un-creased and in good repair.

The Trust Identification Badge must be worn and visible by all staff at all times when at work. This is essential to ensuring the security of patients, carers/relatives, visitors and fellow staff.
4.2. **Staff with Trust Uniforms**

Each staff member is personally responsible for organising and collecting their uniform from the linen room in exchange for a refundable deposit which is deducted from the staff member’s salary following the signing of an agreement form.

All staff uniforms purchased by the Trust MUST BE LABELLED. **Please note that any uniforms which are not labelled are considered in legal terms to be the property of the wearer. This means that staff will be liable for additional personal tax payments if they do not have their uniforms labelled as being the property of the NHS.**

Staff leaving the Trust must return their uniforms to the linen room within two months of leaving the Trust. On receipt of the uniform being returned and payroll being informed any deposit owed will be processed by payroll.

Trust uniform deposits will be forfeited in the event that they are not returned within the above timescales.

4.3. **Line Managers**

Must ensure that uniforms are worn where required and that the standards of dress set within this policy are adhered to, including leading by example & identifying areas of review to the Trust’s Uniform Group.

Requisitioning and authorising of requests/orders for staff uniforms and that the correct uniform for the band is requested.

The control records for the uniform deposit system where relevant, i.e. where the Uniform is not arranged through the Trust’s Linen department.

4.4. **Linen Department**

The Linen Department is responsible for:

- The purchase and issue of all nursing uniforms
- The labelling of all uniforms purchased by the Trust
- The alteration/fitting of all staff uniforms issued by the Trust
- The recording of names of staff and the number and style of uniform(s) issued
- Establishing and retaining accurate control records for the nurse uniform deposit system
5. Staff and Contractors where No Uniform is set
(Non-uniform)

5.1. Clothing
Clothing must project a positive professional image and must not cause embarrassment or offence to colleagues, patients, other staff or visitors to the Trust.

Clothes must be clean and tidy and in a good state of repair.

Clothing must be modest and appropriate e.g. no spaghetti straps or midriffs showing. Logos/motifs on tops must look professional. Denim clothing is not permitted.

All clothing must be sufficiently loose to allow for a full range of movement and must not hinder moving and handling procedures.

In clinical areas ties must be securely tucked in, or a bow tie or no tie can be worn.

Short sleeves, or rolled up sleeves are necessary when working in a clinical area.

Where cardigans are worn they must be in a good state of repair. They should be removed when carrying out any clinical procedure or patient assessments.

Sikh men are permitted to wear a turban and Muslim women are permitted to wear a Hijab, (unless there is a Health and Safety reason). Sleeve protectors must be worn if jewellery cannot be removed due to religious reasons.

If shorts are worn, they should be smart, plain and knee length.

5.2. Watches
Wrist watches must not be worn by any members of staff in the clinical area as they impede proper hand washing.

Wrist watches must not be worn by any staff that has responsibility for patient contact due to the risk of causing injury to patients during patient manual handling procedures.

A suitable fob watch may be attached to the clothing of those staff who work clinically.
5.3. **Footwear**
All shoes must be practical in order to carry out their role; they must be clean and in a good state of repair.

**Footwear that is not permitted**
- Croc type shoes
- Open toed shoes
- Non secured/loose fitting shoes

5.4. **Badges**
The Trust Identification Badge must be worn and visible by all staff at all times when at work.

A maximum of two badges of professional organisation, qualification or trade union may also be worn.

Staff involved in the direct care of patients must not wear badges in such a way that they might cause injury.

Lanyard attachments for badges must be appropriate for the clinical area or be of the clip variety.

5.5. **Jewellery**
If worn must be appropriate for maintaining Health and Safety in the area concerned.

No long necklaces or dangling earrings for pierced ears shall be worn in a clinical area where patients might be confused or violent or where there is the risk of contact with machinery.

Jewellery including wrist watches must be removed for hand washing and prior to any invasive procedure or entering a Clinical environment.

5.6. **Hair**
Hair should be neat, tidy and well groomed; hair should be tied back in clinical settings.

Male staff must be clean shaven or ensure that their beards/moustachies are neatly trimmed. Consideration will be given to staff with religious beliefs and they should raise this with their manager.
5.7. **Perfume/Aftershave**
Must be discreet.

5.8. **Body/Facial Piercing**
Body piercing must be discreet.

If staff are working in a clinical area exposed body piercing must be removed or covered.

5.9. **Tattoos**
Any recent tattoo must be appropriately covered with a waterproof dressing in accordance with the Infection Control Policy.

