



Policy:

HR 024: Dress Code, Uniform and Appearance

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Policy Owner	Executive Director of People
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Ratified By	PEOPLE COMMITTEE
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Summary of policy

The Trust is committed to ensure the health, safety, and wellbeing of its staff. The individual's standard of dress and appearance is important to the professional standing of the individual department / Trust, and it is the intention to maintain that within the framework of this policy.

Target audience	All staff
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Keywords	dress, uniform, appearance, badges, clinical, non-clinical, cultural beliefs, religion, bare below elbow
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Storage & Version Control

This is Version 7 and is stored and available through the SHSC Intranet/Internet. This version supersedes the previous Version issued November 2021. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log (Example)

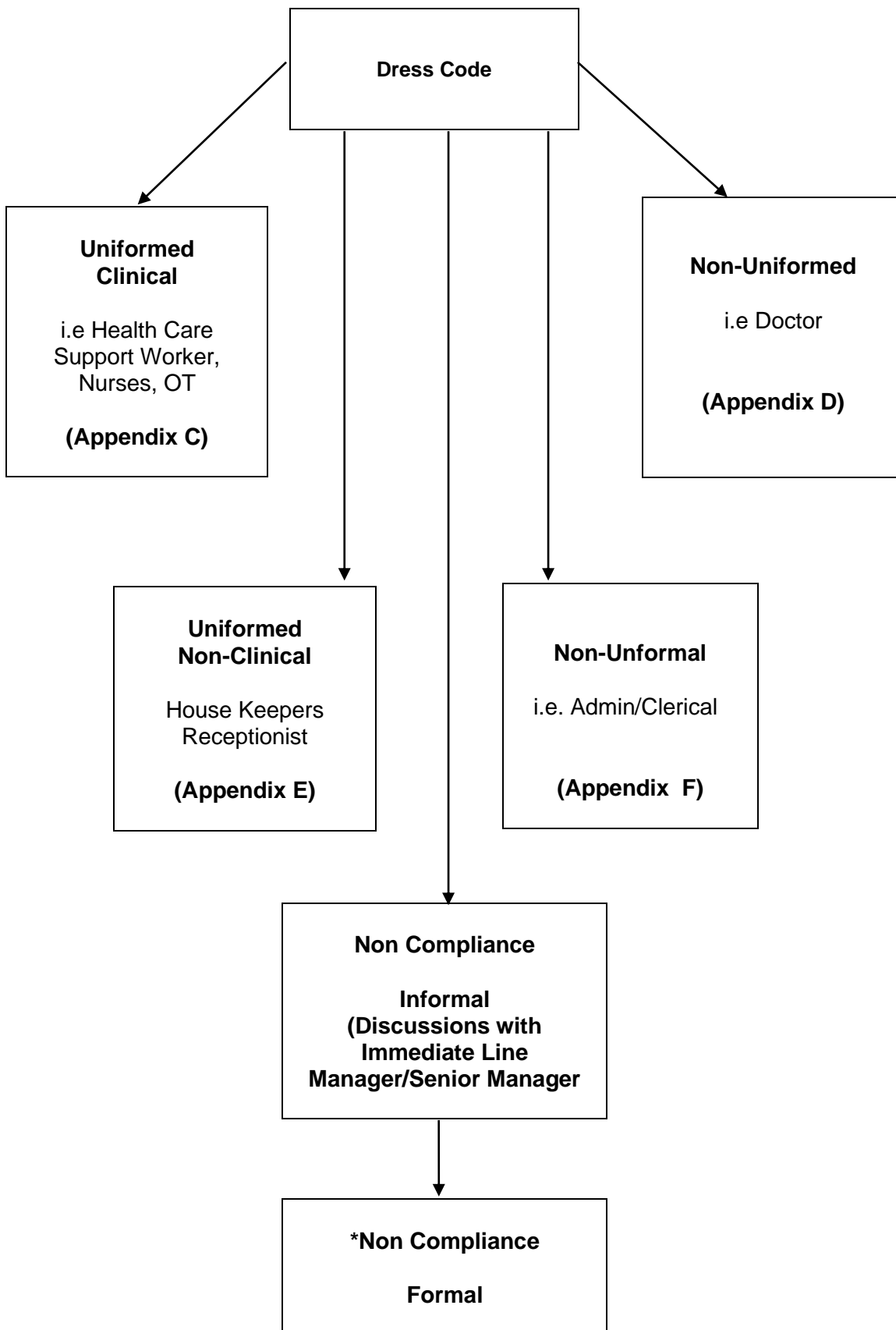
Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created, consulted on and issued	October 2023	New policy.
2	Reviewed, consulted on, approved, ratified and issued	March 2009	Amended as per consultation.
3	Reviewed, consulted on, approved, ratified and issued	October 2016	Amended as per consultation.
4	Reviewed, consulted on, re-written, approved, ratified and issued	26/06/2019	<p>Policy reviewed prior to review date deadline [31-08-2019]</p> <p>The previous version of this policy has been completely re-drafted following best practice from other NHS organisations.</p>
	Amended post EDG 06-06-19		<p>Added to section 13 (page 13)</p> <ul style="list-style-type: none"> • COSHH • Infection, Prevention and Control • Health and Social Care Act 2008: Code of Practice
5	This amendment agreed at JPG on 29/3/21		<p>Added to Infection Control section and appendices 1, 2, 3, 4:</p> <ul style="list-style-type: none"> • False eye lashes are not permitted and must be removed before coming on duty, as they could cause a potential health and safety hazard
6	Further amendment following Staff Side feedback at JPG on 23/6/21 and subsequent feedback from General Managers between		<p>Following sections of Appendix 2:</p> <p>Shirts: Male staff working in patient or public areas who do not wear a uniform must wear a shirt</p>

