

POLICY NAME:	UNIFORM/DRESS CODE POLICY
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AUTHOR(S)	HEAD OF NURSING, PROFESSIONAL PRACTICE
DIVISION/DIRECTORATE:	CORPORATE
TRUST WIDE POLICY (YES/NO)	YES
Links to other Strategies, Policies, SOP's, etc.	SMOKE FREE POLICY, INFECTION CONTROL POLICY, RISK MANAGEMENT STRATEGY & ASSOCIATED DOCUMENTS, INCLUSION & DIVERSITY STRATEGY 2016-2020

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Manager responsible for review:	Deputy Director of Nursing	

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**AT ALL TIMES STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

1. POLICY STATEMENT

- 1.1 This Uniform/Dress Code Policy is intended to ensure that the staff of Wrightington, Wigan and Leigh NHS Foundation Trust present a professional and smart appearance to both patients and public when at work. All staff employed by the Trust are ambassadors for the organisation and should recognise that appearance acts as a visual measure of how the public views the Trust. This has an impact on the reputation and also the public's confidence of the organisation.

In adopting this Policy the Trust wishes to demonstrate its commitment to increasing public confidence and facilitating good hygiene practice.

- 1.2 The Policy adheres to the principles of risk management and infection control and encompasses both cultural and religious diversity. It also reflects the feedback received from patients and their carers, by either formal or informal routes.
- 1.3 The code is based on the Health and Safety at Work Act, 1974, the Human Rights Act, 1998, Workplace (Health, Safety and Welfare) Regulations 1992, Infection Control recommendations, Hand Hygiene Guidelines and Patient Expectations as identified in feedback from patient surveys and complaints.
- 1.4 The principles within this code apply to all staff who are employed or contracted by the Trust. Uniforms issued by Linen Services must only be worn whilst undertaking duties under the WWL NHS FT contract of employment.
- 1.5 Employees of the Trust who breach this code may be liable to disciplinary action.
- 1.6 Individual staff groups or services may develop supplementary guidance on the specific policy for staff but this guidance must adhere to the core principles included in this Policy.

2. KEY PRINCIPLES

- 2.1 This code applies to all staff employed or contracted by Wrightington, Wigan and Leigh NHS Foundation Trust. The following definitions are applied:
- 2.1.1 All staff – Anyone employed or contracted by the Trust. This includes bank and agency staff, students, volunteers and staff on honorary contracts.
- 2.1.2 Staff involved in the delivery of direct clinical care and/or in the clinical environment – those staff engaged in personal, physical contact with patients.
- 2.1.3 Designated uniform – The formal issue of uniforms by the Trust to be worn by the individual in the delivery of their duties.
- 2.2 Staff members who are issued with designated uniform and who are involved in delivering direct patient care must adhere to the relevant requirements set out in Appendix 1 of this policy.
- 2.3 Standards related to staff issued with designated uniform but who are not involved in direct patient care are set out in Appendix 2 of this policy.

- 2.4 Staff who are not issued with designated uniform but are involved in direct patient care must adhere to the requirements set out in Appendix 3 of this Policy.
- 2.5 Staff who are not issued with designated uniform and who are not involved in direct patient care must adhere to the standards set out in Appendix 4 of this Policy.
- 2.6 It is the responsibility of staff to abide by the Policy and line managers to ensure that the Uniform Policy is adhered to. Failure by staff to comply with the code may result in disciplinary action.
- 2.7 Staff working on agency or for another external organisation (e.g. NHSP) must not wear the WWL NHS FT uniform at those times.
- 2.8 The replacement of uniforms will be conducted on a wear and tear basis only, and any such requests for replacement uniforms will be made at the discretion of Linen Services and Sewing Room staff.
- 2.9 The number of items of uniform issued to an individual will reflect the contracted hours for that individual. This decision will be at the discretion of Linen Services.
- 2.10 It is the sole responsibility of Linen Services to name designated suppliers of work uniforms. This will reflect cost and suitability of Trust uniforms. Any request for new uniforms must be done via Linen Services
- 2.11 The designated uniform provided by the Trust remains the property of the Trust and, as such, should be returned upon ceasing employment, change of role or change of uniform. It is the responsibility of staff to return their uniform. It is the responsibility of the line manager to assure this has been undertaken on termination of their contract. This action will prevent the misuse of uniform by unauthorised personnel.
- 2.12 Scrubs may be worn in clinical areas (usually during the summer months) at the discretion of the Head of Nursing or equivalent. The cost of these scrubs will be borne by the division, unless specifically agreed otherwise with Linen Services.