5.10. **Chewing Gum**
In order to promote a professional appearance staff must refrain from chewing gum whilst on duty or in uniform.

5.11. **Headphones**
Headphones for personal use can only be worn when on an official break, or with the agreement of the line manager.

5.12. **Bags**
Personal bags must be removed when carrying out any clinical procedure.
6. Staff and Contractors Issued with Trust Uniform

All staff are required to wear the Trust uniform for their role and department at all times when at work. It is not acceptable to wear uniforms from other Trusts / organisations.

All staff are required to wear a clean un creased tunic/dress on each working day to prevent the risk of cross infection.

Uniforms belong to the Trust and should not be worn outside the hospital unless on hospital business or direct journeys to and from work. For the latter, uniform must be covered by outdoor wear (see section below on the wearing of uniform outside hospital premises).

Uniforms must be taken to the sewing room for alterations and repairs as soon as necessary to ensure the maintenance of smart appearance.

Replacement uniforms must be approved by the appropriate Manager.

Trousers worn with tunics which are not supplied by the linen room should be of an appropriate style, plain, navy or black depending on the colour of uniform and must be in a good state of repair.

Trust Navy Trousers should be worn with all other tunics supplied by the Trust.

Where cardigans are worn for warmth they must be plain black or navy and must be in a good state of repair. They must only be worn in non-clinical areas and should be removed prior to carrying out any clinical procedure.

Whilst in uniform, staff should only eat in staff designated areas. Staff are not to eat meals in a clinical area.

If shorts or ¾ length trousers are worn, they must be smart, plain navy/black to match uniform and shorts must be knee length.

Staff wearing dresses provided by the trust, should be of a length either on or below the knee.

6.1. Obtaining Trust Uniform

In order to obtain a Trust uniform from the Linen Room, staff must complete a uniform measurement form which is authorised by their manager (available via intranet).

Staff must take the form to the Linen Room and have the measurements checked before the order can be placed.
Newly qualified nurses will not be issued with their uniform without proof of NMC Pin Number. Newly qualified nurses either remain in their student uniform (most cost effective) or can be placed in a senior HCA uniform until they have their PIN number.

All Staff when collecting their uniform must sign an agreement form for receipt of the uniforms. This gives authority for a refundable deposit (currently £20) to be taken from their salary.

Some departments have alternative local arrangements for obtaining uniforms. These uniforms must be taken to the Linen Room to be marked with the Trust label prior to wearing.

The Trust Nurses Uniform budget is held by the Facilities Directorate and will not fund cardigans, jumpers, jackets and shoes.

The numbers of uniforms issued will be as follows:

<table>
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<th>Days worked per week</th>
<th>Numbers issued</th>
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<tbody>
<tr>
<td></td>
<td>Tunic/Dress</td>
<td>Trousers Navy</td>
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<tr>
<td>5 or more</td>
<td>5</td>
<td>5</td>
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<tr>
<td>4</td>
<td>4</td>
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If staff choose to have a mix of tunics and dresses the allocation of trousers will be average using the days worked formula.

6.2. Obtaining other Uniforms

All non-nursing uniforms should be ordered by the ward/department managers who hold their own budgets. All uniforms will be purchased at a standard length.

Once the uniform has been agreed, ordered and supplied by the manager the staff member will take their uniforms to the Linen Room for marking.

6.3. Hair

Must be clean, neat, pulled back off the face (fastenings should be discreet, without adornment).

Male staff must be clean shaven or ensure that their beards are neatly trimmed.
6.4. **Watches**

A suitable fob watch should be attached to the uniform of those staff that require a watch in course of their clinical duties.

6.5. **Fingernails**

Must be clean, short, neatly manicured without nail varnish.

Nail extension and false nails must not be worn if staff are in clinical contact with patients.

6.6. **Footwear/Tights**

Must be clean and in a good state of repair.

For staff performing direct clinical care or working in a factory type environment, shoes must have enclosed toes and heels. The heel must be low and no more than 2.5 cm high.

*Crocs are not permitted.*

All clinical staff must wear plain black shoes with soft or rubber soles.

Where protective footwear is a requirement it will be supplied by the Trust and must be worn.

Shoes must be secure. It is acknowledged, however, that clogs continue to be the shoe of choice in operating theatres and units wearing theatre scrubs. See [Operating Theatre Dress Policy](#).

Plain Black training shoes can be worn as part of an agreed local uniform policy as agreed by the Manager.