	May/June 2021		<p>Trousers: Tailored or smart trousers.</p> <p>Replaced with the following:</p> <p>Smart/casual clothing: No explicit/obscene/offensive logos/images and clothes should be clean and in a reasonable state of repair. Local/departmental policies may exist and must adhered to.</p> <p>Tops: e.g. Jumpers / Jackets / T-shirts / Shirts / blouses / Suit: Not see-through / too revealing, not low cut at the front or back, no vest style or strap tops. No bare midriiffs. Sleeves should be able to be secured above the elbow for clinical staff.</p> <p>Bottoms: e.g. Trousers / Jeans / Suit / dresses / skirts / shirts / culottes : No mini or micro skirts / dresses / shorts</p>
6	Policy Reviewed, amended and adjusted in line with review date of June 2023	May / June 2023	
7	Policy Reviewed extended	September 2023	

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Flowchart



*Consideration via Unacceptable Behaviour/Disciplinary Policy (Please Consult HR)

1 Introduction

- 1.1. The Sheffield Health and Social Care Trust (The Trust) is committed to ensure the health, safety and wellbeing of its staff ensuring they convey a professional appearance and attitude to their work at all times and should not place themselves or service users at unnecessary, risk. To function safely and effectively, the Trust needs to ensure that staff comply with a dress code.
- 1.2. The Trust recognises and celebrates the diversity of cultures, religions, and disabilities of its staff and will take a sensitive approach when this affects dress and uniform requirements. However, priority will be given to clinical, health and safety, security and infection control/requirements and the need for verbal and non- verbal communications.
- 1.3. The purpose of the dress code is to ensure that staff protect themselves, patients and service users to work in a manner that complies with a number of Trust policies and guidance including but not limited to infection control, health and safety, and professional boundaries (Safeguarding) policies also including the Heat Wave Plan (Appendix A – staff section) and the Menopause Guidance.

2 Scope

- 2.1 This policy applies to all employees of the Trust, including but not limited to staff on substantive/fixed term contracts, bank staff, agency staff, medical staffing, staff on honorary contracts, students, contractors and volunteers when working on Trust premises or in patient homes.

3 Purpose

- 3.1. The policy is designed to guide managers and employees on the application of Trust standards of dress and appearance. This policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance and staff should use common sense in adhering to the principles, underpinning the policy.
- 3.2 The aim of the policy, whether for uniformed or non-uniformed staff, must support and promote the following principles:
 - To provide a practical dress code with a professional image that promotes patients, staff, service users and public confidence.
 - To comply with Infection Control and Health & Safety Legislation to reduce the risk of cross contamination.
 - To ensure that all staff are familiar with current evidence available on wearing of suitable dress or uniforms in line with the NHS Guidance on Uniforms and Workwear.

- To ensure staff project a professional image and a consistent approach across the Trust to create a corporate image that will eventually be in line with the NHS National Uniform.
- To promote mobility and comfort of the wearer in line with their health, safety and wellbeing.
- To allow identification for security and communication purposes.
- To avoid offence to staff, patients and service users of different cultures and beliefs.

4 Definitions

For the purpose, of this policy, dress code is used to communicate to all employees what the Trust considers appropriate work attire.

This policy allows the Trust to set expectations regarding the image it wants the organisation to convey.

5 Detail of the policy

The broad overview of this policy is as described in the introduction.

6 Duties

6.1 Executive Director of People

The Executive Director of People is responsible for ensuring that managers are supported in the implementation of the policy and that it is reviewed and monitored regularly.

6.2 Managers

Managers are responsible for ensuring their staff wear the correct uniform and comply with this policy. Managers must ensure this policy and the principles of this policy are discussed at local induction for new starters.

Managers are responsible for ensuring this policy is disseminated to their staff. This policy addresses common issues in relation to dress code but is not possible to detail every eventuality. It is expected that managers will apply common sense in applying the guidelines attached to this policy, depending on the specific circumstances.

Managers must discuss individuals in the first instance where the policy is not upheld following advice from a Peoples Directorate Representative. This should also be recorded.

