

## DRESS CODE AND UNIFORM POLICY

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## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

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## 1. Executive Summary:

This policy applies to all staff and is based on the Department of Health Guidance on Uniforms and Workwear 2010 and reflects the NMC code of conduct relating to appearance.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH 2010) requires that uniform and work wear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose and support good hand hygiene.

- 1.1 The policy sets out the expectation that the staff of the Trust will present a professional and smart appearance to both patients and the public when at work. All staff are ambassadors for the Trust and recognise that their appearance acts as a visual measure of how the public views the Trust.
- 1.2 This policy sets clear standards for dress code and appearance in the workplace for all staff and professional groups. The Dress Code and Uniform Policy content takes into account the different requirements for staff whose work involves direct patient care activity and those groups of staff who do not have a direct patient care activity element to their role.
- 1.3 The objectives of the Uniform elements of this policy fall into three key areas: patient safety, public confidence, staff comfort, as laid out in the Department of Health Guidance published in March 2010.
  - **Patient Safety.** Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and work wear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and work wear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, studded rings, looped earrings (other than studs), flesh rings and necklaces. Local policies allow a plain ring, such as a wedding ring to be worn. All other forms of jewellery that forms a projection must not be worn.
  - **Public Confidence** Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Patients routinely assimilate awareness based on the uniform a member of staff wears. This helps them to orientate themselves to the area they are being cared for in. Uniforms should be clean at all times, and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff either to change at work, or to cover their uniforms as they travel to and from work. Patients and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification. Community staff are expected to cover their uniform as this respects the patients need for privacy when being visited by someone in a uniform. It is unacceptable i.e. for clinical based staff within the acute Trust to leave the Hospital setting in a uniform that would link them to the Trust unless they are requested to wear a uniform (public event) for example.

- **For Hospital staff** Uniform must not be worn whilst travelling to and from work/home. Changing and laundering facilities within the hospital setting must be accessed to avoid the risk of infection spread and being identified in outside venues. If staff member has sensitivity to laundry products used on site this must be discussed with Manager.
- **Community Workers** must be clearly identified by their Trust photo badge, clearly describing their place of work i.e community worker and be visible to the patient.
- **Staff Comfort and Safety** As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, the uniform code should allow for covering of the forearm at other times. Dress / uniform should also provide protection against weather for the outside worker, allow freedom of movement during manual handling procedures, footwear should help reduce the risks of slips, trips and falls, and protect the privacy and dignity of staff whilst working staff need to be bare below the elbow whilst in a clinical setting. Any religious bangles must be secured as far up the arm as possible with tape.

**NB** Full body covering is not acceptable for IOW NHS workers and faces must be identifiable at all times to the patients and in public in their healthcare role, despite religious beliefs

The policy sets out the roles and responsibilities of all staff, details the expectations of appearance and provides a framework for awareness raising and training.

Finally the policy sets out a system for monitoring compliance with policy standards.

## 2. INTRODUCTION

2.1 This Dress Code and Uniform Policy sets out the expectation that the staff of The Trust will present a professional and smart appearance to both patients and the public when at work. All staff employed by The Trust are ambassadors for the Trust and recognise that their appearance acts as a visual measure of how the public views the Trust. This has an impact on public confidence and the reputation of the Trust. It also reflects the feedback of patients and the public by both formal and informal routes.

2.2 The purpose of the Dress Code and Uniform policy is to:

- Convey a professional and efficient image of the Trust and its employees
- Give patients and public confidence
- Support practice standards for prevention and control of infection
- Have regard to Health and Safety at work
- Comply with professional codes of practice for all staff
- The Uniform offers protection to the staff member wearing it and this is its primary function.

## 3. SCOPE

3.1 The dress code policy applies to **all staff**. The uniform policy (section 3.4) additionally applies to staff who are required to wear uniform.

3.2 This policy applies to all employed staff, bank, locum and agency staff, students, and staff on honorary contracts.

3.3 Volunteers are also covered by this policy particularly where they are involved in duties which bring them into direct contact with patients. Volunteer appearance will be managed in line with the Volunteer Service requirements. However, it is recognised that all volunteers will be visible by the use of the current uniform understood to be a bright orange polo T Shirt.

3.4 The following definitions are used within this policy

- **All staff** – Anyone employed or contracted to work in the Trust services as outlined in 3.2, 3.3 and 3.4 above. This includes those staff who are hosted by the Trust (i.e. Earl Mountbatten hospice E.M.H.)
- Staff involved in the delivery of **direct patient activity** (In clinical areas for activities that involve patient contact such as clinical procedures, examinations/consultations or providing direct clinical care) – Those staff engaged in personal or physical contact with patients, including doctors, nurses, allied health professionals, dieticians, Speech and language therapists, pharmacists, midwives, healthcare assistants, mental health staff, paramedics etc (this is not an exhaustive list but examples). See appendix C for full staff list
- **Designated Uniform** – The formal issue of uniforms by the Trust to be worn by the individual in the delivery of their duties. Uniform could be scrubs, tunic

and trousers, dress, coats, blazers and will vary dependent on the job role. This will be clearly identified.

#### 4. PURPOSE

**All Staff** – All staff are responsible for being aware of and complying with this policy at all times, failure by staff to comply with the policy may result in disciplinary action. Any designated uniform provided by the Trust remains the property of the Trust and as such should be returned on ceasing employment. It is the responsibility of staff members to return the uniform.

#### 5. ROLES AND RESPONSIBILITIES

##### 5.1 Line Managers:

Are responsible for:

- Ensuring staff are aware of the content and comply with this policy.
- Ensuring that staff are supplied with appropriate uniforms to undertake their role and to ensure that staff wear their uniform in adherence with this policy.
- For ensuring staff adhere to the Staff Identification Policy Staff must ensure their Staff PHOTO ID badge is visible. It is the responsibility of the line manager or shift coordinator to ensure staff are compliant
- Ensuring staff are issued with sufficient uniforms to comply with the recommended laundry practice of a clean uniform for every shift.
- Ensuring uniform has been returned on the termination of contract of a staff member and the **Information and Security Checklist for staff leaving the IOW Trust has been completed and sent.**
- Invoking the Conduct & Disciplinary Policy for staff who fail to comply with the policy.

**5.2 Directorate Management Teams** are responsible for ensuring compliance with this policy and for ensuring audit to demonstrate compliance is carried out at least annually.

**5.3 The Infection Prevention and Control Team** are responsible for providing support and advice in developing and implementing this policy in line with best practice standards.

**5.4 The Executive Director of Nursing and Workforce/Director of Infection Prevention and Control** are responsible for the development and ensuring Trust-wide implementation of this policy. The Deputy Director of Infection prevention and control are responsible for ensuring an audit programme includes an assessment of this essential standard.

**5.5 Laundry and Sewing Room Services:** the Laundry and Sewing Room Services are responsible for supply and replacement of uniforms in line with the Laundry Services contract, and for the laundering of uniforms for staff using the Autovalet service.

- 5.6 Health and Safety and Security Department:** will advise on health, safety and security issues relating to dress code and uniforms.
- 5.7 Changes to Uniforms** Decisions to change types of uniform for clinical or staff working in either direct or indirect contact with patients and/or the public will be undertaken in consultation with the **Executive Director of Nursing & Workforce (EDoNW)** , Infection Prevention & Control Team, and Assistant Director for Health, Safety and Security (e.g. Nurses, Midwives, Porters, Physiotherapists), and the relevant Service Manager.
- 5.8 Changes to Nursing and Midwifery Uniforms (and associated staff) will be approved by the **Executive Director of Nursing & Workforce (EDoNW)** Executive **Director of Nurses Team DNT (previously reported to NM Board.** Where the change involves staff in other roles (e.g. Estates staff), the change will be undertaken in consultation with the **Director for Health, Safety and Security.**

## **6. POLICY DETAIL / COURSE OF ACTION**

- 6.1 This applies to all staff – see also appendices B and C.
- 6.1.1. **Professional appearance:** Staff are expected to appear clean, tidy and smart. *Staff should dress in a manner which inspires patient and public confidence as people may use appearance as a proxy measure of professional confidence (DH, 2010)*
- 6.1.2 **Identity Badge:** All employees must wear an official photo identity badge, at all times when on Trust premises or acting in a capacity representing the Trust. *Patients like to know the names and roles of staff who are caring for them (DH, 2010).* The badge should be clearly visible to members of the public, patients and other members of staff. It is recognised that in some areas such as the Ambulance Service, Pathology or some Mental Health and Learning Disability settings displaying a name badge may be a hazard to the patient or staff member. In these settings local agreement will be reached about name badges or alternatives and these local agreements should be appended to this policy, available to staff in those areas, and be available to be produced on request. Lanyards should NOT be used by Clinical Staff or tucked into the pocket of the uniform as the patient may be unaware of the authenticity of the person caring for them. For staff in non clinical settings these are available from the department who allocates the ID Badge and these should only be used by staff when not involved in direct patient care. For staff involved in direct patient care, clips are available from Human Resources to secure the identity badge to uniform/clothing. Clinical leaders may wish to keep a spare supply of these within the clinical setting. Again; these are available from the ID badge dispensing team.
- 6.1.3 **Jewellery:** Staff must not wear jewellery when in a clinical or direct clinical care environment, except for a plain band wedding ring and a pair of studded / small hooped earrings. Appendices B and C provide specific details for clinical and non clinical staff. *Necklaces, long or hooped earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image. Jewellery can harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010).*

