

<b>POLICY NAME:</b>	<b>UNIFORM/DRESS CODE POLICY</b>	
<b>POLICY REFERENCE:</b>	<b>TW13-005</b>	
<b>VERSION NUMBER:</b>	<b>11</b>	
<b>APPROVING COMMITTEE</b>	<b>Partnership Council</b>	
<b>DATE THIS VERSION APPROVED:</b>	<b>April 2024</b>	
<b>RATIFYING COMMITTEE:</b>	<b>PARG (Policy Approval and Ratification Group)</b>	
<b>DATE THIS VERSION RATIFIED:</b>	<b>May 2024</b>	
<b>DATE THIS VERSION AMENDED</b>	Section 6.5 & 6.6 added April 2021 Appendix 5 added Nov 23 March 2024	
<b>AUTHOR(S)</b>	<b>Divisional Matron Uniform Task &amp; Finish Group</b>	
<b>DIVISION/DIRECTORATE:</b>	<b>CORPORATE</b>	
<b>LINKS TO OTHER STRATEGIES, POLICIES, SOP'S, ETC.</b>	<b>Smoke Free Policy, QCM 15 Hygiene rules – Catering codes of practice, Theatre Etiquette, TW14-023 SOP 5 – ERU Dress Code SSDU SOP 15.0 – Dress Code</b>	
<b>CONSULTED WITH</b>	<b>Infection Prevention and Control Director NMAHP Body Partnership Council Estates and Facilities CSSD</b>	

<b>Date(s) previous version(s) approved: (if known)</b>	<b>Version:9</b>	<b>Date :2023</b>
<b>DATE OF NEXT REVIEW:</b>	<b>May 2027</b>	
<b>Manager responsible for review:</b>	<b>Chief Nurse</b>	

## **Version Control**

<b>Version</b>	<b>Date</b>	<b>Amendment</b>
11	April 2024	Rewrite in line with new national policy.

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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 Teaching Hospitals Foundation Trust (WWL) present a professional and smart appearance to both patients and public when at work, whilst being inclusive of our diverse workforces' religious beliefs and cultural needs. Over time this policy will be aligned to the NHS national uniform policy compliance standards and colourways of uniform phased in to reflect the changes. 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 the public's confidence of the organisation. Staff who wear a uniform should be proud of it and their uniform associated role within the Organisation.
- 1.2 In adopting this Policy the Trust wishes to demonstrate its commitment to increasing public confidence and facilitating a trust wide professional appearance whilst adhering to Infection Prevention and Control mandated guidance.
- 1.3 The Policy adheres to the principles of risk management and infection prevention and control and encompasses both cultural and religious diversity. It also reflects the feedback received from staff, patients and their carers, by either formal or informal routes.
- 1.4 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 Prevention and Control policy and SOPs, NHS England's Standard infection control precautions: national hand hygiene and personal protective equipment policy and patient expectations as identified in feedback from patient surveys and complaints.
- 1.5 The principles within this policy apply to all staff that are employed or contracted by the Trust. Uniforms & corporate workwear issued by Linen Services must only be worn whilst undertaking duties under the WWL NHS FT contract of employment.
- 1.6 Employees of the Trust who breach this code may be liable to disciplinary action.

## **2 KEY PRINCIPLES**

- 2.1 This code applies to all staff employed or contracted by WWL. 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 or workwear 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 1a and 1b of this policy.
- 2.3 It is the responsibility of staff to abide by the Policy and line managers to ensure that the Uniform Policy is adhered to.
- 2.4 Staff working on agency or for another external organisation (e.g., NHSP) must not wear the WWL uniform at those times. NHSP will provide uniform.
- 2.5 The replacement of uniforms will be conducted on a wear and tear basis only, and any such requests for replacement uniforms will be approved by Ward/Departmental/Service Line managers.
- 2.6 The number of items of uniform issued to an individual will reflect the contracted hours for that individual. Clinical Staff will be allocated a pro-rata allowance of uniforms, which can comprise of dresses, tunics, trousers, and formal scrubs.
- 2.7 It is the 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 in consultation with Linen Services. Any significant changes to uniform implementation of a new uniform or the changing of colour must be approved by the relevant senior manager and approved by the Chief Nurse.
- 2.8 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.
- 2.9 Trust issued smart scrubs may be worn in clinical areas, these must be tailored scrubs only provided by the Linen Services as part of uniform allowance. Theatre scrubs and non-uniform allowance scrubs are not allowed in clinical areas other than theatres and theatre associated areas.