6.3 Employees

Employees are responsible for dressing in accordance with this policy. Also refer to section on Personal Hygiene.

Employees should always be mindful of how they are perceived by others and dress appropriately when at work.

Staff are responsible for cooperating with the development and implementation of Trust policies as part of their normal duties and responsibilities. Persistent failure to adhere to this policy will result in disciplinary action.

All staff have a responsibility to challenge non-compliance with the policy e.g. non-compliance of a colleague (if they feel able to do so) and / or escalate to their manager for action

Responsibility for complying with the dress code policy lies with the individual employee.

If the employee has cultural and/or religious beliefs that make it challenging for them to comply with this policy, they must discuss this issue with their line manager immediately to resolve the issue.

6.4 The Peoples Directorate

The Peoples Directorate team has a responsibility to monitor the implementation of the policy and to ensure that procedures are managed fairly and consistently across the Trust. The Peoples Directorate will provide guidance and support to line managers on the operation of this policy at all stages.

6.5 Health and Safety Staff

Health and Safety Staff have a responsibility to provide advice and support to managers, particularly with regard to the wearing of protective or high visibility clothing and equipment. They shall also provide advice and support to managers regarding the health and safety implications of any adjustments made to the requirements of this policy arising from issues of disability, or conflict with an individual's religious or cultural beliefs.

6.6 Infection Control Nurses

Infection Control Nurses have a responsibility to provide advice and support to managers and employees with regard to the infection control requirements in relation to this policy.

7. Personal Hygiene

All employees have a responsibility to maintain a high level of personal hygiene and be well presented at all times. Daily hygiene habits such as hand washing, teeth brushing, and general maintenance of personal hygiene reduces spreading germs and infection. There are social aspects to personal hygiene which should be considered and acted upon by all employees. E.g body odour, dental hygiene, and prevention of spread of parasites.

Staff and managers can seek further advice from the Infection Control Team and Health and Safety Team.

8 Procedure

8.1 Identification Badges

Trust identification badges must be worn and visible at all times when on duty or acting in an official capacity representing the Trust. However, badges should not be visible in public places. This is both for security and identity purposes. Badges should be up to date with regards to job title and photograph. It is recommended that badges should be worn on appropriate lanyards in order to prevent injury to the wearer and patients / service users during moving and handling procedures. Lanyards worn with identification badges must be Organisation lanyards only. It is recognised that there may be some instances whereby following a risk assessment, it is necessary for staff to remove identification badges. This will be rare, but necessary for safety reasons, if the identification badge is deemed likely to pose a risk of injury to the wearer and or patients / service users. In such circumstances, permission to remove identification badges must be sought from a senior manager on duty at the time. In such circumstances, staff should replace the identification badge with a self adhesive label, which should be placed on clothing. The self-adhesive badge should be clearly visible and have the staff members name clearly written on this.

8.1.1. 'Hello My Name Is' Badges.

For safety reasons, if these identification badges are deemed to pose a risk of injury to the wearer and or patients / service users, the Manager on duty has discretion to ask staff to remove these identification badges whilst on duty or visiting a ward area.

8.1.2. Return of Identification Badges

Identification Badges must be returned to the issuer (Manager/Workforce) when a member of staff leaves the Trust.

8.1.3. Lost or stolen Identification Badges

Lost or stolen Identification Badges must be reported to the Line Manager immediately and an incident form completed.

8.2 Uniformed Staff Clinical

This policy is designed to give guidance for clinical staff who wear Trust uniform whilst undertaking their duties. Uniforms are intended as a means of identification to patients / service users and staff, to offer health and safety to the staff wearing them and to minimise risk to patients / service users and staff through infection and / or injury. Please refer to **Appendix C** for guidelines.

8.3 Non-Uniformed Staff Clinical

Staff who are not required to wear a uniform but who regularly work with patients / service users in a clinical area are expected to maintain a professional appearance and adhere to the principles of the dress code where applicable at all times. Please refer to **Appendix D** for guidelines.

8.4 Uniformed Staff Non-Clinical

This policy is designed to give guidance for non-clinical staff who wear Trust uniform whilst undertaking their duties. Please refer to **Appendix E** for guidelines.

8.5 Non-Uniformed Staff Non-Clinical

Staff who do not wear a uniform in the course of their work must present themselves as tidy and professional in appearance, and it should be remembered that what is worn outside of work is not necessarily appropriate for the workplace. Please refer to **Appendix F** for guidance.

8.6 Dress for the Day

All employees should take into consideration the area they will be working within or visiting 'for the day', particularly non-clinical staff for example, meeting a manager/employee in a ward environment should comply with the Ward rules and wear suitable clothing such as footwear. Items around the neck except for approved NHS lanyards, may be deemed as unsuitable such as Ties, necklaces and even wrist watches.

Refer to the **Appendix C and E** of this Policy for guidance.

8.7 Core Standards

This Policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance. Staff must use common sense in adhering to the principles underpinning the policy.