- 6.1.4. **Watches:** wrist watches must not be worn in clinical settings. This may also apply to some non clinical settings such as maintenance – please refer to the Health and Safety and Security Department for further guidance. Ambulance personnel need to wear a fob watch in line with this policy.
- 6.1.5. **Facial and visible body piercings and Tattoos:** Facial and visible body piercings are not acceptable. These post a health and safety risk to staff where patients may strike out causing damage to the member of staff. Irrespective of role, Patients in a hospital can present unpredictable behaviour. The Trust is committed to the safety and protection of its staff. It is, therefore, envisaged that no facial piercings will be worn in the trust irrespective of roles. **All piercings should be removed to the face and visible parts of the body including tongues** . Visible tattoos are discouraged. Cover any tattoos/branding that may be inappropriate or offensive to others. *The issue here is patient attitude and confidence in the care team. For many, particularly older patients, facial piercings and tattoos can be unsettling and distracting. However tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity. (DH, 2010)* In circumstances where the tattoos may cause offence to a patient on the grounds of cultural, religious or political belief systems, or the tattoo is of sexual or political nature, staff should seek advice from their professional lead, or departmental manager. Depending on the location and nature of the tattoos consideration should be given to staff wearing close fitting sleeves under the uniform, or coverage using tubigrip or similar items. These must be rolled up or removed to enable thorough hand hygiene when performing clinical duties.
- 6.1.6. **Make-up:** If worn, will be discreet. Fragranced products, including perfume, should be kept to a minimum as they are a known trigger of asthma in some patients and staff and to reduce discomfort for patients experiencing nausea.
- 6.1.7. **Fingernails:** These must be kept short and clean; varnished nails, nail art, false nails, acrylic nails and nail extensions are not permitted by staff involved in direct patient care activity. *Clean nails are hygienic and look professional, long nails are harder to keep clean and are a potential hazard. False nails harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010)*
- 6.1.8. **Hair:** Will be clean, neat and tidy.. In clinical areas hair must be maintained off the collar. *Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented (DH, 2010). Extremes of hair colour i.e. artificially dyed should be avoided.*
- 6.1.9. **Footwear:** All staff in Uniform will be expected to wear black shoes that are solid. Black training shoes are not a suitable alternative except within the manual handling team as agreed by the Health and Safety Lead. Shoes should be clean, fit the wearer and have the heel and toe enclosed to afford protection. In clinical areas they must be clean, plain, low heeled no more than 1.5 inches high, non-porous, enclosed, low noise sole and in a good state of repair. Shoes must be in keeping with the overall appearance and should not be made of suede or Nubuck fabric. In non clinical areas in extreme weather or for medical reasons sandals may be allowed following an assessment by the Occupational Health department. The soles of shoes must provide adequate grip for vinyl flooring or the work environment and on inpatient wards should be soft-soled to reduce noise but must

be hard enough to avoid penetration by sharp objects e.g. needles/glass. Plastic or plastic like clog type footwear with spongy soles or holes to the top or sides are unacceptable. Open toed shoes do not provide adequate protection from dropped needles therefore exposing the staff member at risk of a needlestick injury; they also do not afford adequate protection from any bodily fluid that may be spilt. See also section 5.3 Additional Information for particular staff groups. A selection of suitable and non suitable foot wear can be found in Appendix B

**6.1.10 Personal electronic items** Do not use, whilst on duty (other than at break times), personal stereos. Mobile devices including personal mobile phones are not required in the clinical setting. There is the potential for personal devices to capture images and sound that would be in breach of our current IG policy.

Mobile phones should not be used for personal calls whilst on duty, other than at break times.

**6.1.11 Professional Image:** Project a professional image in terms of appearance and behaviour, including not eating or chewing gum whilst dealing with patients. This is viewed as unacceptable by patients and therefore should be actively discouraged.

**6.1.12 Non clinical staff allowance on the grounds of religious or cultural beliefs**

- The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the IPC, health and safety and security of patients or staff are not compromised.
- Staff who wears facial coverings for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.

**6.1.13 Headwear**

- Turbans and kippots, veils (Christian or nikab) and headscarves (Hilabs and Jilabs) are supported on religious grounds. The latter should be shoulder length and must be worn unadorned. Scarves should not drape freely when providing direct clinical care.
- Employees wearing any additional items of clothing must follow the infection prevention – laundry guidelines outlined in Appendix D. and ensure a clean garment is worn every day.

Jewellery based on a belief system such as, a crucifix is permissible provided it is covered up or removed when undertaking patient care.

**6.1.14 Clinical staff allowance on the grounds of religious or cultural beliefs**

- The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health and safety and security of patients or staff are not compromised.
- Staff who wears facial coverings for religious reasons are required to remove them whilst on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.

- Female staff of Muslim faith are encouraged to wear Trust uniform, with  $\frac{3}{4}$  length sleeves in order to comply with both religious norms, and Trust infection prevention requirements. Clothing must allow for adequate hand hygiene. Protective plastic oversleeves are available where appropriate.

#### 6.1.15 **Staff not expected to wear a uniform**

For staff not expected to wear a uniform, dress should be clean smart and acceptable. The following are examples of acceptable wear: Smart trousers, skirts and shirts/tops, dresses, suits and/or jackets and blazers.

For staff not expected to wear a uniform. Clothes will cover shoulder to knee as a minimum with midriffs covered. The following are examples of unacceptable clothing, either on grounds of health and safety or for the Trusts public image: Jeans/jean like trousers and casual t-shirts, track suits, combat trousers, baseball caps/hats; overly tight or revealing clothes including but not exclusively mini-skirt / casual shorts / cropped tops; vest tops with shoestring straps; skirts / trousers that are over long and touch the ground when walking; clothing with inappropriate slogans; open toed sandals. If staff are unsure about the appropriateness of certain types of clothing this should be discussed with the line manager who would have the final decision about what is appropriate (see appendix F for flowchart to support decision making).

#### 6.1.16 **Personal Protective Clothing and Equipment**

Staff in roles that require personal protective clothing and equipment (PPE) will wear appropriate protective clothing while carrying out their duties in accordance with Health & Safety and Infection Prevention & Control PPE Policy. Each manager must ensure that PPE is available to the employee in accordance with COSHH regulations and local/statutory requirements. (If a non-uniformed member of staff has regular direct physical contact with patients the manager should consider designating the role a uniformed position). When entering an area that requires PPE, it is expected that essential staff enter. Where this is a patient in barrier conditions, it would be reasonable for the only the most senior doctor to enter the room, thus reducing the risk of cross contamination.

#### 6.1.17 **Infection Prevention and Control**

In clinical areas (for activities that involve patient contact such as clinical procedures, examinations or providing nursing care) all staff should wear clothes that facilitate compliance with hand hygiene requirements: a **'bare below the elbow'** policy applies. This means no long sleeves (e.g. no jackets or long-sleeved coats) and that shirts are either short-sleeved or that shirt sleeves are rolled up to the elbow. *Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients (DH, 2010)*

Staff working in clinical areas and in activities involving patient contact should follow the 'bare below the elbow' policy; this means no wrist watches or rings other than a plain wedding band.

In clinical areas for activities involving patient contact, ties other than bow ties (similarly long scarves or lanyards that may dangle from the neck) should not be worn: staff in such settings should wear no tie; alternatively the tie must be tucked inside the shirt. Additionally, PPE such as aprons should be worn in high clinical

risk areas if carrying out procedures on patients that may contaminate the uniform/dress to prevent contamination (see infection control policies). *Ties have been shown to be contaminated with pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care (DH, 2010)*

## **6.2 Uniform policy (see also appendices C and D)**

- 6.2.1 Staff are encouraged to take pride in wearing their uniform and ensure they are smartly presented at all times. Staff should wear only uniforms provided by the Trust, which provide a visual clue to members of the public, patients and other staff as to their role. The uniform should be worn in a clean and presentable fashion. This policy applies to all types of uniform including the various types of scrub suits in use in the Trust.
- 6.2.2 A clean uniform will be worn for each clinical shift. It is not acceptable to keep uniforms in the clinical area following a shift. They should be returned to the Autovalet or the staff member's home to be laundered if agreed with Manager.
- 6.2.3 The Trust changing and laundering facilities will be used where possible. In the absence of access to these facilities, staff must follow laundering guidelines see Appendix D

### **6.2.4 Determining who should wear a uniform**

If a staff member is undertaking a clinical role where they may come into direct contact with a patient, they should wear a uniform. This supports a professional image and also makes it easier for a replacement garment to be obtained whilst on duty in most settings. More importantly it helps patients to understand at a glance and quickly, who is caring for them. The final decision on whether staff in a clinical role should wear a uniform should sit with the line manager, and be based on a risk assessment process; however advice to inform that decision can be obtained from the Infection Prevention and Control team, Executive Nursing Team and/or Assistant Director for Health and Safety and Security.

All staff in a clinical environment should wear a uniform. This will help patients understand the individual roles of staff in a given geographical location.