3. ROLES AND RESPONSIBILITIES

3.1 Trust Board

The Board is responsible for ensuring that this Policy and its contents are disseminated throughout the organisation.

3.2 Director of Nursing / Deputy Director of Nursing or equivalent

It is the responsibility of the DN / DDN / equivalent to ensure that teams are aware of the Uniform/Dress Code Policy.

3.3 Heads of Nursing or equivalent

Heads of Nursing or equivalent are responsible for ensuring the dissemination of this Policy to their teams and enforcing adherence to it.

3.4 Ward / Department Managers

3.4.1 Ward / department managers are responsible for ensuring that this Policy is adhered to at all times.

3.4.2 It is the responsibility of ward/department managers to ensure that designated uniforms for new or existing staff are requested in both a timely and a cost effective manner.

3.5 Linen Services

- 3.5.1 It is the responsibility of Linen Services to provide staff with the appropriate uniforms.
- 3.5.2 The Trust recognises the religious and cultural requirements of members of staff in relation to the uniform they wear. These requirements will be handled with sensitivity and, wherever possible, an appropriate uniform will be provided, taking into account both infection control and risk management considerations. Further advice and guidance on individual cases can be obtained from Human Resources.
- 3.5.3 The Trust recognises that there are circumstances in relation to disability and pregnancy where reasonable adjustments to uniform may need to be considered. These requirements will be handled with sensitivity and, wherever possible, an appropriate uniform will be provided, taking into account both infection control and risk management considerations. Further advice on guidance on individual cases can be obtained from Human Resources.

3.6 Employee

- 3.6.1 It is the responsibility of all staff to maintain a professional appearance at all times.
- 3.6.2 All staff are responsible for ensuring that they are familiar with, and adhere to, this policy.
- 3.6.3 All staff must wear a valid Trust ID Badge in a clearly visible position.
- 3.6.4 If the staff member undertakes clinical duties then ID badges must be secured using a clip only, not a lanyard. Staff members who do not undertake clinical duties may use either a lanyard or a clip to secure their ID badges. Trust ID badges must be removed when travelling to and from work.
- 3.6.5 On ceasing employment all ID badges must be returned to the Security Office and uniform must be returned to Linen Services.
- 3.6.6 All staff issued with a designated uniform must abide by the principles in this Policy.

4. WEARING OF UNIFORM OUTSIDE OF TRUST PREMISES

- 4.1 The wearing of a designated uniform outside Trust premises is not permitted, unless on Trust business, or travelling directly to and from work. When travelling to and from work the uniform should be covered appropriately to maintain a professional appearance.
- 4.2 For the purposes of this Policy, “appropriately covered” means that tunics and dresses must not be visible when outside of Trust premises.
- 4.3 Requests to wear uniform outside of the Trust premises for formal occasions must be made to the relevant Director.

5. CONTAMINATED UNIFORMS

- 5.1 Under no circumstances should a visibly soiled uniform be worn outside Trust premises. If a clinical uniform is accidentally soiled e.g. with blood or body fluids, it will be changed immediately. It must not be worn outside of the immediate work area for reasons of safety, infection control and public image. Scrubs can be obtained from the Linen Room.
- 5.2 In emergency circumstances e.g. out of hours; scrubs can be obtained from Theatres.

6. BARE BELOW THE ELBOW

- 6.1 All healthcare staff must comply with “bare below the elbows” guidance when entering or working within clinical areas.
- 6.2 “Bare below the elbows” is defined by either short sleeves or long sleeves (eg shirt sleeves) rolled up, no wrist watch or jewellery (other than plain band wedding ring).