Employees are individually responsible for their general presentation, appearance and personal hygiene and have a responsibility to consider how their appearance may be perceived by others.

This means that staff should wear clothing which:

- Is appropriate to their role.
- Is not likely to be viewed as offensive, revealing or sexually provocative.
- Does not distract, cause embarrassment, or give rise to misunderstanding.
- Is absent of any political or otherwise contentious slogans.
- Is not considered to be discriminatory and is culturally sensitive.
- Does not place themselves or others at risk.

All staff should look clean, tidy, and well groomed. Clothes and uniform are to be free from obvious dirt and stains.

8.7 Unacceptable Clothing

In line with the above principles the Dress Code & Uniform Policy, the following items of clothing **may not** be appropriate:

- Mini skirts
- Lycra cycling shorts or leggings
- Leisure shorts
- Low waistband trousers showing the abdomen / lower back or allowing underwear to be visible.
- Camouflage clothing
- Transparent or 'see through' blouses, dresses or shirts.
- Tracksuits
- Clothing with tears, holes, and rips
- Low-cut T-shirts or blouses
- Strapless or revealing tops.
- Spaghetti / shoestring strapped tops
- Cropped tops, showing the abdomen / lowerback
- Badges or emblems which may cause offence (Also refer to Section 8.1)
- Items of clothing bearing logos, slogans or graphics which could cause offence.
- Baseball caps
- Wearing of ties (except clip-on) in a clinical area
- Ripped Jeans

8.8 Infection Prevention and Control

In any setting, particularly those that involve close or direct contact with clients, there is a risk of cross contamination. This may be visible contamination (in varying degrees) with blood and/or body fluids, or invisible contamination with micro-organisms.

Adhering to IPC principles and practices, such as standard infection control precautions (SICPs) and transmission-based precautions, and bare below the elbows (BBE) will prevent the risk of cross contamination. Please refer to the IPC page on Jarvis for further information.

All clinical staff must adhere to the following:

- Be **B**are **B**elow the **E**lbow (BBE) when conducting any clinical care/care delivery/direct patient care i.e. long- sleeved garment such as a cardigan or shirt must not be worn.
- Nails must be short and kept clean.
- No nail coatings e.g. nail polish/varnish, false and gel nails **not** permitted, as they can potentially harbour micro- organisms.
- Jewellery should be confined to a plain wedding band only (no bracelets, necklaces, wrist watches).
- Hair below collar length should be tied up.
- False eye lashes are not permitted at work and must be removed before

coming on duty, as they could cause a potential health and safety hazard.

Uniform wearing and laundering

- A clean uniform must be worn for every shift.
- Where changing facilities exist, staff must come and leave work in their own clothes and change into their uniform for the duration of the shift.
- Staff must **not** leave worn uniforms in the workplace, but take them home immediately after wear for laundering.
- Staff must not be seen in public places in uniform e.g. public transport, supermarkets.
- All uniforms should be washed at a minimum temperature of 60 degrees, to kill any potential micro-organisms.
- Uniforms must be stored in a suitable clean storage area, to prevent contamination.
- Dry cleaning is not an effective method of decontamination.

NB: If you are unable to adhere to bare below the elbows and/or infection prevention and control principles, please contact the infection prevention and control team to discuss.

8.9 Uniform – Starting Employment

Only uniforms approved by the Trust may be worn. Staff should wear the correct uniform at all times; no additions or variations are allowed.

The number of uniforms issued will be according to contracted hours / shifts. The amount and allocation of uniforms is governed by corporate and local guidelines which may be subject to change. Religious requirements relating to uniform should be discussed with the Head of Nursing for the area. Advice from The Peoples Directorate Team may also be sought.

8.10 Uniform – During Employment

Staff must be aware that a uniform indicates their status as a Trust employee, and behave accordingly.

Replacement uniforms will only be issued on production of the uniform to be replaced and a requisition signed by the line manager. Damaged uniforms should be repaired where possible before replacement.

The Trust will replace any items of uniform damaged during the course of normal wear, but financial responsibility for the replacement of items damaged through inappropriate cleaning / laundering or neglect, will be the responsibility of the wearer.

Additional uniforms will be made available to staff members who may be experiencing 'Hot Flashes' due to the Menopause / Perimenopause.

8.11 Uniform – Leaving Employment

On leaving employment, staff are responsible for returning all garments to their manager. Failure to do so will result in a deduction being made from the final salary payment.

8.12 Special Circumstances

8.12.1 Maternity: Staff who are pregnant and wear a uniform will be issued with maternity uniforms.

8.12.2 Heat wave: In the event of a heat wave, concessions will be given to adjustments in uniforms and dress code. This is for managers to implement at their own discretion, for example using 'scrubs' or smart suitable shorts as alternatives. SHSC Heatwave Plan provides guidance to staff.