### **6.2.5 Wearing Uniforms to and from work or in public settings**

Staff must change into and out of uniform at work in areas where changing facilities are provided, i.e. autovalet; ward/department based changing rooms. In community bases and other isolated teams where changing facilities are not available staff may travel to and from work in their uniform but it **MUST** be covered by a long coat or suitable garment.

*Whilst there is no evidence of an infection risk from travelling in uniform, many people perceive it to be unhygienic (DH, 2010)*

Uniformed staff based in hospital or clinic settings will not wear Trust uniform off hospital premises (e.g. go shopping, collecting children from school), as this is unacceptable and undermines public confidence. *Even though there is no evidence of infection risk, people perceive there is one (DH, 2010)* Uniforms may however be worn outside the Trust's premises for staff on official business.

Uniforms must not be worn outside unless undertaking official duties. Exceptions to this are staff working in the community, who must ensure their uniform is fully covered by the uniform coats provided. In hot summer conditions it is permissible for the coats to be removed. Community staff should change out of their uniform as soon as their last patient contact has been made, either at their base or as soon as they return home.

It is not acceptable for uniform to be worn on public transport or in public accessed facilities, e.g. shops, petrol stations.

Requests to wear uniform outside of the Trust premises for formal occasions, for example funerals or award ceremonies must be made to the line manager.

#### 6.2.6 **Soiled Uniforms**

If a uniform becomes visibly soiled or contaminated the staff member must change immediately and emergency uniform is held in the Trust Autovalet to accommodate this situation. (At times the supply of fresh uniforms may not meet the demands, in these instances 'theatre scrubs' may be worn). Staff working on settings away from St Mary's Hospital site or where scrubs would not be suitable should ensure where possible they have access to clean uniform. *Visible soiling may present an infection risk and will be disconcerting for patients (DH, 2010)*

#### 6.2.7 **Information for patients/visitors about uniforms**

Posters and Staff Photo Boards will be displayed in each ward and department used by patients to show what the different uniforms mean. *Patients and their families and visitors find it helpful to know who they are talking to. Uniforms also help them to quickly identify the person they wish to speak to. (DH, 2010)*

#### 5.2.8 **Extreme weather conditions**

Authorisation to change into different types of uniform or not to wear items, in times of extreme weather conditions must be obtained from either the Executive Director of Nursing team, Assistant Director Health, Safety and Security or In this instance approval will be granted on the basis of risk assessment and for a whole team, department or service to promote a consistent appearance. Tights may be removed in hot weather

#### 6.2.9 **Belts, Buckles and Badges -**

Traditional nurse's belts / buckles must not be worn by any clinical staff due to the restrictions they can place on movement and potential injury to patients during manual handling

No more than 2 badges denoting professional qualifications or memberships should be worn alongside the photo identification badge. *Any more looks unprofessional and may present a safety hazard (DH, 2010)*

#### 6.2.10 **Laundering of uniforms**

Commercial laundry services such as those used by the Trust are much more effective than a home washing machine as they use thermal disinfection to remove pathogens.

All staff who have access to the Autovalet must use these services for laundering of uniforms.

For staff who do not have access to the Autovalet laundering guidelines are issued in Appendix E and it is strongly recommended that these are followed.

Disposable aprons with “medicine round” printed on will be worn for each drug dispensary round in the clinical environment.

#### 6.2.11 **Replacement of uniforms / Maternity uniforms**

This should be negotiated on an individual basis between the staff member and the line manager. Consider replacement when uniform is beyond repair, does not fit appropriately, or the colour is faded. It is important that the professional image of the Trust is maintained by smart uniforms.

Maternity uniform will be provided as a choice to existing uniform see appendix C

#### 6.2.12 **Smoking**

In accordance with the Trust’s No Smoking Policy, staff in uniform must not smoke, whether on or off site. **Staff must change and take themselves off site on designated agreed breaks within the agreed rota policy. Staff must not sit in their vehicles on site to smoke. Uniforms that smell of smoke are often offensive to patients and present an image far from that we are promoting.**

### 6.3 **Additional information for particular staff groups**

#### 6.3.1 **Nurses and Midwives**

The Nursing and Midwifery Council Code of Conduct requires professional staff to justify public confidence and uphold the reputation of the profession at all times. This is particularly important as first impressions for people who are vulnerable and may feel frightened. The appearance of staff will help the patient feel at ease and provide a sympathetic environment.

Uniforms are provided by the Trust; this includes dresses, smart tunic, trousers and where needed epaulettes. Staff are to supply their own footwear and should be as described in Uniform Appendix B

NB Tax relief can be claimed for providing own footwear and tights and individual staff member can make an application and necessary form can be obtained from [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

**Midwives and Community Nurses** should be in uniform as part of their duties; the parts of journey classified as to and from work are subject to the same requirements as other staff.

#### 6.3.2 **Occupational Therapists & Physiotherapists**

Due to the natures of therapy Occupational Therapists and Physiotherapists may wear training shoes that are smart and clean and plain. Other staff who undertake physical training such as manual handling and Control and Restraint may also need to wear training shoes as agreed by the Assistant Director of Health, Safety and Security. Other categories of clinical staff should not wear training shoes.

### 6.3.3 Pathology Staff

Whilst within laboratories, pathology staff may wear sensible, smart, casual clothing with an approved laboratory coat. When outside the laboratory pathology staff must comply with the requirements of this policy

### 6.3.4 Estates and Facilities staff

Estates staff may have specific clothing requirements based on safety and appropriate issued safety wear should be worn wear in accordance with statutory regulatory requirements. Trust Photo ID must be worn at all times.

Portering staff in the summer, on agreement from the Service Manager, may wear shorts, but these must be long shorts that cover the upper leg to just above the knee. Trust Photo ID must be worn at all times.

### 6.3.5 Clinical staff wearing scrub suits in Theatres, Day Surgery & Labour Ward

Staff wearing scrubs in these areas should remain in their designated areas and when leaving the department ensure their scrubs are appropriately covered or change into other clothing. It is acknowledged in exceptional emergency situations it may be necessary for staff to leave these “sterile environments”. When the emergency is over, the individual must change replace their uniform. It is not acceptable for staff in Theatre type scrubs to enter the catering areas of the Trust. They should change into more appropriate clothing.

Theatre staff moving between clinical areas e.g. main theatres and maternity theatre may do so in their theatre attire, however, they must not wear hats/masks outside the department and should not visit other departments on route unless in an emergency situation

Staff working in these areas should refer to the additional policy requirements set out in Appendix E

### 6.3.6 Ambulance Personnel

Ambulance staff have name badges sewn onto their uniforms so are required only to carry their photo identity badge. These must be on display at all times. Footwear for ambulance staff is supplied by the Trust, black in colour, with required toe protection and ankle support.

Ambulance staff need to wear high visibility clothing and fleeces due to the working conditions, it is accepted that the need for this personal protective equipment may compromise the bare below the elbows policy.

Ambulance staff will be required to where fob watches in line with the Uniform Policy. All staff will be required to remove wrist watches when delivering direct clinical care.

*Wrist watches can harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010).*

## **7. CONSULTATION**

Staffing groups have been consulted within the update of this policy

- Health and Safety Executive Officer
- Matrons Action Group (MAG's)
- Executive Director of Nursing & Workforce
- Infection Prevention and Control
- Ambulance
- Mental Health
- HMSC

## **8. TRAINING**

This Dress Code and Uniform Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-

- Managers will be expected to provide advice and support to staff in implementing the policy.
- Infection control training and induction will stress the importance of compliance with this policy.
- Managers should ensure new staff are familiar with this policy as part of local induction

### **Implementation**

- 8.1 Managers across The Trust will be required to share this policy with their teams to ensure they understand the requirements.
- 8.2 Posters relating to appendices B, C and D will be made available in all areas. Leaflets on laundering uniforms at home will also be available.
- 8.3 Posters will be available outlining the common uniforms worn by Nursing Staff at ward level

## **9. DISSEMINATION**

- 9.1 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within 5 working days of date of approval once received by the Risk Management Team.
- 9.2 When submitted to the Risk Management Team for inclusion on the Intranet this document will have fully completed document details including version control. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.
- 9.3 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Trust Executive Committee will be notified through the e-bulletin.

- 9.4 Staff using the Trust's intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.
- 9.5 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

## 10 EQUALITY ANALYSIS

This procedure has undergone an equality analysis please refer to Appendix I

## 11. REVIEW AND REVISION ARRANGEMENTS

This Dress Code and Uniform Policy will be reviewed every 3 years or sooner if a need arises identified through the Executive DNT.