7. SMOKING

In accordance with the Trust’s Smoke Free Policy, paragraph 4.4 ‘If employees are smoking off-duty or off site, they must also ensure that uniform, protective clothing or Trust identity badges are not visible. In addition, in the interests of hygiene and personal comfort of staff, patients and visitors, etc, employees are asked to take whatever steps are necessary to ensure that tobacco odour is NOT present on their person or clothing/uniform, so maintaining a professional image at all times’.

8. QUERIES

- 8.1 Any queries regarding this policy should be addressed to the Departmental Manager.
- 8.2 Any changes to uniform must be approved by the Director of Nursing.

9. HUMAN RIGHTS ACT

In drawing up this policy due regard has been given to the Human Rights Act, 1998 and as far as we are aware there are no implications.

10. INCLUSION AND DIVERSITY

This policy has been assessed against the Equality Impact Assessment Form from the Trust’s Equality Impact Assessment Guidance, and, as far as we are aware, there is no impact on any Equality Target Group.

11. MONITORING AND REVIEW

- 11.1 Line managers will be responsible for the ongoing monitoring of staff in relation to compliance with this policy.
- 11.2 This code will be reviewed in response to emerging national guidance or within two years of the approval date.

12. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@wvl.nhs.uk

UNIFORM REQUIREMENTS FOR ALL STAFF INVOLVED IN DIRECT CLINICAL CARE/LOCATED IN CLINICAL ENVIRONMENT

REQUIREMENTS	RATIONALE
<p>1. Finger nails:</p> <p>Nails must be short and clean. Nail varnish is not permitted whilst on duty. The wearing of false/acrylic nails is strictly prohibited.</p>	<p>Infection control/harm to patients from long nails. Infection control, 'Evidence of Colonisation Of MRSA In False Nails' DoH, 2007 Patients Survey.</p>
<p>2. Hair:</p> <p>Must be clean, neat, off the face and off the collar, even as a ponytail. Only plain hair accessories should be worn.</p> <p>Staff should be clean shaven or beards should be neat and tidy.</p> <p>Beards should be fully covered within specialist areas (such as Theatre) that require it.</p> <p>False eyelashes must not be worn.</p>	<p>Potential for wound contamination from loose hair. Providing hair is clean and tidy the risk of dispersal is minimal. Health & Safety requirements.</p>
<p>3. Head coverings:</p> <p>Turban and skull cap may be worn for religious reasons.</p> <p>All head garments must be clean, washed and changed daily.</p> <p>All head garments must be secured with discreet, unadorned pins.</p> <p>Any head covering worn should (where able to) be tucked into uniform.</p>	<p>To minimise infection risk and ensure health and safety standards are met.</p>
<p>4. Face coverings:</p> <p>Face coverings/veils should not be worn when delivering patient care.</p>	<p>To aid communication with patients and minimise infection risk. To also ensure the health and safety of the employee.</p>
<p>5. Piercing:</p> <p>Earrings: one pair of small plain metal studs only may be worn. All other visible body piercing must be covered with a blue plaster until the wound has healed. Once the wound has healed, all associated piercing jewellery must be removed. No other visible piercings are allowed.</p> <p>Ear Gauges: flesh coloured or clear ear gauges must be worn in the clinical environment</p>	<p>New wounds shed high levels of bacteria. Professional appearance is important for patient choice. Food Hygiene Regulations.</p>