8.12.3 Charity Event: The Trust acknowledges that staff may wish to support charitable events, however, it is the responsibility of department managers to decide the appropriateness of their department supporting 'temporary' events e.g. Comic Relief, Children in Need etc.

8.12.4 Menopause: It is recognised that during menopause, staff may at times suffer from 'hot flushes'. This is a common symptom and can result in sudden, brief, periodic increase in body temperature. Employees can request as a means of reasonable adjustment including requesting 'scrubs' if experiencing these symptoms. SHSC Menopause Guidance is available for more information.

8.13 Cultural Beliefs and Uniform

The Trust is sensitive to the needs of staff with particular religious or cultural beliefs which may conflict with the standard Trust uniform. Concerns may be discussed with the line manager who will consider the requirements of the Equality Act 2010 as well as organisational issues, infection control, health and safety and other clinical issues including communication.

The population we serve is multi-cultural and it is therefore necessary that staff dress in a manner that respects varying traditions and cultures. See **Appendix G** for more information.

8.14 Compliance with Standards

It is recognised that issues relating to clothing, personal hygiene and personal presentation may be sensitive. In the extremely rare cases where agreement is not possible and in cases of abuse of the code, a manager may make a reasonable request for an independent person or senior manager to intervene in helping to make a decision regarding the uniform and dress code. As a last resort and after all measures have been taken, if the situation cannot be resolved by other means, this may be dealt with in accordance with the Trusts disciplinary procedure.

8.15 Proposed Uniform Changes

Standardised uniform for NHS staff is currently being consulted at National Level and should this be passed, the Trust adhered to this.

9. Development, Consultation and Approval

The following individuals were involved in developing and approving this policy –

VERSION 7

- The Executive Director of People Assistant Peoples Directorate Business Partner and Peoples Directorate Advisor
- The Head of Nursing, For Rehab and Specialist Service
- The Director of Psychological Services
- The Clinical Director for Rehab and Specialist Services
- Lead Nurses for Preceptorship Development
- Lead Nurse for Infection, Prevention and Control
- All staff communication via Jarvis 'Have your say on the uniform and dress code policy' May 2023

The previous version of this policy has been amended and updated following best practice from other NHS organisations and the NHS - Uniforms and workwear: guidance for NHS employers.

The policy review date is 30th September 2026.

10. Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Policy	Review,	Executive Director for People	Every 3 years	Executive Director for People	The Peoples Directorate Senior Management Team and the Joint Consultative Forum	The Peoples Directorate Senior Management Team and the Joint Consultative Forum

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. Review Date; 27/06/2026

11. Implementation Plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*

- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and internet and remove and archive the old policy, version 6	Corporate Governance to arrange		
All staff communication via Jarvis.	Corporate Governance to arrange		

12. Dissemination, Storage and Archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1	March 2006	N/A	N/A	
2	March 2009	N/A	N/A	
3	October 2016	N/A	N/A	
4				
5				
6	November 2021	November 2021	November 2021	
7				

13 Training and Other Resource Implications

This policy will be covered in Local Induction Checklist.

14 Links to Other Policies, Standards (Associated Documents)

Relevant Legislation

Health and Safety at Work Act 1974

Manual Handling Operations Regulations 1992

Workplace (Health and Safety and Welfare) Regulations 1992 Equality Act 2010

COSHH – Control of Substances Hazardous to Health Regulations 2002

Health and Social Care Act 2008 (2015): Code of Practice on the Prevention and Control of Infections

15. Associated Policies and Guidance Documents

Infection Control.

Health and Safety Guidance.

Standards of Business Conduct.

Uniforms and Workwear; guidance for NHS employers.

<https://www.england.nhs.uk/publication/uniforms-and-workwear-guidance-for-nhs-employers/>

The National Healthcare Uniform;

<https://www.supplychain.nhs.uk/categories/hotel-services/national-healthcare-uniform/>

Unacceptable Behaviour

Disciplinary Policy

16 Contact Details

Title	Name	Phone	Email
Executive Director of People	Caroline Parry	011422623626	caroline.parry@shsc.nhs.uk
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	Jillian Singleton, IPC Nurse		Jillian.singleton@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: 15/6/23

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO	N/A	N/A
Disability	NO	N/A	N/A
Gender Reassignment	NO	N/A	N/A
Pregnancy and Maternity	NO	N/A	N/A

Race	NO	N/A	N/A
Religion or Belief	NO	N/A	N/A
Sex	NO	N/A	N/A
Sexual Orientation	NO	N/A	N/A
Marriage or Civil Partnership	NO		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
HRBP September 2023

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
Template Compliance		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
Policy Content		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	N/A
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	N/A
2220.	Is there a plan to i. review ii. audit compliance with the document?	Yes N/A
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