## 12. MONITORING COMPLIANCE AND EFFECTIVENESS

- 12.1 Human Resources will monitor the number of occasions Conduct and Disciplinary Policies are activated in relation to this policy for all staff and this will be reported via Clinical Directorate Boards as part of the general information provision on Disciplinary and Capability Management.
- 12.2 Feedback received by the Quality Team which relates to appearance will be reported via Clinical Directorate Boards.
- 12.3 Regular audit compliance will be carried out within the Infection Control audit and monitored by Clinical Leads/Ward Sisters

## 13 APPEALS AGAINST THE DRESS CODE AND UNIFORM POLICY

- 13.1 If a staff member has a reason for non-compliance with this policy, this should in the first instance be discussed with the line manager to attempt to resolve the issue. It may be necessary to seek a professional or Occupational Health view on a case by case basis.
- 13.2 If the staff member and line manager are unable to resolve the issue the grievance procedure for the Trust should be followed.  
**A repeated failing in compliance with the dress code and uniform policy may lead to dismissal where there has been sufficient notice to adhere to.**

## 14 LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS

The main legislation relating to this policy is listed below:

- The Health and Safety at Work Act 1974 sections 2 and 3. Section 2 covers risks to employees and section 3 to others affected by their work e.g. patients.
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) Further information about COSHH and its applicability to infection control can be found at <http://www.hse.gov.uk/biosafety/healthcare.htm>
- Management of Health and Safety at Work Regulations 1999 (Management Regulations), that extend the cover to patients and others affected by microbiological infections, and include control of infection measures.
- Securing Health Together, the Health and Safety Executive (HSE) long term strategy for occupational health that commits HSE/Health and Safety Commission and their fellow signatories including the Department of Health to a 20% reduction in ill health caused by work activity by 2010
- The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This requires that uniform and workwear policies ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose and that such policies should specifically support good hand hygiene.
- Human Rights Act (1998) Article 10.

Links to other policies; read in conjunction with:

- Health and Safety
- Security Policy
- Infection Control policies and procedures
- Capability Policy and Procedure
- Disciplinary and Dismissal Policy and procedure
- Smoke free Policy

## 15. REFERENCES

Bridges B (2002) Fragrance: emerging health and environmental concerns. Flavour and Fragrance Journal. Vol. 17 No. 5 p361-371

Department of Health (2010) Uniforms and Workwear – Guidance on uniform and workwear policies for NHS employers.

Health and Social Care Act 2008 Code of Practice

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_114754.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114754.pdf)

RCN (April 2005) Guidance on uniforms and clothing worn in the delivery of patient care. [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa)

HSG (95) 18 NHS Executive-Hospital Laundry Arrangements for Used and Infected Linen.

The Equality Act 2010

## **16. DISCLAIMER**

It is the responsibility of all staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

## **Direct Patient Care Activity**

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings, whether this is on St Mary's Hospital site or at any other place where NHS services are delivered including the street and patients own homes:

### **On the ward / In a department**

This is anywhere within the confines of a ward or clinical environment. Clinical areas are any spaces staff are expected to go about their day to day routine. This includes areas patients may not necessarily access such as –

- The nurses' station
- In the patient area
- In any activity that involves patient contact
- Moving between areas within a ward or between wards or departments

### **In out-patient clinics**

Any activity that involves patient contact, for example:

- examining patients
- wound care
- collecting samples for testing

### **In treatment and minor surgical procedure rooms**

- At all times when patients are being treated

### **In clinical areas with specific dress requirements**

- In operating theatres
- In intensive/critical care units
- A&E departments

### **Hand hygiene during direct patient care activity requires washing/disinfection\***

- before patient contact
- before aseptic tasks
- after risk of body fluid exposure
- after patient contact
- after contact with a patient's surroundings

\*Based on the *My 5 moments for Hand Hygiene*, [www.who.int/gpsc/5may/background/5moments/en/index.html](http://www.who.int/gpsc/5may/background/5moments/en/index.html) © World Health Organization 2009.

## Appearance Policy for All Staff Involved in Direct Patient Care activity

***All staff involved in direct Patient Care activity must adhere to the requirements below***

POLICY	RATIONALE
Sleeve Length – staff must adopt a ‘bare below the elbow’ approach when working in a clinical environment or providing treatments.	To enable full compliance with hand hygiene policy Cuffs become heavily contaminated and are more likely to come into contact with patients
Wearing Uniform to and from work – staff should change out of their uniform before travelling to and from work.	Patient confidence in the Trust may be undermined
Wearing Uniform to go shopping or undertake similar activities in public is not permitted	Patient confidence in the Trust may be undermined
Badges – Identity Badges must be worn at all times in a clearly visible position. No more than 2 other badges of a professional nature may be worn	To conform to Trust Security policy To reduce the potential risk of injury to patients.
Contamination – change immediately if uniform or clothes become visibly soiled or contaminated	Visible soiling or contamination might be an infection risk and is likely to affect patient confidence
Hair – Where this meets the collar it is required to remove hair from the collar. This applies to both male and females	Patients generally prefer to be treated by staff with short or tidy hair and a neat appearance
Nails – keep finger nails short and clean, Nail polish, false nails, acrylic nails, and nail extensions including attachments to nails are not allowed	Long and or dirty nails can present a poor appearance and long nails are harder to keep clean, posing a risk of transferring bacteria. False nails harbour micro-organisms and can reduce compliance with hand hygiene
Jewellery – Only one plain metal band ring can be worn  Wristwatches must not be worn while involved in direct Patient Care activity. Fob watches provide an acceptable alternative. This will need to be purchased if required by the member of staff.  No other jewellery is permitted with the exception of Medic alert jewellery which can be worn as a necklace which meets the Health and Safety requirements i.e. snapable, but must be cleanable, plain and discreet and must not be around the wrist. The lead of the clinical areas must be made aware of the requirements of the individual.	Jewellery can be hazardous for the following reasons <ul style="list-style-type: none"> <li>◆ Jewellery, even plain metal bands (wedding rings) have been shown to colonise micro-organisms</li> <li>◆ Rings with stones are hazardous and may cause trauma to patients</li> <li>◆ Stones in jewellery may become dislodged</li> <li>◆ Jewellery that is hanging e.g. necklaces, could be dangerous to staff and patients in potentially violent situations</li> <li>◆ Hand and wrist jewellery/watches can reduce compliance with hand hygiene</li> </ul>
Piercings Earrings – one pair of small plain metal studs or small hoops only may be worn All new visible body piercings must be covered with a blue plaster until the initial wound has healed and is not discharging in any way. Once the wound has healed, all associated piercing jewellery should be removed. <b>This includes tongue piercings</b> Managers should be undertaking a risk assessment with staff to determine the appropriateness of wearing piercing jewellery at work. No Facial Piercing is acceptable	New wounds from piercings shed high levels of bacteria and are more at risk of handling by the wearer and therefore increasing the risk of cross contamination Professional appearance is important and piercings may undermine patient confidence in the Trust Food hygiene regulations Recognising cultural and ethnic needs of staff but ensuring these are balanced against the infection risk to patients

<p>Footwear – Must be clean, plain, low heeled no more than 1.5 inches high, non-porous, enclosed, soft- soled, resistant to piercing by sharps, and in a good state of repair. Shoes must be in keeping with the overall appearance and should not be made of suede or Nubuck fabric Plastic or plastic like footwear with holes to top and/or sides and/or opened toed sandals must not be worn. When wearing scrubs in theatres or Endoscopy appropriate theatre footwear i.e. white shoes / clogs can be worn In some areas protective footwear must be worn i.e. within the Estates Dept. e.g. steel toe caps</p>	<p>Shoes in a poor state of repair are a safety risk Soft sole shoes reduce noise, which can disturb patients rest</p> <p>Health and safety at work, danger of sharps injury for open toed shoes</p>
<p>Belts / Epaulettes With or without buckles, if worn must be clean. Nursing staff will not wear belts.</p>	<p>Health and safety at work</p>
<p>Tights/Stockings/Socks Should be plain and of a colour in keeping with the overall uniform or clothing</p>	<p>To promote a professional appearance</p>
<p>Designated uniform – must be changed daily and laundered in line with Trust recommendations</p>	<p>Reduce the risk of cross infection</p>
<p>Clothes – If own clothes are worn these should be smart, in good repair and changed daily An overall professional appearance should be maintained No slogans which could be considered offensive should be worn Short sleeves best practice and bare below the elbows policy adopted in clinical care settings where activities involve patient contact Disposable over sleeves, elasticated at the elbow and wrist, may be used. Similarly neck-ties (other than bow-ties) should be avoided; alternatively must be tucked into shirt. In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance)</p>	<p>Professional appearance</p> <p>Enables effective hand hygiene to be undertaken Health and safety guidance</p> <p>Ties may become contaminated.</p>
<p>Additional Garments e.g. fleece/cardigans must not be worn in a clinical environment or when delivering direct patient care. They must be of a plain dark colour and of a smart appearance. Additional garments can be worn at break times.</p>	<p>Additional Garments: Professional appearance. Managers may agree exceptions in working environments where extremes of cold are experienced during winter months</p>
<p>Pens and Scissors – staff should avoid carrying pens and scissors in outside breast pockets</p>	<p>May cause injury when moving patients. It is recommended that such items should be carried in hip pockets or inside breast pockets</p>
<p>Protective clothing and equipment (PPE) – Staff are required to be familiar with infection control policy (Section 6) requirements for standard (universal) precautions and wearing of PPE (aprons, gloves etc.) in clinical care settings.</p>	<p>To prevent contamination and reduce risk for transmission of micro-organisms</p>



Unsuitable Shoes



Suitable Shoes

**Appearance Policy for all staff not involved in direct Patient Care activity**  
Principles for staff not involved in direct Patient Care activity