For female staff, legs must be covered with black or flesh coloured non patterned plain tights/stockings as agreed locally, when wearing dresses, except in exceptional hot weather when permission is given by the ward manager.
6.7. **Jewellery**

For staff providing direct clinical care or working in food preparation area only one ring is allowed which **must be** a plain band.

Stud earrings are permitted.

Managers must be flexible and reasonable concerning those items of jewellery and markings that are traditional within some religions and beliefs.

6.8. **Tabards**

In Paediatric areas where tabards are worn they must be clean and in a good state of repair. They must be removed when staff are in any public areas unless directly escorting or transferring a child to another clinical department.

Tabards should be changed as a minimum daily or when soiled and are subject to the same washing procedure as uniforms (60°).

6.9. **Wearing of Trust Uniform outside hospital premises**

The wearing of uniform outside the hospital premises is **ONLY PERMITTED** when staff are on specific Trust duty e.g. transferring patients or for direct journeys travelling to and from work.

When travelling to and from work, **uniforms must be covered**.

This recommendation is made for the Health and Safety and security of all staff and to minimise the risk of cross infection.

Staff **MUST NOT** be seen smoking, out socially or shopping in uniform.

Staff should expect to be challenged by managers, members of the public and other staff if they do not adhere to the above.

Requests to wear uniform outside the Trust premises for formal occasions or for the purpose of promoting the Trust must be authorised by the Director of Nursing or another Director.
6.10. **Protective Clothing**

Personal protective equipment consists of items of clothing (e.g. impermeable gloves, shoes with protective toe-caps or non-slip soles, aprons) or other items which are worn on the person (e.g. respirators) and which are required to protect the wearer from a hazard.

The need for personal protective equipment is determined by a departmental risk assessment, in conjunction with the local risk officer.

Where the need for personal protective equipment has been recognised in a risk assessment, its use must be made compulsory by the department manager and monitored.

6.11. **Protective Equipment**

**Facemasks**

Face masks must be worn by all members of the theatre team for cases involving prosthetic implants.

It is recommended that members of the theatre team working at the operating table should wear face masks.

When leaving the Theatre complex, all face masks and headgear must be removed and disposed of appropriately.

Masks must be handled by the tapes only and must be discarded in an appropriate container after each case or when soiled. Masks must not be worn around the necks or put in pockets for future use. Hands must be decontaminated following mask removal.

**Disposable Headgear**

Disposable headgear must be worn to cover all head and facial hair on entry into the theatre environment and removed when leaving.

**Eye Protection**

Eye protection, spectacles and goggles or visors must be worn if there is a risk of splashing or spraying of blood or body fluids, and when reconstituting a chemical solution in order to reduce the possibility of contamination of the eyes.
6.12. **Laundering of Uniforms**

The risk of uniforms being contaminated with blood or body fluids is very dependent on the tasks performed by the member of staff. Such contamination carries an inherent risk (low) of transmission of disease therefore any uniforms must be washed separately at 60°C.

6.13. **Maternity Wear**

Staff who are pregnant will be issued with larger sizes of dresses, tunics or trousers or scrub tops if required.

Any alteration to uniforms will be subject to assessment by the Linen room seamstress to ensure that it is safe and feasible.

6.14. **Cultural and Religious Wear**

The Trust will aim to meet requirements of cultural or religious wear or recommendations from Occupational Health wherever possible.

6.15. **Scrubs**

**Theatre Scrubs (dark blue)**

It is required that Dark Blue Theatre Scrubs will only be worn by staff working in treatment areas requiring a ventilated environment for the procedures carried out within them (i.e. the operating theatres and the Cardiac Catheterisation Laboratories). Dark Blue scrubs must not be worn outside the Theatre Complex.

**Non tailored Scrubs within clinical areas (light blue)**

Light blue scrubs may be worn in wards/departments. These areas will include Intensive Care Unit (Doctors only) and the Mortuary.

In the non-theatre areas where scrubs are worn as the standard clinical uniform, this shall be as the standard attire.

Staff must not wear long sleeved garments under their scrubs, i.e. long sleeved t-shirts and jumpers.

Scrubs must not be worn outside the hospital buildings or when travelling to and from work.
**Light Blue Scrubs**
Staff whose uniform is contaminated with bodily fluids during their shift, will be able to obtain scrubs to change into.
- **In Hours** – Linen Room
- **Out of Hours** – via site manager and security to obtain from the domestic offices.

The scrubs must be returned when next on duty.