Appendix C

Uniformed Staff Clinical eg Health Care Support Worker, Nurse, OT

Subject	Clinical Uniformed	Reason
Footwear	Black in colour. Flat or low-heeled to prevent slips and falls (non-cloth/suede) and covered both at heel and toe. Crocs are not allowed Shoes should be able to be thoroughly cleaned.	Closed toe shoes offer protection against spills.
Tights, Stockings and Socks	Black/dark or natural tights or stockings if worn with skirts or dresses. Socks worn with trousers.	Professional image.
Dress length	Not mini or micro	Professional image
Trousers	No cropped trousers as part of uniform. Trousers provided with uniform must be worn.	Professional image
Jewellery	Wedding band may be worn. Rings with stones should not be worn, as these can scratch patients. Bracelets should not be worn. Necklaces should be removed. One pair of plain small stud earrings may be worn.	Health & Safety / Infection Control.
Watches	Wristwatches should be removed when undertaking clinical duties. Fob-watches may be worn	Hand/wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene.
Belts & Buckles	Traditional nurse's belts and buckles can restrict movement and cause injury to patients. The Trust does not provide these as part of the standard uniform.	Patient safety.
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image.
Hair	Below collar length should be tied or pinned up whilst on duty.	Health & Safety, infection control, non-interference in clinical procedures.
Facial Hair	Beards and moustaches should be kept clean and tidy.	Non-interference with clinical procedures. Infection control.
Perfume, aftershave	Perfume/aftershave can be nauseating for some patients so should be subtle.	Patient care
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Patient Care, Professional image
Make up	To be discreet and appropriate.	To maintain a professional image.

Hands and Nail Varnish	Long and/or varnished fingernails or false nails or nail extensions are not permitted. Hands and nails should be clean at all times.	Long and or varnished fingernails/false nails harbour micro-organisms and can reduce compliance with hand hygiene.
False Eyelashes	False eye lashes are not permitted and must be removed before coming on duty	False Eyelashes could fall out and cause potential health and safety and infection control issues due to an increased risk of bacterial infection and allergic reaction (to the wearer)
Body Art	Tattoos of an obscene or offensive nature must be fully covered.	To maintain a professional image and to safeguard the rights of others.
Facial/Body Piercing	Body piercings should be covered up and not seen. Facial piercings should be single stud	Health & Safety and to maintain a professional image.
Cardigans/ Fleeeces/ Sweatshirts	Trust issued cardigans / fleeces / sweatshirts may be worn but must be removed if undertaking direct patient care.	Infection control & to maintain a professional image.
Badges	Excluding identification badges, no other badges may be worn. ID badges must be removed or secured when undertaking clinical procedures or moving patients.	Patient safety, professional image.
Cuts and abrasions	Cuts and abrasions must be covered by appropriate coloured waterproof dressings.	Infection control.

This list is not exhaustive. Clothing must be appropriate for the job role carried out and the environment. If staff are unsure of their responsibilities in this area, they must consult with their manager.

NB: It will be the responsibility of the Line Manager/Senior manager to ensure this policy is adhered to.

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Appendix D

Non-Uniformed Staff Clinical eg Doctor, Physician Associate

Subject	Clinical Non Uniformed	Reason
Footwear	Flat or low heeled to prevent slips and falls (non-cloth/suede) and covered both at heel and toe. Shoes should be able to be thoroughly cleaned. Crocs are not allowed	Closed toe shoes offer protection against spills.
Smart/casual clothing: Tops: e.g. Jumpers / Jackets / T-shirts / Shirts / blouses / Suit Bottoms: e.g. Trousers / Jeans / Suit / dresses / skirts / shirts / culottes	No explicit/obscene/offensive logos/images and clothes should be clean and in a reasonable state of repair. Local/departmental policies may exist and must adhered to. Not see-through / too revealing, not low cut at the front or back, no vest style or strap tops. No bare midriiffs. Sleeves should be able to be secured above the elbow for clinical staff. No mini or micro skirts / dresses / shorts	Professional image
Jewellery	Wedding band may be worn. Health & Safety recommends rings with stones should not be worn, as these can scratch patients. Bracelets should not be worn. Necklaces must be removed, secured or controlled during patient contact.	Health & Safety / Infection Control
Watches	Wristwatches should be removed when undertaking clinical duties. Fob-watches may be worn	Hand/wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene.
Belts & Buckles	Belts which are worn to serve either a practical or fashion purpose must have a small buckle which will not cause injury to the patient or wearer.	Patient safety.
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image
Hair	Below collar length should be tied or pinned up whilst on duty.	Health & Safety, infection control, non-interference in clinical procedures, to maintain a professional image.