<b>POLICY</b>	<b>RATIONALE</b>
Hair – Must be clean and neat Fastenings should be discreet	Corporate appearance
Fingernails – Nail varnish, acrylic nails and false nails must be discreet and enable the wearer to carry out their job effectively	Corporate appearance Excessively long nails can interfere with keyboard and other duties
Jewellery – Jewellery should be discreet and in keeping with overall appearance, Excessively long or hanging jewellery should be avoided	Corporate appearance Health and Safety
Clothes – All clothes should be smart and in good repair An overall professional appearance should be maintained, and clothing will cover shoulders to knees as a minimum No slogans which could be considered offensive should be worn In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance)	Corporate appearance
Piercings – should be discreet and in keeping with overall appearance	Corporate appearance
Identity Badge – Trust ID badges must be worn at all times and in a clearly visible position	To conform with Trust Security Policy
Footwear – Must be clean and in a good state of repair. Excessively noisy shoes should not be worn. Heel and toe enclosed  In some areas safety boots/footwear must be worn to comply with legislation	Shoes in a poor state of repair are a safety risk. Any staff working within patient areas must take noise issues into account regarding their footwear
NB For any staff member entering a clinical area bare below the elbow and compliance with the clinical dress code policy must be adhered to	To conform with Trust Dress Code and Uniform policy in line with Clinical area

### Designated Uniforms for all staff groups

- This list details the uniforms which are purchased and issued by the Trust. This list is not exhaustive and the Executive Director of Nursing & Workforce should be contacted for an up to date version.
- Managers should ensure that any uniforms are purchased in partnership with the Linen Service to ensure cost effectiveness and required standards of quality are achieved.
- When Nursing and other non-medical professionals are seeking to change the colours / type of uniform this should in the first instance be discussed with the Executive Director of Nursing & Workforce to determine the appropriate approval process.

Group	Dress/Tunic/Top	Trousers/Skirts
<b>Inpatient Ward Staff – acute sector</b>		
Healthcare assistant HCA (Female)	Bottle Green smart scrubs	Bottle green smart scrubs
Registered Nurse	Metro Blue smart scrubs	Metro Blue smart scrubs
Deputy Sister / Charge Nurse	Navy Blue smart scrubs	Navy Blue smart scrubs
Senior Sister / Senior Charge Nurse	Navy Blue smart scrubs	Navy Blue smart scrubs
Midwife	Royal Blue smart scrubs	Royal Blue smart scrubs
Advanced Nurse Practitioner (Paeds)	Child friendly scrubs	Navy Blue scrubs
Advanced Neonatal Nurse Practitioner	Navy Blue smart scrubs	Navy Blue smart scrubs
Nursery Nurses / Play Specialists	Turquoise scrubs	Turquoise scrubs
<b>Departmental Staff</b>		
Modern Matron	Navy Blue with blue piping	Navy Blue
Clinical Specialist Nurse	Navy Blue with white spots	Navy Blue
Infection Prevention & Control Nurses	Purple with white piping	Navy Blue
Bed Manager / Night Co-ordinator	Burgundy with white piping	Navy Blue
Heads of Clinical Services / Chief Nurse	Navy Blue with Red piping	Navy Blue
Housekeeper	White + green/white striped tabard	Black
Community Matron	Navy with Navy piping	Navy Blue
District Nurse / Sister / Charge Nurse / Transfer of Care Co-ordinator /Operational Lead for Continuing Health Care / Deputy Sister	Navy with white piping	Navy Blue
Community Nurse / Staff Nurse	Metro Blue with white piping	Navy Blue
Community Healthcare Assistant / Rehabilitation Assistants / Team Assistants	Serpentine Green with white piping	Navy Blue
Radiology -Holding registration	White with Burgundy piping	Burgundy
- Assistants	Dark Grey with Burgundy piping	Burgundy
- MRI	Burgundy scrubs	Burgundy scrubs
Physiotherapy – Holding registration	White with Navy Blue piping	Navy Blue
- Assistants	Pale Grey with Navy Blue piping	Navy Blue
Occupational Therapy – Qualified	White with Green piping	Green
- Assistants	Dark Grey with Green piping	Green
Pharmacy- pharmacists, technicians	White (green cross/pharmacy)	Black

and assistants	logo)	
Pharmacy – porters	Black (green cross/pharmacy logo)	Black
Ambulance	Green	Green
Transport staff	White with Hi Viz yellow jackets	Navy Blue
Emergency Department	Emergency dept scrubs	Emergency dept scrubs
Main Theatres	Scrubs Green / Blue	Scrubs Green / Blue
Day Surgery Unit	Scrubs Green / Blue	Scrubs Green / Blue
Endoscopy	Scrubs Raspberry	Scrubs Raspberry
Laboratory	Laboratory coat	
Phlebotomy	White with Navy piping	Navy Blue
HSDU	Pale Blue smart scrubs	
Dental Nurse	White with yellow piping	
Podiatry	White	Navy Blue
Prosthetics and Orthotics	White	White
Catering	Locally agreed within Service	
Chef	Red	Multi coloured chef trouser
Porters	Pale Blue	Navy Blue
Estates (including waste management)	Navy Blue	Navy Blue
Student Nurse 1. Southampton 2. Open University	Blue stripes Lilac	Navy Blue Navy Blue
Midwifery Student	Lilac or Blue Stripes	Navy Blue
Bank Staff (Female) 1. Qualified Nurse 2. Healthcare assistant	Blue striped Blue striped	Navy Blue Navy Blue
Bank Staff (Male) 1. Healthcare assistant 2. Qualified Nurse	White White	Navy Blue Navy Blue
Ward Clerks	Blue patterned blouse	Navy Blue
Activity Co-ordinator	Pink scrub top	Navy Blue
Dental Nurse / Hygienist / Therapist	White with Yellow piping	White
Dentist	Scrubs (colour not specific)	
Patient Experience Officers	Black with grey pin strip and white piping	Black
Health and Safety and Security	Black scrubs	Black scrubs
Speech and Language Therapy	White with turquoise and blue piping	Navy Blue
Intermediate Care Co-ordinator	Navy Blue with white and navy blue striped piping	Navy Blue
Maternity Uniform available as a choice	Plain White uniform with corresponding epaulettes that denotes the persons role	

Male versions of uniforms - if specific colours not available uniform will normally be white tunics with appropriately coloured epaulettes.

Community Staff will be issued with a cardigan and uniform coat, other extras will be at the discretion of the Budget Holder for the department and funded from within the departmental budget.

## Guidelines for Laundering Uniforms at Home

**The Trust laundry facilities are here to help you achieve timely access to a fresh Uniform on a shift by shift basis, the only exceptions to using this service, for on-site staff, is if there is a particular sensitivity. These guidelines will help you minimise the risks of contamination in laundering your uniforms at home.**

All uniforms must be washed separately from other items. *Separate washing will eliminate any possible cross contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature (DH, 2010)*

It is recommended that all uniforms should be washed at the highest temperature that the fabric will tolerate. A maximum washing machine temperature of as near to 60 must be used, on a reduced spin as per manufacturer's guidelines. Ideally wash for 10 minutes at 60C, this removes most micro-organisms. *A wash for 10 minutes at 60 degrees centigrade removes almost all micro-organisms (DH, 2010)*

All uniforms must be washed on a full wash not half wash setting.

Smaller loads will ensure that all areas are thoroughly submerged, decontaminated, and thoroughly rinsed. *Overloading the machine will reduce wash efficiency (DH, 2010).*

All uniforms should be washed in laundry detergent in the quantities advised by the manufacturer. Do not bleach.

It is recommended that uniforms should be tumbled dried; when this is not possible they must be ironed.

Once laundered, uniforms must be stored in a clean environment, ideally covered with a plastic bag, to prevent contamination with dust or other pollutants.

Clean your washing machine and tumble drier regularly and maintain according to the manufacturer's instructions. *Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk (DH, 2010)*

## THEATRE ATTIRE POLICY

The Theatre Attire Policy is an appendix to the Dress Code and Uniform Policy and should be read in conjunction with this document

### Scope

The operating Attire Policy applies to all staff who work within Theatre Departments of the Trust this includes Main Theatres, Day Theatres and Labour Ward/Maternity Theatres.

The requirements should be followed in conjunction with the Dress Code and Uniform Policy and other Infection Prevention and Control policies. All relevant staff should be aware of the Theatre Attire Policy and ensure they adhere to it at all times.

### RESPONSIBILITIES

All staff should be aware of the theatre attire policy and ensure they adhere to it at all times.

- The Theatre Manager is responsible for overseeing policy implementation in the specialist area; for ensuring facilities are appropriate and meet policy requirements; for ensuring departmental staff receive appropriate training; for policy compliance monitoring.

### THEATRE ATTIRE POLICY REQUIREMENTS

#### Theatre attire (scrub suits)

- Staff working in Theatre Departments anywhere in the Trust must wear the scrub suits provided.
- Theatre attire (scrub suits) will be provided freshly laundered and in good condition.
- Theatre attire (scrub suits) must be worn in all operating room areas.
- Scrub suits must be clean at the beginning of every shift and changed as soon as possible if they become wet or contaminated

Unless attending to a clinical emergency, it is not acceptable for staff to wear scrub suits outside the theatre environment. Theatre staff needing to attend to patients' pre and post operatively on the wards can wear scrub suits to do this, but this must be limited to circumstances where patient care is the priority.

- It is not acceptable for staff to wear theatre scrubs in the dining areas of the Trust.
- When leaving the theatre areas, staff should change into their own clothes or their designated uniform.
- Jewellery, should not be worn whilst working in the operating theatre. Piercings are not acceptable in any circumstances.