**Green Scrubs**
Green Scrubs will be worn by Junior Doctors in Grades F1, F2, ST/CT1-2, Trust Doctors and GPST at all times whilst working in the Trust. Doctors at grades ST3-9 (SpR) will be expected to wear uniforms whilst undertaking on-call work.

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**7. Medical Staff**

Medical staff will comply with the standards set out in both professional codes for the wearing of Trust uniform and non uniforms and the Department of Health 'bare from the elbow down' requirements (set out in section 2 of the Policy above). All staff must wear appropriate attire when completing any invasive procedures.

In order to obtain a Trust uniform from the Linen Room, staff must complete a uniform measurement form which is authorised by their manager (available via intranet).

Staff must take the form to the Linen Room and have the measurements checked before the order can be placed.

Junior Doctor grades FY1, FY2, ST/CT1-2, Trust Doctors and GPST will be expected to wear uniforms issued upon commencement with the Trust. SPR grades (ST3-9) will be expected to wear uniforms when undertaking on call.
8. Monitoring & Review

This policy will be subject to a planned review every 3 years as part of the Trust’s Policy Review Process. It is recognised however that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust’s revised policy and practise.

The Trust’s Uniform Policy Group will be responsible for monitoring this Policy & reflecting any necessary changes in light of changes to legislation, infection control requirements etc.

Compliance with the Trust Uniform and Dress Code policy will be the responsibility of the Manager of those staff groups affected. Non-compliance issues will be managed in line with the Trusts Conduct Policy and Procedure.

9. References


Bare Below The Elbow Initiative (2008) - Department of Health
Ratification Assurance Statement

Dear Claire

Please review the following information to support the ratification of the below named document.

Name of document: Uniform and Dress Code Policy
Name of author: Heidi Cox  David Mawdesley
Job Title: ED Admin Manager  HR Business Partner

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: ___________________________ Date: 28 July 2015
Name of Person Ratifying this policy: Claire Buchanan
Job Title: Director of Human Resources
Signature: ___________________________ Date: 28 July 2015

To the person approving this policy:
Please ensure this page has been completed correctly, then print, sign and post this page only to: The Policy Coordinator, John Apley Building.
The whole policy must be sent electronically to: ruh-tr.policies@nhs.net
### Consultation Schedule

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Consulted</th>
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<tbody>
<tr>
<td>Clinical Manager for Emergency Medicine</td>
<td>February 2012</td>
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<tr>
<td>Chair of Staff – Side and RCN</td>
<td>February 2012</td>
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<tr>
<td>Administration Manager – Emergency Department</td>
<td>February 2012</td>
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<tr>
<td>Stores and Linen Manager</td>
<td>February 2012</td>
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<tr>
<td>Purchasing Team Leader</td>
<td>February 2012</td>
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<td>Theatres Manager</td>
<td>February 2012</td>
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<td>Infection Control Senior Nurse</td>
<td>February 2012</td>
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<tr>
<td>Assistant Cleaning Manager</td>
<td>February 2012</td>
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<tr>
<td>Advanced Practitioner</td>
<td>February 2012</td>
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<tr>
<td>Dispensary Manager</td>
<td>May 2012</td>
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<tr>
<td>Director of Nursing</td>
<td>May 2012</td>
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<td>Assistant Director of Nursing</td>
<td>May 2012</td>
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<td>HR Manager</td>
<td>September 2012</td>
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The following people have submitted responses to the consultation process:

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<th>Date Responded</th>
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<tr>
<th>Name of Committee/s (if applicable)</th>
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<tr>
<td>TCNC Policy Sub Group</td>
<td>July 2012</td>
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<tr>
<td>Health &amp; Safety Committee</td>
<td>August 2012</td>
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<tr>
<td>TCNC Policy Sub Group</td>
<td>December 2012</td>
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</tbody>
</table>
Equality Impact: (A) Assessment Screening

To be completed when submitted to the appropriate Executive Director for consideration and approval.

<table>
<thead>
<tr>
<th>Person responsible for the assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Heidi Cox</td>
</tr>
<tr>
<td>Job Title: ED Admin Manager</td>
</tr>
<tr>
<td>Name: Gabrielle Hucker</td>
</tr>
<tr>
<td>Job Title: HR Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the document/guidance affect one group less or more favourably than another on the basis of:</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Gender (including gender reassignment)</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>☐ Yes ☒ No</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>(learning disabilities, physical disability, sensory impairment and mental health problems)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any evidence that some groups are affected differently?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</td>
<td>☐ Yes ☒ No</td>
<td>See Part B</td>
</tr>
<tr>
<td>Is the impact of the document/guidance likely to be negative?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>If so, can the impact be avoided?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>What alternative is there to achieving the document/guidance without the impact?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Can we reduce the impact by taking different action?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

If you answered NO to all the above questions, the assessment is now complete, and no further action is required.