### **3 OBJECTIVES: PATIENT SAFETY, PUBLIC CONFIDENCE & STAFF COMFORT**

#### **3.1 Patient Safety**

Effective hygiene and preventing infection transmissions are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes staff wear should facilitate good care practices and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene and should not unintentionally harm patients during direct patient care activities. Similarly, nothing should be worn that could compromise patient or staff safety during care.

#### **3.2 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. Uniforms must be always clean 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 to change at work or cover their uniforms as they travel to and from work.

### **3.3 Staff Comfort**

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.

## **4 ROLES AND RESPONSIBILITIES**

### **4.1 Trust Board**

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

### **4.2 Divisional Directors of Nursing, Midwifery and AHPs'/Associate Chief Nurses/ Chief AHP.**

It is the responsibility of the Divisional Directors of Nursing, Midwifery and AHP's/Associate Chief Nurses and Chief AHP to ensure that all Professional Leads are aware of the Uniform/Dress Code Policy, role model the uniform policy when wearing uniform and support the compassionate leadership required with those not adhering to Uniform policy. It is also their responsibility to ensure that all staff groups who are not Nursing, Midwifery or AHP professional groups attending clinical areas are doing so in line with uniform policy.

### **4.3 Chief Nurse, Director of Infection Prevention and Control & Deputy Chief Nurse**

It is the responsibility of the Chief Nurse and Deputy Chief Nurse to role model the uniform when wearing uniform to ensure that teams are aware of the Uniform/Dress Code Policy.

### **4.4 Ward/Departmental line Leaders/Managers/Community Team Co-ordinators**

4.4.1 Managers are responsible for ensuring that this policy is always adhered to.

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

### **4.5 Linen Services**

4.5.1 It is the responsibility of Linen Services to provide staff with the appropriate uniforms.

### **4.6 Catering Services**

It is the responsibility of catering services to ensure that the team comply with the standards expected with the catering code of conduct in relation to food Hygiene regulations.

#### **4.7 Sterile Service Decontamination Unit and Endoscopy Reprocessing Unit**

It is the responsibility of the sterile services decontamination unit and the Endoscopy reprocessing unit to comply with the standards expected within the sterile environment as instructed in SOP TW14-023.

#### **4.8 Employee**

4.8.1 It is the responsibility of all staff to always maintain a professional appearance.

4.8.2 All staff are responsible for ensuring that they are familiar with and adhere to this policy.

4.8.3 All staff must wear a valid Trust ID Badge in a clearly visible position.

4.8.4 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.

4.8.5 On ceasing employment all ID badges must be returned to the Security Office and uniform must be returned to Linen Services.

4.8.6 All staff including those issued with a designated uniform must abide by the principles in this Policy.

4.8.7 Where possible staff are encouraged to wear the *'Hello, my name is'* badge.

4.8.8 Staff must not modify their uniforms, any alterations should be undertaken by the Linen Room.

### **5 WEARING OF UNIFORM OUTSIDE OF TRUST PREMISES**

5.1 The wearing of a designated uniform outside Trust premises is not permitted, unless on Trust business, or working within the community setting.

5.2 Where possible, staff should not travel to & from work in their uniform. If staff do not have access to appropriate changing facilities so need to travel in their uniform, it must be covered & Trust ID badge not visible. This is to maintain professional image & protect Trust reputation.

5.3 Requests to wear uniform outside of the Trust premises for formal occasions must be made to the relevant Divisional Director of Nursing/Midwifery/AHP on behalf of the Chief Nurse.

5.4 The wearing of Trust uniform in public or commercial areas outside the Trust e.g., supermarkets or restaurants is not permitted.

### **6 CONTAMINATED UNIFORMS**

6.1 Under no circumstances should a visibly soiled uniform be worn inside or outside Trust premises. If a clinical uniform is accidentally soiled e.g., with blood or body fluids, it must 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.

6.2 In emergency circumstances e.g., out of hours; scrubs can be obtained from theatres with

permission of the senior theatre practitioner only; scrubs must not just be taken without permission.