## Footwear

*Well fitting footwear with impervious soles should be worn and regularly cleaned to remove splashes of blood and body fluid. All footwear should be cleaned after every use, and procedures should be in place to ensure that this is undertaken at the end of every session.*

- Staff should wear well fitting dedicated theatre footwear.
- Shoes must provide adequate protection from spillages and dropped equipment and must have enclosed toes and heels.
- Suitable footwear will be provided by the Trust; if theatre staff purchase their own footwear a risk assessment should be made by the responsible Theatre Manager: only shoes complying with procurement criteria may be used in theatre areas (some types of Clogs sold as Personal Protective Equipment may not provide protection against penetration by sharp objects through the sole)<sup>2</sup>.
- Theatre shoes must be cleaned whenever visibly dirty or contaminated with blood or body fluids. In addition theatre shoes must be cleaned daily, at the end of the session.
- Staff are responsible for cleaning their own footwear.
- Each Theatre Manager must ensure that suitable facilities and procedures are in place for theatre shoe cleaning/decontamination.
- Theatre shoes must not be worn outside theatre areas (except in clinical emergency).
- Use of overshoes is not permitted.

## Hats

*Hair must be kept clean and tidy and must be fully covered when working in operating theatres. Disposable hats should be used.*

- Hats (or hoods) must be worn in laminar flow theatre during prosthetic implant operations.
- Headwear must be changed at the end of every list or if contaminated.
- Wearing of disposable hats outside theatre areas is not permitted.
- Use of headscarves is not permitted in theatre areas.

## Masks/goggles

*Surgical masks are classed as Personal Protective equipment (PPE) and must be available for use and worn whenever there is risk of splashes or aerosol.*

- Masks should be worn by scrub staff during a surgical procedure as protection against body fluid, blood and inhalation of smoke or laser plume.
- Masks must be worn by all staff during prosthetic implant orthopaedic procedures.
- When used, masks should cover the nose and mouth, fitting the contours of the face, and be tied securely.
- Masks must be discarded after each case or if the staff member leaves the clinical area; they are single use items.
- Masks must not be worn around the neck nor put into pockets for future use.
- Goggles, glasses and visors must be available at all times (see Infection Control: 'Standard precautions – use of PPE' policy).

## **VISITORS**

*Including contractors and other health professional groups*

Theatre staff (duty manager in charge) should provide guidance to all visitors (to the operating theatres), on what to wear and any necessary precautions.

Visitors who enter the theatre complex need to change on entering the Red Line

- Visitors to theatre, including the anaesthetic room and recovery, need to change if crossing the Red Line
- Any visitor entering an operating theatre (e.g. during a procedure) must change into surgical scrubs and suitable footwear.

## **CHANGING PROCEDURE**

Storage and changing facilities must be available within Theatre department for staff working in this area.

Staff should change in the following manner:

- Remove outer clothes and jewellery
- Wash hands and place cap/hood over hair.
- Select a freshly laundered scrub suit and clean footwear.
- Once in theatre attire, wash hands or apply alcohol rub correctly.

Scrub suits should be stored within the changing facilities and must not be stored in lockers. Scrub suits must not be taken home for laundering or stored in lockers for future use. These items must be sent for laundering after daily use or if contaminated during a shift.

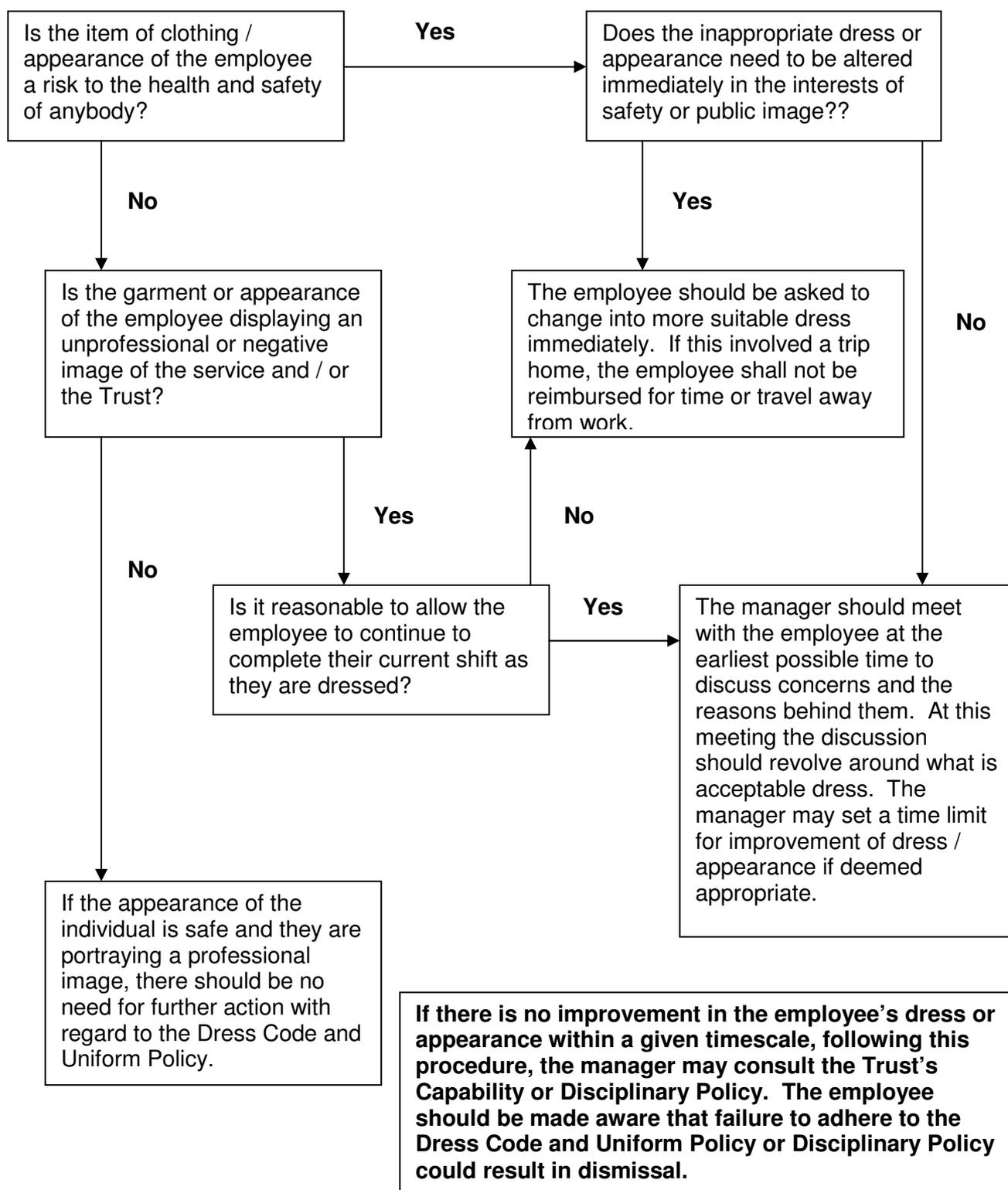
Shower facilities are available within the changing area and should be used after contamination.

## **References**

1. "Behaviours and rituals in the Operating Theatre" a report from the Hospital Infection Society (HIS) Working Group on Infection Control in the Operating Theatres 2002 updated June 2005 <http://www.his.org.uk/db/documents/Rituals-02.pdf>
2. SAB Estates and Facilities Alert. Action Ref: EFA/2010/012 Issued: 13 December 2010 Gateway Reference: 15248 <http://www.dhsspsni.gov.uk/efa-2010-012.pdf>

## DRESS CODE & UNIFORM POLICY PROCEDURE

The flow chart below outlines the procedure that may be used by managers where an aspect of dress is deemed to be inappropriate to the task, location of the task or in the portrayal of a professional image.



## CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

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

Title of document being reviewed:		Y/N/Unsure	Comments
<b>1.</b>	<b>Title/Cover</b>		
	Is the title clear and unambiguous?	Y	
	Does the title make it clear whether the controlled document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Document Details and History</b>		
	Have all sections of the document detail/history been completed?	Y	
<b>3.</b>	<b>Development Process</b>		
	Is the development method described in brief?	Y	
	Are people involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
<b>4.</b>	<b>Review and Revision Arrangements Including Version Control</b>		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?	Y	
	Are details of how the review will take place identified?	Y	
	Does the document identify where it will be held and how version control will be addressed?	Y	
<b>5.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
<b>6.</b>	<b>Consultation</b>		
	Do you have evidence of who has been consulted?	Y	
<b>7.</b>	<b>Table of Contents</b>		
	Has the table of contents been completed and checked?	Y	
<b>8.</b>	<b>Summary Points</b>		
	Have the summary points of the document been included?	Y	
<b>9.</b>	<b>Definition</b>		
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?	Y	
<b>10.</b>	<b>Relevance</b>		
	Has the audience been identified and clearly stated?	Y	
<b>11.</b>	<b>Purpose</b>		
	Are the reasons for the development of the document stated?	Y	