If you answered YES to any of the above please complete the Equality Impact: (B) Full Analysis.

Document name: Uniform and Dress Code Policy
Issue date: 04 April 2016
Status: Final
Author: Mandy Rumble, Heidi Cox, Jan Lynn & David Mawdesley
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Equality Impact: (B) Full Analysis

**Note:**

Only complete this section if you answered **YES** to any of the questions in the **Equality Impact: (A) Screening Assessment**

Equality Analysis is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality Analysis can be carried out in relation to service delivery as well as employment policies and strategies.

This template has been developed to use as a framework when carrying out an Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Royal United Hospital, Bath NHS Trust website.

<table>
<thead>
<tr>
<th>1.</th>
<th>Identify the aims of the policy or service and how it is implemented.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key questions</strong></td>
<td><strong>Answers / Notes</strong></td>
</tr>
<tr>
<td>1.1 Briefly describe purpose of the service/policy including</td>
<td>The aim of this policy is to ensure that all staff both directly employed and contracted workers participating in duties within the Trust fully meet the standards set out in this policy and procedure at all times. The policy identifies all responsibilities.</td>
</tr>
<tr>
<td>● How the service/policy is delivered and by whom</td>
<td></td>
</tr>
<tr>
<td>● If responsibility for its implementation is shared with other departments or organisations</td>
<td></td>
</tr>
<tr>
<td>● Intended outcomes</td>
<td></td>
</tr>
</tbody>
</table>
1.2 Provide brief details of the scope of the policy or service being reviewed, for example:
- Is it a new service/policy or review of an existing one?
- Is it a national requirement?.
- How much room for review is there?

The Equality Act came into force in October 2010. The purpose of the Act is to unite and harmonise 116 separate pieces of legislation, whose primary purpose was to deal with discrimination on the basis of a personal or group characteristic. The key pieces of legislation unified by the Act were:

- The Equal Pay Act (1970)
- The Sex Discrimination Act (1975)
- The Race Relations Act (1976)
- The Disability Discrimination Act (1995)
- The Employment Equality (Religion or Belief) Regulations 2003
- The Employment Equality (Sexual Orientation) Regulations 2003
- The Employment Equality (Age) Regulations 2006
- The Equality Act 2006, Part 2
- The Equality Act (Sexual Orientation) Regulations 2007

The new Act outlines nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

1.3 Do the aims of this policy link to or conflict with any other policies of the Trust?

Security Policy
- Code of Expectations of Employees
- Managing Conduct Policy
- Infection Control Policy
- Operating Theatre Dress Policy

<table>
<thead>
<tr>
<th>Security Policy</th>
<th>Code of Expectations of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Conduct Policy</td>
<td>Infection Control Policy</td>
</tr>
<tr>
<td>Operating Theatre Dress Policy</td>
<td></td>
</tr>
</tbody>
</table>
2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> What is the equalities profile of the team delivering the service/policy?</td>
<td>Please refer to annual diversity monitoring report</td>
</tr>
<tr>
<td><strong>2.2</strong> What equalities training have staff received?</td>
<td>KSF level 1 Equality Impact Assessment training</td>
</tr>
<tr>
<td><strong>2.3</strong> What is the equalities profile of service users?</td>
<td>Please refer to annual diversity monitoring report</td>
</tr>
<tr>
<td><strong>2.4</strong> What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>Staff Survey results</td>
</tr>
<tr>
<td><strong>2.5</strong> What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</td>
<td>TCNC Policy Sub Group membership is a partnership group comprising staff side members and representatives of all divisions / directorates.</td>
</tr>
<tr>
<td><strong>2.6</strong> If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</td>
<td>Trust staff profile + legislative requirements</td>
</tr>
</tbody>
</table>
## 3. Assessment of impact: ‘Equality analysis’

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups.