<p>6. Jewellery:</p> <p>Only one metal band ring may be worn with uniform.</p> <p>No wristwatches are to be worn while involved in direct clinical care. A fob watch may be worn.</p> <p>Medic-alert jewellery (discs only that can worn discreetly on a chain), approved by Occupational Health, can be worn but must be cleanable, plain and discreet.</p> <p>Necklaces and bracelets are not to be worn for health and safety purposes.</p> <p>Fitness tracker devices must not be worn on the wrist.</p>	<p>Jewellery may be hazardous for the following reasons:</p> <ul style="list-style-type: none"> • Jewellery, even plain gold bands (wedding rings) have been shown to colonise with micro-organisms. (Hoffman et al 1985) • Rings with stones are hazardous and may cause trauma to patients. • Stones in jewellery may become dislodged. • Jewellery that is hanging e.g. necklaces and bracelets, could be dangerous to staff and patients in potentially violent situations. • Appropriate hand washing techniques are prevented by the wearing of wristwatches or bracelets.
<p>7. Bare Below the Elbow:</p> <p>All uniforms provided to employees involved in direct clinical care will be short sleeved.</p>	<p>Bare forearms and hands minimises the risk of cross infection and also encourages adherence to good infection control procedures.</p>
<p>8. Footwear:</p> <p>Shoes must be sensible, black with a rubber sole with a low/flat heel; give adequate support and be strong enough to prevent damage to feet. They should be a lace up or slip-on full shoe.</p> <p>Alternative types of foot wear may be required by certain work areas/professions. This will be agreed with the relevant ward/department manager.</p> <p>Approved theatre clogs may be worn in specialist areas with permission of the line manager. No clogs to be worn outside these specialist areas.</p> <p>Occupational Health advice will be required for the wearing of other footwear. If trainers are advised by Occupational Health these should be plain black without motifs.</p>	<p>Shoes in a poor state of repair are a safety risk. Staff working in a clinical area must take noise issues into account regarding their footwear.</p> <p>Professional image, staff and patient safety.</p> <p>Health and safety statutory requirement.</p>
<p>9. Belts:</p> <p>Do not form part of the Trust uniform and, therefore, must not be worn.</p>	<p>Reduces risk of cross-infection. To prevent accidental harm to patients or self. To promote a professional image.</p>

<p>10. Tights/Stockings/Socks:</p> <p>Should be plain, navy or black or neutral and of a colour in keeping with the overall uniform.</p> <p>During excessively hot weather only, tights may be omitted (June / July & August only)</p>	<p>To promote a professional appearance. Health & Safety risks.</p>
<p>11. Designated uniform:</p> <p>All staff are provided with staff uniforms. It is the responsibility of the user that all uniform is ideally to be washed at 60° or above.</p> <p>Additionally staff to either tumble dry or hot iron garments to eliminate any remaining infection risk. In the case of heavily soiled/highly infectious garments – these will be sent to Synergy in accordance with the bagging procedure.</p>	<p>Reduces the risk of cross infection.</p>
<p>12. ID Badge</p> <p>ID badges must be worn at all times using a clip style attachment, not a lanyard.</p>	<p>Reduces the risk of cross infection.</p>
<p>13. Clothes</p> <p>Short sleeved tops/shirts to be worn when providing direct clinical care. Arms may be covered when not providing direct clinical care or washing hands, for religious purposes.</p> <p>In some areas defined safety clothing should be worn to comply with legislation.</p> <p>No clothing (such as T shirts or other undergarments) should be visible underneath designated uniform.</p>	<p>Professional appearance.</p> <p>Enables the appropriate hand-washing techniques to be undertaken and reduces the risk of cross infection.</p>
<p>14. Additional garments</p> <p>Fleece/cardigan (if permissible to wear in a dept.) must not be worn when delivering direct patient care. When worn, they must be of a plain dark colour, navy blue or grey, and of smart appearance.</p> <p>Any such garments must be obtained from a WWL approved supplier (which should be done via the Linen Services department).</p> <p>If an employee is required to wear an article of faith (other than headwear or face coverings referred to above) such as a Kirpan, this should be risk assessed and documented on an individual basis as part of local induction processes.</p>	<p>Reduces the risk of cross infection.</p> <p>To comply with Trust Uniform standards.</p> <p>To comply with Inclusion & Diversity standards.</p>