Title of document being reviewed:		Y/N/ Unsure	Comments
<b>12.</b>	<b>Roles and Responsibilities</b>		
	Are the roles and responsibilities clearly identified?	Y	
<b>13.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>14.</b>	<b>Training</b>		
	Have training needs been identified and documented?	Y	
<b>15.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
<b>16.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or Key Performance Indicators (KPIs) to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance within the document?	Y	
	Is it clear who will see the results of the audit and where the action plan will be monitored?	Y	
<b>17.</b>	<b>Associated Documents</b>		
	Have all associated documents to the document been listed?	Y	
<b>18.</b>	<b>References</b>		
	Have all references that support the document been listed in full?	Y	
<b>19.</b>	<b>Glossary</b>		
	Has the need for a glossary been identified and included within the document?	Y	
<b>20.</b>	<b>Equality Analysis</b>		
	Has an Equality Analysis been completed and included with the document?	Y	
<b>21.</b>	<b>Archiving</b>		
	Have archiving arrangements for superseded documents been addressed?	Y	
	Has the process for retrieving archived versions of the document been identified and included within?	Y	
<b>22.</b>	<b>Format and Style</b>		
	Does the document follow the correct style and format of the Document Control Procedure?	Y	
<b>23.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Y	

Title of document being reviewed:		Y/N/ Unsure	Comments
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of Committee		Date	
Print Name		Signature of Chair	

**IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION**

Summary of Impact Assessment (see next page for details)

<b>Document title</b>	<b>Dress Code and Uniform Policy</b>		
<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non Recurring £</b>
<b>Manpower Costs</b>			<b>None</b>
<b>Training Staff</b>			<b>None</b>
<b>Equipment &amp; Provision of resources</b>			<b>None</b>

**Summary of Impact:****Risk Management Issues:****Benefits / Savings to the organisation:****Equality Impact Assessment**

- Has this been appropriately carried out?
- Are there any reported equality issues?

YES / NO  
YES / NO

If "YES" please specify:

**Use additional sheets if necessary.**

## IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b><i>Operational running costs</i></b>			
Additional staffing required - by affected areas / departments:			
<b>Totals:</b>			

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Affected areas / departments		
e.g. 10 staff for 2 days		
<b>Totals:</b>		

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

## **IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION - CHECKLIST**

### **Points to consider**

#### **Have you considered the following areas / departments?**

- Have you spoken to finance / accountant for costing?
- Where will the funding come from to implement the policy?
- Are all service areas included?
  - Ambulance
  - Acute
  - Mental Health
  - Community Services, e.g. allied health professionals
  - Public Health, Commissioning, Primary Care (general practice, dentistry, optometry), other partner services, e.g. Council, PBC Forum, etc.

#### **Departments / Facilities / Staffing**

- Transport
- Estates
  - Building costs, Water, Telephones, Gas, Electricity, Lighting, Heating, Drainage, Building alterations e.g. disabled access, toilets etc
- Portering
- Health Records (clinical records)
- Caretakers
- Ward areas
- Pathology
- Pharmacy
- Infection Control
- Domestic Services
- Radiology
- A&E
- Risk Management Team / Information Officer– responsible to ensure the policy meets the organisation approved format
- Human Resources
- IT Support
- Finance
- Rolling programme of equipment
- Health & safety/fire
- Training materials costs
- Impact upon capacity/activity/performance

## Equality Analysis and Action Plan

*This template should be used when assessing services, functions, policies, procedures, practices, projects and strategic documents*

### Step 1. Identify who is responsible for the equality analysis.

<b>Name:</b> Annie Hunter
<b>Role:</b> As member of the Executive Director of Nursing Team
Other people or agencies who will be involved in undertaking the equality analysis:
Health and Safety Executive
Infection Prevention and Control

### Step 2. Establishing relevance to equality (see Appendix J)

Protected Groups	Relevance		
	Staff	Service Users	Wider Community
Age	X		
Gender Reassignment	X		
Race	X		
Sex and Sexual Orientation	X		
Religion or belief	X		
Disability	X		
Marriage and Civil Partnerships	X		
Human Rights	X		
Pregnancy and Maternity	X		

Show how this document or service change meets the aims of the Equality Act 2010?

Equality Act – General Duty	Relevance to Equality Act General Duties
Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.	See appendix J
Advance equality of opportunity between people who share a protected characteristic and people who do not share it	See appendix J
Foster good relations between people who share a protected characteristic and people who do not share it.	See appendix J

### Step 3. Scope your equality analysis

	Scope
What is the purpose of this document or service change?	Dress Code and Uniform Policy to give clear guidance for staffing groups
Who will benefits?	Staff and patients
What are the expected outcomes?	Compliance of the policy
Why do we need this document or do we need to change the service?	Updated to ensure clearer guidance around infection prevention

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change. Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

### Step 4. Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

### Findings of your analysis

	Description	Justification of your analysis
No major change	Your analysis demonstrates that the proposal is robust and the evidence shows no potential for discrimination.	Updated changes in the policy to represent all staff.
Adjust your document or service change proposals	This involves taking steps to remove barriers or to better advance equality outcomes. This might include introducing measures to mitigate the	

	potential effect.	
Continue to implement the document or service change	Despite any adverse effect or missed opportunity to advance equality, provided you can satisfy yourself it does not unlawfully discriminate.	
Stop and review	Adverse effects that cannot be justified or mitigated against, you should consider stopping the proposal. You must stop and review if unlawful discrimination is identified	

## 5. Next steps.

### 5.1 Monitoring and Review.

Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

How will you measure the effectiveness of this change	Compliance / patient feedback
When will the document or service change be reviewed?	3 years or sooner
Who will be responsible for monitoring and review?	Executive Director of Nursing Team
What information will you need for monitoring?	Audit / staff grievances
How will you engage with stakeholders, staff and service users	Trust intranet / policy group / MAGS / Partnership Forum / HMSC

### 5.2 Approval and publication

The Trust Executive Committee / Policy Management Group will be responsible for ensuring that all documents submitted for approval will have completed an equality analysis.

Under the specific duties of the Act, equality information published by the organisation should include evidence that equality analyses are being undertaken. These will be published on the organisations “Equality, Diversity and Inclusion” website.

### Useful links:

#### Equality and Human Rights Commission

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads/>

## Analysing the Impact on Equality

<b>1. Title of policy/ programme/ framework being analysed:</b> Dress Code and Uniform Policy		
<b>2. Please state the aims and objectives of this work and the <i>intended equality outcomes</i>.</b>		
The aim of the Dress Code and Uniform policy is to:		
<ul style="list-style-type: none"> <li>• Convey a professional and efficient image of the Trust and its employees</li> <li>• Give patients and public confidence</li> <li>• Support practice standards for prevention and control of infection</li> <li>• Have regard to Health and Safety at work</li> <li>• Comply with professional codes of practice for all staff</li> <li>• The Uniform offers protection to the staff member wearing it and this is its primary function.</li> </ul>		
<b>How does this proposal linked to the organisation's business plan and strategic objectives?</b>		
Tick		
<b>Quality</b> To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience	<b>CSF 1</b> - Improve the experience and satisfaction of our patients, their carers, our partners and staff	✓
	<b>CSF2</b> - Improve clinical effectiveness, safety and outcomes for our patients	✓
<b>Clinical Strategy</b> To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective	<b>CSF3</b> - Continuously develop and successfully implement our Business Plan	
	<b>CSF4</b> - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system	
<b>Resilience</b> To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector	<b>CSF5</b> - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	
	<b>CSF6</b> - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA	
<b>Productivity</b> To improve the productivity and efficiency of the Trust, building greater financial sustainability	<b>CSF7</b> - Improve value for money and generate our planned surplus whilst maintaining or improving quality	
	<b>CSF8</b> - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide	
<b>Workforce</b> To develop our people, culture and workforce competencies to implement our vision and clinical strategy	<b>CSF9</b> - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	
	<b>CSF10</b> - Develop our organisational culture, processes and capabilities to be a thriving FT	

<p><b>3. Who is likely to be affected?</b></p> <p>All employees of the Isle of Wight NHS Trust, including staff hosted by Earl Mountbatten Hospice.</p> <p>People who work for the Trust through the Staff Bank, an honorary contract and via employment agency are expected to adhere to this policy.</p>
<p><b>4. What evidence do you have of the potential impact (positive and negative)?</b> (See <a href="#">Guidance Note 4</a>)</p> <p>The Trust's workforce is diverse in terms of ethnicity, age, ability, sexual orientation, religion or belief. The diversity of the Trust's workforce can be found on the Trust's website: <a href="http://www.iow.nhs.uk/about-us/Equality-and-diversity/equality-and-diversity.htm">http://www.iow.nhs.uk/about-us/Equality-and-diversity/equality-and-diversity.htm</a></p> <p>The following sections will consider the impact this policy will have on all staff groups.</p>
<p><b>Disability</b></p> <p>This policy will have a neutral impact on our employees who have a disability. Reasonable adjustments to complying with this policy will be explored on a case by case basis.</p>
<p><b>Sex (male and female)</b></p> <p>This policy will have a neutral impact on our employees where they are male or female.</p>
<p><b>Race</b> (including Roma Gypsies and Travelers')</p> <p>This policy will have a neutral impact on our employees ethnicity or race</p>
<p><b>Age</b> (This can include safeguarding, consent and child welfare)</p> <p>This policy will have a neutral impact on our employees based on their age. There is clear examples for acceptable dress for non clinical staff and clear uniform guidance for clinical staff.</p>
<p><b>Transgender</b> (This can include issues such as privacy of data and harassment)</p> <p>This policy will have a neutral impact on trans employees. This policy will allow Transgender employees should be able to choose the dress code of their chosen gender.</p>
<p><b>Sexual orientation</b> (This will include lesbian, gay and bi-sexual people as well as heterosexual people).</p> <p>This policy will have a neutral impact on our employees based on their sexual orientation</p>
<p><b>Religion or belief</b> (includes religions, beliefs or no religion or belief)</p> <p>The overarching aim of this policy is to prevent patients and staff from the spread of infections and in employment ensuring this policy respects the religions and beliefs our employees hold.</p> <p>There are issues of hygiene (hand washing) and public expectation that have implication for uniforms in respect of religion and belief. The wearing jewellery compromises effective hand hygiene and safety, including wristwatch, on the hands or wrists during direct patient care.</p> <p>The Trust acknowledges that there will be instances where, for religious reasons, members of staff may wish to wear a bracelet (for example Sikh Kara) when they are not engaged in direct patient care activities.</p>