<table>
<thead>
<tr>
<th>3.1 Gender</th>
<th>Examples of the service has done to promote equality</th>
<th>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</th>
</tr>
</thead>
<tbody>
<tr>
<td>This policy is accessible to all staff irrespective of their gender. In line with the Equality Act 2010, there are numerous uniforms available to accommodate individual need and preferences of women and men. The impact of the Policy on Pregnancy/Maternity specifically is covered in Section 3.9</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Group</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>3.2</td>
<td>Transgender</td>
<td>Identify the impact/potential impact of the policy on transgender people</td>
</tr>
<tr>
<td>3.3</td>
<td>Disability</td>
<td>Identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)</td>
</tr>
<tr>
<td>3.4</td>
<td>Age</td>
<td>Identify the impact/potential impact of the policy on different age groups</td>
</tr>
<tr>
<td>3.5</td>
<td>Race</td>
<td>Identify the impact/potential impact on different black and minority ethnic groups</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In line with the Equality Act 2010 the Trust will aim to meet requirements of cultural or religious wear or recommendations from Occupational Health wherever possible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.6</th>
<th>Sexual orientation</th>
<th>Identify the impact/potential impact of the policy on lesbians, gay, bisexual &amp; heterosexual people</th>
<th>This policy is accessible to all staff irrespective of their sexual orientation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In line with the Equality Act 2010 there are numerous uniforms available to accommodate individual need and preferences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any alteration to uniforms will be subject to assessment by the linen room seamstress to ensure that it is safe and feasible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

N/A
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Examples of what the service has done to promote equality</th>
<th>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.7</strong></td>
<td><strong>Religion/belief</strong>&lt;br&gt;Identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</td>
<td>This policy is accessible to all staff irrespective of their religion/belief.&lt;br&gt;In line with the Equality Act 2010 the Trust will aim to meet requirements of cultural or religious wear or recommendations from Occupational Health wherever possible.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>3.8</strong></td>
<td><strong>Marriage/Civil Partnership</strong>&lt;br&gt;Identify the impact/potential impact of the policy</td>
<td>This policy is accessible to all staff irrespective of their marriage/civil partnership.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>3.9</strong></td>
<td><strong>Pregnancy/Maternity</strong>&lt;br&gt;Identify the impact/potential impact of the policy</td>
<td>In line with the Equality Act 2010, staff who are pregnant will be issued with larger sizes of dresses, tunics or trousers or scrub tops if required. Any alteration to uniforms will be subject to assessment by the linen room seamstress to ensure that it is safe and feasible.</td>
<td>Staff on maternity leave may not be made aware of this revised policy. HR Dept. to work with Comms team to produce HR update sheet for distribution quarterly to all staff on maternity leave, paternity or adoption leave.</td>
</tr>
</tbody>
</table>
### 4. Royal United Hospital, Bath Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Actions required</th>
<th>Progress milestones</th>
<th>Officer responsible</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>A disabled person may not be able to access the policy in its current format. HR Dept. to identify what reasonable adjustments should be made to ensure access to this policy other than electronically or in paper copy.</td>
<td>HR Dept. to identify what other support is available to access this policy other than electronically or in paper copy</td>
<td>Contact Head of Comms and Equality and Diversity Committee to identify options. Publish options on Policy site</td>
<td>Policy Authors &amp; Comms</td>
<td>30/09/2013</td>
</tr>
<tr>
<td>Someone speaking another language other than English may not be able to access this policy in its current format. HR Dept. to identify what translation support is available to access this policy other than using English language.</td>
<td>HR Dept. to identify what translation support is available to access this policy other than using English language</td>
<td>Contact Head of Comms and Equality and Diversity Committee to identify options. Publish options on Policy site</td>
<td>Policy Authors &amp; Comms</td>
<td>30/09/2013</td>
</tr>
</tbody>
</table>
| Staff on maternity leave may not be made aware of this version of this policy. | HR Dept. to work with Comms team to produce HR update sheet for distribution quarterly to all staff on maternity, paternity or adoption leave | 1 - Create sample newsletter  
2 – Pilot  
3 – Report for Strategic Workforce Committee  
4 – Launch Newsletter | Deputy Director of HR | 30/09/2013     |
## 5. Sign off and publishing

Once you have completed this form, it needs to be ‘approved’ by your Line Manager or their nominated officer. Please ensure that it is submitted to the body ratifying your policy or service change with your report/proposal. Keep a copy for your own records.

<table>
<thead>
<tr>
<th>Signed off by:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Signed off by: [Signature]

Date: [Date]

---

Document name: Uniform and Dress Code Policy

Ref.: 150

Issue date: 04 April 2016

Status: Final

Author: Mandy Rumble, Heidi Cox, Jan Lynn & David Mawdesley

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