Facial Hair	Beards and moustaches should be kept clean & tidy.	Non-interference with clinical procedures.
Perfume, aftershave	Perfume/aftershave can be nauseating for some patients so should be subtle.	Patient care
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Professional image
Make up	To be discreet	To maintain a professional image.
Hands and Nail Varnish	Long and/or varnished fingernails or false nails or nail extensions are not permitted. Hands and nails should be clean at all times.	Long and or varnished fingernails/false nails harbour micro-organisms and can reduce compliance with hand hygiene.
False Eyelashes	False eye lashes are not permitted and must be removed before coming on duty	False Eyelashes could fall out and cause potential health and safety and infection control issues due to an increased risk of bacterial infection and allergic reaction (to the wearer)
Body Art	Tattoos of an obscene or offensive nature must be fully covered.	To maintain a professional image and to safeguard the rights of others.
Facial/Body Piercing	Body piercings should be covered up and not seen. Facial piercings should be single stud	Health & Safety and to maintain a professional image.
Badges	Excluding identification badges, no other badges may be worn. ID badges must be removed or secured when undertaking clinical procedures or moving patients.	Patient safety, professional image.
Cuts and abrasions	Cuts and abrasions must be covered by appropriate coloured waterproof dressings.	Infection control.

This list is not exhaustive. Clothing must be appropriate for job role carried out and the environment. If staff are unsure of their responsibilities in this area, they must consult with their manager.

NB: It will be the responsibility of the Line Manager/Senior manager to ensure this policy is adhered to.

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Appendix E

Uniformed Staff Non-Clinical eg House Keeper, Receptionist

Subject	Clinical Non Uniformed	Reason
Footwear	Flat or low heeled to prevent slips and falls (non-cloth/suede) and covered both at heel and toe. Shoes should be able to be thoroughly cleaned. Crocs are not allowed.	Health and Safety.
Tights, Stockings and socks	Neutral, black or subtle-coloured tights or stockings.	Professional image
Dresses/Skirts	No Mini or micro skirts	Professional image
Tops/blouses	If not Trust issued, not see through, not low cut, no vest style or strap tops. No bare midriffs	Professional image
Shirts/ties	Trust issued only.	Professional image
Trousers	Tailored or smart trousers or Trust issued only if applicable. Trousers provided with uniform must be worn.	Professional image
Belts & Buckles	Belts which are worn to serve a practical purpose must have a small buckle keeping in tone with the Trust uniform.	Professional image
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image
Hair	For patient facing staff off the collar in length, unless tied (or pinned up) whilst on duty	Health & Safety
Facial Hair	Beards and moustaches must be kept clean and tidy.	Professional image.
Perfume & aftershave	Perfume/aftershave can be nauseating for some patients so should be subtle.	Patient care
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Professional image
Make up	To be discreet	Professional image
Hands and Nail Varnish	Long and/or varnished fingernails or false nails or nail extensions are not permitted. Hands and nails should be clean at all	Professional image
False Eyelashes	False eye lashes are not permitted and must be removed before coming on duty	Professional image

Body Art	Tattoos of an obscene or offensive nature must be fully covered.	Professional image
Facial/Body Piercing	Body piercings should be covered up and not seen. Facial piercings should be single stud	Health & Safety for patient facing staff, professional image.
Cardigans/ Fleeeces/ Sweatshirts	Trust issued only or tailored / smart	Professional image
Badges	Excluding identification badges, no other badges may be worn. ID badges must be removed or secured when undertaking clinical procedures or moving patients. (Also see Section 8 of this policy)	Professional image
Cuts and abrasions	Cuts and abrasions must be covered by appropriate colored waterproof dressings.	Infection control

Supplementary Guidance for Chefs / Cooks / Housekeeping staff involved in food preparation

For staff working in larger kitchens;

- A chefs white tunic and chefs chequered trousers should be worn. Kitchen fabric aprons should be utilised and a chequered or white cap
- Staff in smaller kitchens should wear a white tee shirt

When staff are set to work in the kitchen-preparing/cooking food, the following points should be followed;

- A clean uniform(which is provided) is to be worn
- A full dark, none slip shoe to be worn
- Hair covering-A cap/Hair net/Hair tied back/Beard covering to be worn
- No watches to be worn

Also, note the section above in regards False Eye Lashes, Nail Vanish and Nail Extensions.

This list is not exhaustive. Clothing must be appropriate for job role carried out and the environment. If staff are unsure of their responsibilities in this area, they must consult with their manager.

NB: It will be the responsibility of the Line Manager/Senior manager to ensure this policy is adhered t

Appendix F

Non-Uniformed Staff Non-Clinical

Subject	Non Clinical Non Uniformed	Reason
Footwear	Sensible footwear must be worn and should be viewed as protection to feet. Employees must be able to respond to any emergency situation without placing themselves at risk. Open toed shoes or sandals worn in non-clinical areas are worn at the individual's own risk.	Health and Safety. Professional image
Dresses/Skirts	No Mini or micro skirts.	Professional image.
Tops/blouses	Not see through, not low cut, no vest style or strap tops. No bare midriffs.	Professional image.
Shirts	Male staff working in patient or public areas who do not wear a uniform must wear a shirt.	Professional image. Health & Safety
Trousers	Tailored or smart trousers.	Professional image.
Jewellery	Jewellery should be discreet and kept to a minimum. Exercise care and discretion with regard to Health and safety at work and public image.	Professional image, Health & Safety.
Belts & Buckles	Belts which are worn to serve either a practical or fashion purpose should have a small buckle which will not cause injury.	Health & Safety.
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image.
Hair	To be clean and tidy.	Health & Safety, professional image.
Facial Hair	Beards and moustaches must be kept clean and tidy.	Professional image.
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Professional image.
Hands and Nail Varnish	Hands and Nails should be clean at all times. When varnish or false nails or extensions are used, they should be kept in good condition.	Professional image.