Appendix 2

UNIFORM REQUIREMENTS FOR ALL STAFF NOT INVOLVED IN DIRECT CLINICAL CARE

REQUIREMENTS	RATIONALE
<p>1. Hair</p> <p>Must be clean and neat, fastenings should be discreet. Catering staff are provided with hair nets, catering cap or hat. Staff working in Estates & Facilities must wear hard hats in certain areas.</p>	<p>Corporate appearance.</p>
<p>2. Fingernails</p> <p>Nails must be short and clean. Nail varnish is not permitted whilst on duty. The wearing of false/acrylic nails is strictly prohibited.</p>	<p>Infection control/harm to patients from long nails. Infection control, 'Evidence of Colonisation Of MRSA In False Nails' DoH, 2007 Patients Survey.</p>
<p>3. Jewellery</p> <p>Jewellery should be discreet and in keeping with the overall appearance. Excessively long or hanging jewellery should be avoided.</p>	<p>Corporate appearance.</p>
<p>4. Clothes</p> <p>All clothes should be smart and in good repair. An overall professional appearance should be maintained. Slogans which could be considered offensive may not be worn. In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance).</p> <p>For staff working in catering tights are not recommended.</p> <p>All uniforms provided by the Trust will be short sleeved, unless, due to H&S legislation this is prohibited e.g. in some support service areas.</p>	<p>Corporate appearance.</p>
<p>5. Piercing</p> <p>Should be discreet and in keeping with the overall appearance</p>	<p>Corporate appearance.</p>
<p>6. ID Badge</p> <p>Trust ID Badge must be worn at all times in a visible position.</p>	<p>To enable easy identification.</p>
<p>7. Footwear</p> <p>Must be clean and in a good state of repair. Excessively noisy shoes should not be worn. In some areas safety boots/footwear must be worn to comply with legislation.</p> <p>For catering staff and porters safety shoes are provided.</p>	<p>Shoes in a poor state of repair are a safety risk. Any staff working within the main hospital site and patient areas must take noise issues into account regarding their footwear.</p>

Appendix 3

DRESS REQUIREMENTS FOR ALL STAFF INVOLVED IN DIRECT CLINICAL CARE/LOCATED IN CLINICAL ENVIRONMENT

REQUIREMENTS	RATIONALE
<p>1. Finger nails:</p> <p>Nails must be short and clean. Nail varnish is not permitted whilst on duty. The wearing of false/acrylic nails is strictly prohibited.</p>	<p>Infection control/harm to patients from long nails.</p> <p>Infection control, 'Evidence of Colonisation Of MRSA In False Nails' DoH, 2007 Patients Survey.</p>
<p>2. Hair:</p> <p>Must be clean, neat, off the face and off the collar, even as a ponytail. Hair accessories should be discreet.</p> <p>Staff working in Estates & Facilities must wear hard hats in certain areas.</p> <p>Staff should be clean shaven or beards should be neat and tidy.</p> <p>False eyelashes must not be worn whilst on duty.</p>	<p>Potential for wound contamination from loose hair. Providing hair is clean and tidy the risk of dispersal is minimal.</p> <p>Health & Safety requirements.</p>
<p>3. Head coverings:</p> <p>Turban and skull cap may be worn for religious reasons.</p> <p>All head garments must be clean, washed and changed daily.</p> <p>All head garments must be secured using discreet pins.</p>	<p>To minimise infection risk and ensure health and safety standards are met.</p>
<p>4. Face coverings:</p> <p>Face coverings/veils should not be worn when delivering patient care.</p>	<p>To aid communication with patients and minimise infection risk. To also ensure the health and safety of the employee.</p>
<p>5. Piercing:</p> <p>Earrings: one pair of small plain metal studs only may be worn. All other visible body piercing must be covered with a blue plaster until the wound has healed. Once the wound has healed, all associated piercing jewellery must be removed. No other visible piercings are allowed.</p> <p>Ear Gauges: flesh coloured or clear ear gauges must be worn in the clinical environment</p>	<p>New wounds shed high levels of bacteria.</p> <p>Professional appearance is important for patient choice.</p> <p>Food Hygiene Regulations.</p>