## **7 BARE BELOW THE ELBOW**

- 7.1 All staff must comply with “bare below the elbows” (BBE) guidance when entering or working within clinical areas.
- 7.2 In a health care setting the clinical area begins at the entrance to the ward or department. In a patient’s home staff should be BBE before commencing the task/touching the patient’s immediate surroundings.
- 7.3 All health care staff need to be BBE before they perform hand hygiene. Hand hygiene is considered an important practice in reducing the transmission of infectious agents that cause health care associated infections and is part of standard infection control precautions. Standard precautions are to be used by all staff in all care settings at all times for all patients.
- 7.4 “Bare below the elbows” is defined by either short sleeves or long sleeves (e.g. shirt sleeves) rolled up, no wrist watch or jewellery (other than *plain band* ring).
- 7.5 Staff can wear long sleeves underneath their uniforms for health or religious reasons, staff must be able to roll or pull their sleeves back and keep securely in place during hand washing and direct patient care complying with “bare below the elbow” when delivering direct patient care.
- 7.6 Disposable over sleeves elasticated at the elbow and wrist may be used by staff with health or religious reasons, but these must be placed and discarded in the same way as disposable gloves, hand washing steps must still be maintained.

## **8 SMOKING**

In accordance with the Trust’s Smoke Free Policy, paragraph 4.4 ‘If employees are smoking /vaping 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 always maintaining a professional image.

## **9 QUERIES**

- 9.1 Any queries regarding this policy should be addressed to the Departmental Manager.
- 9.2 Any changes to uniform must be approved by the Chief Nurse.

## **10 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

## **11 INCLUSION AND DIVERSITY (Appendix 3)**

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 protected characteristics.

## **12 MONITORING AND REVIEW (Appendix 4)**

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

## **13 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@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)



**Appendix 1a****UNIFORM REQUIREMENTS FOR ALL STAFF INVOLVED IN DIRECT CLINICAL CARE/LOCATED IN CLINICAL ENVIRONMENT WHO ARE PATIENT FACING****UNIFORM REQUIREMENTS FOR ALL STAFF WHO WEAR TRUST UNIFORMS AND ENTER CLINICAL ENVIRONMENTS AND NON-CLINICAL STAFF ENTERING CLINICAL AREAS**

REQUIREMENTS	RATIONALE
<b>Fingernails:</b>  Nails must be short and clean; they should not exceed beyond the end of the fingertip. Nail varnish is not permitted whilst on duty. The wearing of gel/false/acrylic nails is strictly prohibited.	False Nails harbour micro-organisms and make effective hand hygiene more difficult.
<b>Hair:</b>  Must be clean, neat, off the face and off the uniform, even as a ponytail. Only plain hair accessories should be worn.  Staff should be clean shaven, or beards should be neat and tidy.  Beards should be fully covered within specialist areas (such as Theatre)	Patients prefer to be treated by staff who have tidy hair and are smartly presented.  Hair over the eyes/face can impede vision.
<b>Head coverings:</b>  Turban, hijab and skull cap can be worn for religious reasons.  Headscarves must be worn unadorned and secured neatly. In surgical Theatres: <ul style="list-style-type: none"> <li>• Normal cloth headscarves may be worn for each theatre attendance and subsequently washed at 60 degreed with or without an additional theatre cap.</li> <li>• Orthopaedic hoods need to be opaque and cover the chest to fully meet faith requirements, in so far as it doesn't cover chest- as long as garments are secured neatly this is reasonable from infection control point of view. Alternatively, orthopaedic hoods or single use theatre disposable headscarves approved by Infection Control may be worn.</li> </ul>	Headwear, for example, turbans and kippot, veils (Christian or niqab) and headscarves are permitted on religious grounds providing that care, health and safety, infection control and security and safety of patients or staff is not compromised.
<b>Piercing:</b>  <b>Earrings:</b> small metal studs only may be worn (in ears only) <b>Ear Gauges:</b> Only flesh coloured, or clear ear gauges are permitted. <b>Nose Piercings:</b> One plain nose stud is permitted. Nose rings are not permitted. <b>Surgical Piercings</b> are permitted with the exception of surgical rings.	New wounds shed high levels of bacteria. Nose/ear/ surgical rings pose a health & safety risk to staff.