False Eyelashes	False Eyelashes should be kept in good condition	Professional image
Body Art	Tattoos of an obscene or offensive nature must be fully covered.	Professional image.
Facial/Body Piercing	Body piercings should be covered up and not seen. Facial piercings should be single stud	Professional image
Cuts and abrasions	Cuts and abrasions must be covered by appropriate coloured waterproof dressings.	Health & Safety

This list is not exhaustive. Clothing must be appropriate for job role carried out and the environment. If staff are unsure of their responsibilities in this area, they must consult with their manager.

Appendix G

Religion and Belief Guidelines for Dress Code & Uniform Policy

The Equality Act 2010 provides a means by which individuals are protected against discrimination on the grounds of their beliefs or non-beliefs. There are four elements to the legislation:

Direct Discrimination - Where a person experiences less favourable treatment on the grounds of religion or belief that has no effect on their individual merit, ability or potential (e.g. refusing recruitment on the grounds that the nurse wears a turban).

Indirect Discrimination - When a general provision, criterion or practice is applied to all, but disadvantages people on the basis of religion or belief, and which cannot be justified as necessary to the legitimate aim of the role (e.g. a dress code that requires all female clerical staff to wear a knee length skirt).

Victimisation - Where a person is subjected to less favourable treatment because they have brought an action, given evidence under, or done anything under or by reference to the Religion and Belief Regulations (e.g. when an individual reports a colleague who is repeatedly asking intrusive personal questions about their beliefs or non-beliefs).

Harassment - Where a person is subjected to unwanted verbal or physical actions (such as jokes or demeaning behaviour which results in violating that person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them or when an individual experiences comments on the grounds that they have been allowed to wear long sleeves as an adaptation to uniform in respect for their faith).

Corporate dress-code and the individual's standard of dress and appearance is important within the institutional context of the NHS to promote professionalism and consistency. However, this has clear implications in terms of implementing equality on grounds of religion and belief, and care should be taken to ensure that discrimination does not occur through the restriction of certain clothing and expectations of appearance that cannot be reasonably justified. It is essential that the Trust welcomes the diversity of appearance that people from different religious and cultural belief backgrounds can bring, and can respond flexibly where this impacts on uniform.

Examples where individual religious or cultural beliefs may impact on dress and appearance include:

- **Buddhism** – Men and women may wear charms, amulets and scarves that have been blessed.
- **Hinduism** – Women may want to cover their legs for reasons of modesty; they may also wear a coloured spot on their forehead (bhindi) as a sign of their marital status; men wear loose tunic and trousers.
- **Muslim** - Women have their arms, legs, hair and torso covered at all times, and may also wear a long scarf that falls across the front.
- **Sikhism** - Men have an uncut beard and uncut hair, latter of which is bound in a turban; women are also expected to wear their hair long, plaited or unbound; both men and women wear loose trousers with loose long tunics or dress.

- **Rastafarian** - Most Rastafarians do not cut their hair, and the distinctive hairstyles (dreadlocks) are a symbol of their faith;
- **Cultural Traditions** – it is also expected that women from many Muslim cultures will wear gold in recognition of their marital status; many Asian (e.g. Indian, Pakistani) marriage festivals require the bride in particular and female relatives/friends in general to wear Henna tattoos.

The Trust is sensitive to the needs of staff with particular religious or cultural beliefs which may conflict with the standard Trust uniform. However, there may be health and safety considerations that would restrict certain modes of dress in particular contexts. In such cases, it will be necessary for managers to consult with staff who may be affected by a restriction to see if an appropriate compromise can be reached.

Examples of adopting a flexible approach might include:

- Allowing female Muslim staff to be able to cover their arms and legs by providing adapted uniform;
- Specifying the type and how staff are able to wear a head-scarf or turban (e.g. it must be black and must not be tied in a way that it will compromise health and safety, infection control or other clinically-justifiable standards or reasons);
- Specifying how long-hair might be managed if it is essential to culture or belief that it cannot be cut (e.g. it should be tied up so that it does not fall below the collar and allowing long beards if they are kept clean and neat and the individual is not working in an environment where health and safety, infection control or clinical factors apply).

The Trust will respond supportively to the beliefs and non-beliefs of staff, and will meet its statutory obligations through consultation and engagement, and by adopting a flexible approach to ensure non-discriminatory practices at all times.

Further advice and information is available from the Equality and Diversity / Peoples Directorate Team.