<p>6. Jewellery:</p> <p>Only one plain metal band ring may be worn. No wristwatches or wrist fitness trackers are to be worn while involved in direct clinical care. A fob watch may be worn. No necklace should be seen.</p> <p>Medic-alert jewellery (discs only that can worn discreetly on a chain), approved by Occupational Health, can be worn but must be cleanable, plain and discreet.</p> <p>No necklaces should be seen. Bracelets are not to be worn for health and safety purposes.</p>	<p>Jewellery may be hazardous for the following reasons:</p> <ul style="list-style-type: none"> • Jewellery, even plain gold bands (wedding rings) have been shown to colonise with micro-organisms (Hoffman et al 1985). • Rings with stones are hazardous and may cause trauma to patients. • Stones in jewellery may become dislodged. • Jewellery that is hanging e.g. necklaces and bracelets, could be dangerous to staff and patients in potentially violent situations. • Appropriate hand washing techniques are prevented by the wearing of wristwatches or bracelets.
<p>7. Bare Below the Elbow:</p> <p>All sleeves must either end above the level of the elbow or be rolled up to above the elbow.</p>	<p>Bare forearms and hands minimises the risk of cross infection and also encourages adherence to good infection control procedures.</p>
<p>8. Footwear:</p> <p>Shoes must be sensible, with a low/flat heel; give adequate support and be strong enough to prevent damage to feet. They should be a full shoe.</p> <p>Occupational Health advice will be required for the wearing of other footwear.</p>	<p>Shoes in a poor state of repair are a safety risk. Staff working in a clinical area must take noise issues into account regarding their footwear.</p> <p>Professional image, staff and patient safety.</p> <p>Health and safety statutory requirement.</p>
<p>10. Tights/Stockings/Socks:</p> <p>Should be plain and of a colour in keeping with the overall appearance.</p>	<p>To promote a professional appearance.</p> <p>Health & Safety risks.</p>
<p>12. Clothes:</p> <p>If own clothes are worn these should be smart and in good repair and portray a professional image.</p> <p>An overall professional appearance should be maintained. Slogans which could be considered offensive must not be worn.</p> <p>Short sleeved tops/shirts to be worn when providing direct</p>	<p>Professional appearance.</p> <p>Enables the appropriate hand-washing techniques to be undertaken and reduces the risk of cross infection.</p>

<p>clinical care.</p> <p>Neck ties (other than bow ties) must be secure inside a waistcoat or tie pin in any activity which involves patient contact.</p>	
<p>13. ID Badge</p> <p>Trust ID Badge must be worn at all times in a clearly visible position, using a clip style attachment, not a lanyard.</p>	<p>To enable easy identification</p>
<p>14. Additional garments</p> <p>Fleece/cardigan must not be worn when delivering direct patient care.</p> <p>If an employee is required to wear an article of faith (other than headwear or face coverings referred to above) such as a Kirpan, this should be risk assessed and documented on an individual basis as part of local induction processes.</p>	<p>Reduces the risk of cross infection</p> <p>To comply with Inclusion & Diversity standards.</p>

Appendix 4

DRESS REQUIREMENTS FOR ALL STAFF NOT INVOLVED IN DIRECT CLINICAL CARE

REQUIREMENTS	RATIONALE
<p>1. Hair:</p> <p>Must be clean and neat, fastenings should be discreet.</p>	Corporate appearance.
<p>2. Fingernails:</p> <p>Nail varnish, acrylic nails and false nails must be discreet and enable the wearer to carry out their duties effectively.</p> <p>All fingernails should be no longer than fingertip length.</p>	<p>Corporate appearance.</p> <p>Excessively long nails can interfere with keyboard and other duties.</p>
<p>3. Jewellery:</p> <p>Jewellery should be discreet and in keeping with the overall appearance. Excessively long or hanging jewellery should be avoided.</p>	Corporate appearance.
<p>4. Clothes:</p> <p>All clothes should be smart and in good repair.</p> <p>An overall professional appearance should be maintained.</p> <p>Slogans which could be considered offensive must not be worn.</p> <p>In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance).</p>	Corporate appearance.
<p>5. Piercing</p> <p>Should be discreet and within keeping with the overall appearance.</p>	Corporate appearance.
<p>6. ID Badge</p> <p>Trust ID Badge must be worn at all times in a clearly visible position using either a clip or lanyard style attachment.</p> <p>Volunteers should use a yellow lanyard.</p>	To enable identification.
<p>7. Footwear:</p> <p>Must be clean and in a good state of repair. Excessively noisy shoes should not be worn.</p> <p>In some areas safety boots/footwear must be worn to comply with legislation</p>	<p>Shoes in a poor state of repair are a safety risk.</p> <p>Any staff working within the main hospital site and patient areas must take noise issues into account regarding their footwear.</p>

EQUALITY IMPACT ASSESSMENT FORM

STAGE 1 – INITIAL ASSESSMENT (PART 1)