<p><b>Jewellery:</b></p> <p>Only one plain metal band ring may be worn with uniform. (No jewels in ring allowed)</p> <p>No wristwatches are to be worn. A fob watch is permitted.</p> <p>Medic-alert jewellery such as a necklace may be worn but must be approved by Occupational Health; this must be cleanable, plain and discreet, where possible on a longer chain &amp; out of sight.</p> <p>Necklaces worn for religious reasons are permitted but must be long enough in length to avoid being a ligature risk and must not be seen when wearing uniform.</p> <p>Fitness tracker devices must not be worn on the wrist.</p>	<p>Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.</p>
<p><b>Bare Below the Elbow:</b></p> <p>All uniforms provided to employees involved in direct clinical care will be short sleeved.</p> <p>Where for religious reasons members of staff wish to cover their forearms or wear a bracelet when not engaged in patient care, ensure that sleeves or bracelets can be pushed up the arm and secured in place for handwashing and direct patient activity.</p>	<p>Bare forearms and hands minimise the risk of cross infection and encourages adherence to good infection control procedures.</p> <p>Hand hygiene is paramount and accidental contact of clothes r bracelets with patients is to be avoided.</p>
<p><b>Footwear:</b></p> <p>Shoes must be soft-soled shoes, closed over the foot and toes and black in colour.</p> <p>Shoes must be, leather or synthetic (no suede) with a rubber sole with a low/flat heel; give adequate support and be strong enough to prevent damage to feet.</p> <p>Trainers are allowed but these must be all black, no visible logo, wipeable with a sole no more than 2.5cms.</p> <p>Approved theatre clogs may be worn in specialist areas (Endoscopy, theatre, interventional radiology, max fax) with permission of the line manager. No clogs to be worn outside these specialist areas.</p> <p>Slip on shoes with holes in such as CROCs are not permitted.</p>	<p>Professional image, staff and patient safety.</p> <p>Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards.</p>

<p><b>Decorative Uniform Belts/ buckles:</b></p> <p>Decorative belts and buckles can be worn when wearing uniform in a formal capacity outside of the Trust or internally that is not within a clinical area.</p> <p>Decorative belts and buckles are not permitted within the clinical areas.</p> <p>.</p>	<p>To promote a professional image when acting in a formal capacity in uniform</p>
<p><b>Tights/Stockings/Socks:</b></p> <p>Should be plain, navy or black and of a colour in keeping with the overall uniform.</p> <p>During excessively hot weather only, tights may be omitted in line with local heatwave policies/guidance.</p>	<p>To promote a professional appearance.</p>
<p><b>Designated uniform:</b></p> <p>All staff who are provided with uniforms.</p> <p>Staff are permitted to wear scrubs, but these must be tailored scrubs only from the linen service and will form part of staff pro-rata uniform allowance.</p> <p>Pale Blue <i>theatre scrubs</i> are to be worn in a theatre related areas only, ie, Operating Theatre, recovery and only in other clinical areas when usual uniform has been damaged or soiled on shift.</p> <p>It is not permissible for staff to travel to &amp; from work in theatre scrubs.</p> <p>Designated dresses must be below knee length, any alteration only to be made by the linen service.</p> <p>. It is the responsibility of the user that all uniform is washed at 60° c or above.</p> <p>Reasonable adjustments to the uniform policy for those staff living with the menopause are outlined in the Menopause policy.</p> <p>Nursing, Midwifery and AHP Uniforms will be worn in line with <b>Appendix 1b, Migrating into Appendix 2. In line with a phased implementation of the NHS National Healthcare Uniform.</b></p> <p>The wearing of shorts is permissible for portering staff providing they are tailored and Trust Issued. Clinical staff <b>may</b> wear shorts during summer months at the discretion of the Chief Nurse &amp; Chief AHP.</p>	<p>Reduces the risk of cross infection.</p> <p>A wash for ten minutes at 60 Degrees removes almost all microorganisms. Washing with detergent at lower temperatures- down to 30 degrees- eliminates MRSA and most other micro-organisms.</p> <p>Professional appearance.</p>

<p><b>ID Badge</b></p> <p>ID badges must be always worn using a clip style attachment, <b>not</b> a lanyard.</p>	<p>Reduces the risk of cross infection. Reduces Ligature Risk</p>
<p><b>Clothes</b></p> <p>Staff who do not have a designated uniform must wear short sleeved tops/shirt when providing direct clinical care. Arms may be covered when not providing direct clinical care or washing hands, for religious purposes only.</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. Unless for religious / cultural reasons.</p>	<p>Professional appearance.</p> <p>Enables the appropriate hand-washing techniques to be undertaken and reduces the risk of cross infection.</p>
<p><b>Additional garments</b></p> <p>Fleece/cardigan 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 Linen Services).</p>	<p>Reduces the risk of cross infection.</p> <p>To comply with Trust Uniform standards.</p>
<p><b>Tattoos</b></p> <p>Tattoos are welcomed as a sign of inclusivity and staff's identity. Tattoos that are offensive, have direct religious connotation and could cause offense are not permitted and must be covered in line with all other guidance within this policy.</p>	<p>Support staff identity and to maintain a professional image.</p>
<p><b>Seasonal Adaptations</b></p> <p>It is recognised that during season celebrations additional items can be worn, this can be done so with the support of the staff line manager i.e. Xmas Socks, Xmas Badges etc.</p>	

**Appendix 1b Hello my name is uniform guide.**

#hello my name is...