<p>This policy expects members of staff, when working in the clinical setting, to be “bare below the elbow”, this may present difficulties for some Muslim female healthcare workers. Following consideration through the Muslim Spiritual Care Provision in the NHS (MSCP):</p> <ul style="list-style-type: none"> <li>• Disposable over sleeves, elasticated at the elbow and wrist, may be used.</li> </ul>
<p><b>Marriage and Civil Partnership</b></p> <p>This policy will have a neutral impact on our employees based on whether they are married or in a civil partnership</p>
<p><b>Pregnancy and maternity</b> (This can include impact on working arrangements, part-time working, infant caring responsibilities)</p> <p>This policy will have a positive impact on those who are pregnant – see appendix C.</p>
<p><b>Carers</b> (This can include impact on part-time working, shift-patterns, general caring responsibilities.)</p> <p>This policy will have a neutral impact on our employees who have caring responsibilities</p>
<p><b>Additional significant evidence (See <a href="#">Guidance Note 4</a>)</b>  Give details of any evidence on groups experiencing disadvantage and barriers due to:</p> <ul style="list-style-type: none"> <li>• socio-economic status</li> <li>• location (e.g. living in areas of multiple deprivation)</li> <li>• resident status (migrants)</li> <li>• multiple discrimination</li> </ul> <p>None of the above apply to this policy</p>
<p><b>4 Action planning for improvement (See <a href="#">Guidance Note 5</a>)</b>  Please give an outline of the key action points based on any gaps, challenges and opportunities you have identified.</p>
<p><b>Eliminating discrimination, harassment and victimization</b> <i>where there is evidence address each group.</i></p>
<p><b>Remove or minimize disadvantages suffered by people due to their protected group</b> <i>where there is evidence address each group.</i></p>
<p><b>Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of others</b> <i>Where there is evidence address each group.</i></p>
<p><b>Sign off</b></p> <p>Name and signature of person who carried out this analysis</p>

Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

## Analysing the Impact on Equality Guidance Note

### Introduction

Equality legislation has developed over several decades in response to the lack of equity experienced by individuals and groups in employment, education and the delivery/ receipt of goods and services. The Equality Act 2010<sup>1</sup> has strengthened and harmonised the law which now covers a range of 9 protected characteristics:

- Religion or belief
- Age
- Race
- Sex
- Disabled people
- Marriage and civil partnership
- Gender reassignment (in terms of best practice this template covers all people who identify as Trans)
- Pregnancy and maternity
- Sexual orientation

The NHS itself has developed the Equality Delivery System<sup>2</sup> (EDS) which is a tool that assists both NHS commissioners and providers to:

- Comply with the Equality Act 2010, in particular the Public Sector Equality Duty such that they:
- Fulfill the first principle of the NHS Constitution –  
“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”
- Follow the five FREDA principles for human rights in relation to staff and service users i.e. Fairness, Respect, Equality, Dignity and Autonomy<sup>3</sup>.
- Meet CQC’s Essential Standards of Quality and Safety (2010)
- Deliver on the NHS Outcomes Framework (2010)
- Deliver on the Human Resources Transition Framework (2011)
- Reduce costs and improve quality (the QIPP agenda)

### The public sector equality duty<sup>4</sup>

The public sector equality duty is made up of a general equality duty which is supported by specific duties. The ‘public sector equality duty’ is the formal title of the legislation, the ‘general equality duty’ is the overarching requirement or substance of the duty, and the ‘specific duties’ are intended to help performance on the general equality duty.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

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<sup>1</sup>Details can be obtained on various websites including [www.homeoffice.gov.uk/equalities/equality-act](http://www.homeoffice.gov.uk/equalities/equality-act)

<sup>2</sup>For information on the EDS please access <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/>

<sup>3</sup>Details about the Human Rights Act 1998 can be found at [www.legislation.gov.uk/ukpga/1998/42/contents](http://www.legislation.gov.uk/ukpga/1998/42/contents)

<sup>4</sup>Guidance on the public sector equality duty entitled “Meeting the equality duty in policy and decision-making” can be accessed at <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

These are often referred to as the three aims of the general equality duty. The functions of a public authority include all of their powers and duties. This means everything that they are required to do as well as everything that they are allowed to do. Examples of this include: policy decisions, budgetary decisions, public appointments, service provision, statutory discretion, individual decisions, employing staff and procurement of goods or services.

The Equality Act explains that having due regard for **advancing equality** involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Ensuring people with certain protected characteristics are able to participate in public life or in other activities where their participation is disproportionately low.

It states that meeting different needs involves actions such as making adjustments to take account of disabled people's disabilities. It describes **fostering good relations** as tackling prejudice and promoting understanding between people from different groups.

### **The general equality duty and policy and decision-making**

Public authorities are required to have *due regard* to the aims of the general equality duty when making decisions and when setting policies.

**Understanding the effect of your policies and practices on people with different protected characteristics is an important part of complying with the general equality duty.**

This can help you to consider whether the policy will be effective for all sorts of different people. For example, does a particular policy meet the needs of people with protected characteristics? Does it minimise disadvantages faced by them? It can help you to identify any negative impacts or potential unlawful discrimination, as well as any positive opportunities to advance equality. Identifying these areas may help you to develop practical courses of action to mitigate negative consequences or to promote positive ones.

The general equality duty does not set out a particular process that public authorities are expected to follow. It is up to each authority to choose the most effective approach for them, which will vary depending on the size of the organisation, the functions they carry out, and the nature of the particular decision.

**Having due regard to the aims of the general equality duty is about using good equality information and analysis, at the right time, as part and parcel of your decision-making processes.**

The law also requires *transparency*<sup>5</sup> about how you reached your decisions. This involves recording the evidence used and publishing records of your equality considerations with the relevant policy/proposal. It is useful to carry out this process when developing new policies as well as in the review of old policies. Since the actual, as opposed to predicted impact of policies and proposals may differ, they must undergo regular monitoring and review.

This template has been designed for the use of NHS South of England to help staff, in particular those involved in developing policy and making decisions, to comply with the general duty. For assistance with Analysing the Impact on Equality and accessing evidence, please contact your Equality Lead:

## **Supporting Guidance Notes for completing the template**

### **Guidance Note 4**

The Trust's commitment to *transparency*<sup>6</sup> requires public bodies to be open about the information on which they base their decisions and the outcomes of those decisions.

Please list in section 4 the main sources of evidence that were reviewed to determine the impact on each equality group/protected characteristic. Wherever possible, provide references for each source. The evidence can include information from:

- engagement with stakeholders
- evaluation of pilot studies
- research interviews
- reports
- focus groups
- national research
- census data

Everyone has at least five protected characteristics so it is important to think across the matrix of potential disadvantage when assessing the potential impact of decisions on access, experience and health outcomes e.g. older lesbian women, young black men, disabled children.

It is also about looking for the potential to promote a positive impact, not just about mitigating against the negative impacts.

### **Guidance Note 5**

If there are gaps in evidence, state what you will do to fill them in the Action Plan on the last page of the template.

For each protected characteristic also consider and detail how the policy/proposal/ framework will:

1. impact on the elimination of discrimination, harassment and victimization and advance the equality of opportunity
2. remove or minimise disadvantages suffered by people due to their protected characteristics
3. take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people (e.g. making reasonable adjustments to take account

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<sup>5</sup>Please see <http://data.gov.uk/blog/new-public-sector-transparency-board-and-public-data-transparency-principles>

<sup>6</sup>Please see <http://data.gov.uk/blog/new-public-sector-transparency-board-and-public-data-transparency-principles>

of disabled people's impairments) Thus compliance with the general equality duty may involve treating some people more favorably than others to level the playing field.

4. Ensure that people with certain protected characteristics are able to participate in public life or in other activities where their participation is disproportionately low.
5. Promote good relations between groups i.e. tackle prejudice and promote understanding between people from different groups and communities

Also include any general actions to be taken to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Give an outline of your next steps based on the challenges and opportunities you have identified. *Include any or all of the following, based on your assessment:*

1. Plans already under way or in development to address the challenges and priorities identified.
2. Arrangements for continued engagement of stakeholders.
3. Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
4. Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
5. Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
6. Arrangements for making information accessible to staff, patients, service users and the public
7. Arrangements to make sure the assessment contributes to reviews of SHA strategic equality objectives