Division:	Corporate	Department:	Nursing and Patient Services	
Person(s) completing this form:	Head of Nursing Professional Practice	Tel No:	773323	
Others involved:	Dep. Director of Nursing	Start date of this assessment:	20 09 10	
Title of policy being assessed:	Dress Code Policy	Policy implementation date:	August 2010	
What is the main purpose (aims / objectives) of this policy?	<p>1. The Dress Code Policy is intended to ensure that the staff of Wrightington, Wigan & Leigh NHS Foundation Trust present a professional and smart appearance to both patients and public when at work.</p> <p>2. In adopting this Policy, the Trust wishes to demonstrate its commitment to increasing public confidence and facilitating good hygiene practice.</p>			
Is the policy <u>existing & being reviewed</u> or a <u>new policy</u>? (tick the relevant box)	Existing & Being Reviewed	√	A NEW Policy	
Will patients, carers, the public or staff be affected by this policy?	Patients	Yes		
	Carers	Yes		
	Public	Yes		
	Staff	Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">If staff, how many individuals / Which Groups of Staff are likely to be affected?</td> <td style="width: 30%; text-align: center;">All</td> </tr> </table>	If staff, how many individuals / Which Groups of Staff are likely to be affected?
If staff, how many individuals / Which Groups of Staff are likely to be affected?	All			
Have patients, carers, the public or staff been involved in the development of this policy?	Patients		No	
	Carers		No	
	Public	Yes		
	Staff	Yes		
If yes, who have you involved and how have they been involved:				
What consultation method(s) did you use?	Public, patient and staff surveys and face-to-face meetings with staff			
How are any changes / amendments to the policy communicated?	Focus / Email etc.			

EQUALITY IMPACT ASSESSMENT TABLE

Equality Target Group	Positive Impact High Low None	Negative Impact High Low None	Reason/Comments for Positive Impact <u>(Why it could benefit any / all of the Equality Target Groups)</u>	Reason/Comments for Negative Impact <u>(Why it could disadvantage any / all of the Equality Target Groups)</u>	Resource Implication Yes / No
Men	None	None			
Women	None	None			
Younger People (17-25) and Children	None	None			
Older People (60+)	None	None			
Race or Ethnicity	High	None	Reference made to culture differences in dress		No
Learning Difficulties	None	None			
Hearing Impairment	None	None			
Visual Impairment	High	None	Policy accessible in Braille		Yes (but already exists)
Physical Disability	None	None			
Mental Health Need	None	None			
Gay/Lesbian/Bisexual	None	None			
Transgender	None	None			
Faith Groups (please specify)	High	None	Reference made to differences in faith in Policy		
Carers	None	None			
Other Group (please specify)	None	None			
Applies to ALL Groups	None	None			

High: There is significant evidence of a negative impact or potential for a negative impact.

Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.

None: A policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

- (a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

NO

- (b) How are you going to gather this information?

--

- (c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following Equality Target Groups?

Please delete as appropriate.

Age (Younger People (17-25) and Children / Older People (60+))		NO
Gender (Men / Women)		NO
Race		NO
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)		NO
Religion / Belief		NO
Sexual Orientation (Gay / Lesbian / Bisexual / Transgender)		NO
Carer		NO
Other		NO

Any Other Comments

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Assessment Completed By: **Head of Nursing, Professional Practice**

Date Completed: **09/01/13**

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'YES IMPACT' IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed.

If required, the Full Equality Impact Assessment Form Template can be downloaded from either the Policy Library Intranet Page or the Equality & Diversity Intranet Page.

PLEASE RETURN COMPLETED FORMS VIA E-MAIL TO:

DEBBIE JONES, EQUALITY AND DIVERSITY PROJECT LEAD (for Service related policies)
debbie.jones@wwl.nhs.uk

EMMA WOOD, EQUALITY AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies)
emma.wood@wwl.nhs.uk

Appendix 6

POLICY MONITORING AND REVIEW ARRANGEMENTS

NAME OF POLICY/SOP or CLINICAL GUIDELINE:

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
11.1	Ongoing monitoring of compliance	Via PDR, face to face feedback	Ward Managers, Matrons	Ongoing	Ward meetings	Minutes, written	On wards