**NHS**  
Wrightington, Wigan and  
Leigh Teaching Hospitals  
NHS Foundation Trust

## What do our uniforms mean to you?



**Chief Nurse**  
Navy with 2 gold trim



**Deputy Chief Nurse/Associate Chief Nurse/  
Divisional & Deputy Director of Nursing/  
Divisional & Deputy Director of Midwifery/Chief AHP**

Navy with one gold stripe



**Matron/Clinical Lead**  
Navy with red trim



**Clinical Nurse/ Midwife Specialist/Nurse/  
Midwife Education/Corporate/  
Operational Senior Nurse/Midwife**

Navy with purple trim



**Ward/Department Leader**  
Red with navy trim



**Ward & Department Sister/  
Charge Nurse/ Senior Midwife**  
Navy blue with white trim



**Nurse Consultant/Advance Nurse Consultant/  
Advanced Clinical Practitioner**

Purple



**Registered Nurse/  
Midwife**  
Royal blue with white trim



**Nurse Associate/  
Trainee Nurse Associate**  
Biscuit



**Assistant  
Practitioner**  
Turquoise with white trim



**Healthcare Support Worker/  
Maternity Support Worker**  
Sky blue with white trim



**Discharge  
Coordinator**  
Bottle green



**Ward Clerk**  
Navy blouse with diamonds



**Occupational  
Therapist**  
White with bottle green trim



**Physiotherapist/  
Radiographer**  
White with navy trim



**Speech & Language  
Therapist**  
White with red trim



**Pharmacist**  
White with mint green trim



**Podiatrist**  
White with light grey trim



**Operating Department  
Practitioner**  
Theatre scrubs



**Porter**  
Navy polo



**Domestic**  
Maroon scrub

## Appendix 2 NHS National Healthcare Uniform

# NHS National Healthcare Uniform













**NHS**  
Supply Chain



Digital colour representations may differ slightly from real-life appearance.

 <b>Students</b> Cloud blue with navy contrast trim.	 <b>HCA or Support Worker</b> Lilac with navy contrast trim.	 <b>Nursing Associate</b> Sky blue with sky blue trim.	 <b>Nurse</b> Hospital blue with navy contrast trim.
 <b>Midwife</b> Postman blue with navy contrast trim.	 <b>Team Leader</b> Navy with dark red contrast trim.	 <b>Matron</b> Purple with navy contrast trim.	 <b>Nursing Practitioner</b> Royal blue with navy contrast trim.
 <b>Advanced Practitioner</b> Dark red with navy contrast trim.	 <b>Healthcare Science Practitioner</b> Eau-de-nil with navy contrast trim.	 <b>Healthcare Science Scientist</b> Peacock with navy contrast trim.	 <b>Pharmacy Technician</b> Sherwood green with navy contrast trim.
 <b>Pharmacist</b> Bottle green with navy contrast trim.	 <b>Allied Health Professionals</b> White or ruby. Trim colours below.	 <b>Head of Department</b> Black with red contrast trim.	

### Allied Health Professions Trim Colours

 <b>Physiotherapist</b> White with navy contrast trim.	 <b>Occupational Therapist</b> White with bottle green contrast trim.	 <b>Orthotists</b> White with hospital blue contrast trim.	 <b>Dietitians</b> Ruby with hospital blue contrast trim.
 <b>Speech and Language Therapist</b> Ruby with postman blue contrast trim.	 <b>Orthoptics</b> Ruby with black contrast trim.	 <b>Osteopath</b> Ruby with cloud blue contrast trim.	 <b>Operating Department Practitioner</b> Ruby with sky blue contrast trim.
 <b>Music, Art and Drama Therapist</b> Ruby with sherwood green contrast trim.	 <b>Podiatry</b> Ruby with royal blue contrast trim.	 <b>Diagnostic Radiographer</b> Ruby with Eau-de-nil contrast trim.	 <b>Therapeutic Radiographer</b> Ruby with white contrast trim.

To be kept up-to-date with the latest news on this project, or to speak to a member of our team, scan the QR code or click on this link <https://www.supplychain.nhs.uk/uniforms>



### Appendix 3.

## **STAGE 1 - INITIAL ASSESSMENT**

For each of the protected characteristics listed answer the questions below using  Y to indicate Yes and  N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	y	y	y	y	y	y	y	y	y	y	y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.

Job Title				Date	
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**IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via <http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>**

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.



**POLICY MONITORING AND REVIEW ARRANGEMENTS****NAME OF POLICY/SOP or CLINICAL GUIDELINE:**

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

