NHS
Solent
NHS Trust

Uniform and Dress Code Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy sets out the staff dress appearance and uniform standards required of staff working in Solent NHS Trust
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Summary of Policy

Solent NHS Trust expects all employees dress and appearance to reflect a professional image, which will promote confidence in patients, visitors, clients and colleagues. This policy applies to staff employed by Solent NHS Trust and other persons working within the organisation. It sets out the uniform and dress code principles and the expectations for professional appearance for both those whose role requires them to wear a uniform and those staff who are not required to wear a uniform. It applies equally to those providing direct clinical care and those working in support roles.

The policy takes into account the expectations of the public in relation to NHS staff's professional appearance. It also covers the health and safety and infection prevention and control requirements in relation to staff dress and appearance. The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or employees, or damage the professional standing of the individual or the organisation.

The Trust recognises diversity of cultures, religions, beliefs, and takes a sensitive approach to ensure consultation with staff is undertaken appropriately. Staff who adapt their uniforms to reflect their beliefs must remain within Health and Safety Legislation and Infection Prevention and Control requirements.

The Uniform Specification is detailed in appendix 1; however, any change to the specification requires the approval of the Chief Nurse via the Uniform Specification change form (appendix 2). Where the uniform specifications differs from that currently worn, introduction of the new uniform for existing staff will happen on a phased basis. Any exceptions must be with the agreement of the Chief Nurse.

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1. INTRODUCTION & PURPOSE

1.1 This policy sets out the uniform and dress code principles for Solent NHS Trust. This policy has been introduced to protect the safety of patient/service users and employees by ensuring the uniform and appearance at work/dress code of employees complies with infection prevention and control requirements, Health and Safety legislation and to ensure that all employees present a clean, smart professional image. All employees are expected to portray a professional image to patients/service users and members of the public.

1.2 The Trust recognises diversity of cultures, religions, beliefs, and takes a sensitive approach to ensure consultation with staff is undertaken appropriately. Staff who adapt their uniforms to reflect their beliefs must remain within Health and Safety Legislation and Infection Prevention and Control requirements.

1.3 Employees are advised that any proposed deviation from this policy because of cultural, ethnic, religious and physical considerations must be agreed in consultation with the employee's line manager, Infection Prevention and Control, the Human Resources department, Health and Safety and for clinical staff signed off by the Chief Nurse.

1.4 This policy ensures that all staff adhere to the requirement to wear appropriate clothing which minimises the risk of infection transfer, which forms a key part of maintaining patient and staff safety, and provides confidence on this issue to patients, carers/relatives, visitors and fellow staff. It is also essential to ensure that the staff and Trust fully comply with the Health and Social Care Act 2012.

1.5 It is noted that Agency and Contract workers will be provided uniforms by their respective employers however, they must be made aware of this policy to ensure they comply with Health and Safety and Infection Prevention and Control requirements.

1.6 In all cases, the following principles should be supported and promoted, in order to adhere to the recognised legal framework:

- Health, safety and well-being of patients/service users
- Health, safety and well-being of employees
- Infection prevention and control
- Public confidence and professional image
- Professional accountability, as defined by professional bodies/councils

2. SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3. PROCESS/REQUIREMENTS

3.1.1 The Trust operates a 'Bare below the elbow' policy for all staff (either in uniform or in non-uniform) when visiting or working in any clinical areas, or where direct patient contact is involved, including in patients home.

3.1.2 All staff who enter/work in clinical areas must wear clothing which facilitates effective hand hygiene. Wrist watches and all below the elbow jewellery must be removed. However staff are permitted to wear one plain band ring. Uniforms should be free from smells associated with cigarettes and vapes.

3.2 General Principles

ITEM	POLICY REQUIRMENT
Personal Hygiene	All employees should maintain a high level of personal hygiene and be well presented. The chewing of gum is not permitted in clinical areas. Nicotine gum can be used for the purposes of smoking cessation but never when dealing with patients, carers or the public (including phone calls). Make up must be kept to a minimum. The use of strong fragrances must be avoided. Line Managers will use their discretion to discuss with staff members who may be unaware of the strength of their fragrance. This is in order to avoid discomfort to patients and potential allergic reactions. The wearing of 'Temporary' false eyelashes/eyelash extensions is not permitted for staff working in direct patient contact or while in clinical uniform.
Identification Badges	All employees, including those out in the community with patients, must wear their Trust identification badges at all times in all areas of the organisation for security and identity purposes. Whilst not on duty, when away from Trust premises the ID badge should be covered or removed for personal safety reasons. Identification badges will either be clip on badges or lanyards, as appropriate to the member of staff's clinical duties and uniform. Lanyards should be laundered as appropriate to maintain cleanliness. Professional badges and/or approved Trust or National campaign badges may be worn, however all badges must be removed in situations where they are likely to cause injury to patient, staff and visitors. *Please note recent advice from police to remove lanyards while driving*
Headwear	Turbans and kippots, veils (Christian or nikab) and headscarves (hijabs and jibabs) are supported on religious grounds. The latter should be shoulder length, scarves must not drape freely when providing direct clinical care. These must be laundered on a daily basis and changed if they become contaminated as per IPC

ITEM	POLICY REQUIRMENT
	Standard Precautions Policy.
Religious/Cultural beliefs	The wearing of items for religious/cultural reasons is in most circumstances welcomed by the Trust providing Health and Safety of individuals or patient/service users is not compromised.
Tattoos	New tattoos must be covered with a waterproof dressing provided by the individual until they are healed. Any potentially offensive or intimidating tattoos should be covered as long as this complies with bare below the elbow and hand hygiene policy. Staff must complete an assessment with their line manager to consider whether a tattoo should be covered up.
Footwear	Footwear is provided by the individual. Footwear must be clean and in good repair, suitable for the work task and of a style that is not hazardous to either patient or staff member. For staff working in clinical areas shoes should be black/navy in colour, soft soled and closed toe and made of a wipe clean material. Backless and/or open toe shoes or sandals, flip flops and mules/ clogs/shoes of a croc- type style must not be worn for clinical care as these constitute a hazard (Manual Handling Operational Regulations, 1992). Open toe shoes, including flip flops must NOT be worn in clinical practice in either hospital or community settings, including clinic settings and patients homes. If alternative footwear is required for medical purposes, the individual will be required to provide medical evidence and to have an Occupational Health Assessment. Training shoes must not be worn unless approved by the line manager Shoes for non-clinical staff should be professional, appropriate for work, and smart.

3.3 Clinical Staff who Wear Uniforms

ITEM	POLICY REQUIRMENT
Uniforms	All employees who are required to wear a uniform must wear the uniform provided and agreed by the Trust. Uniforms are provided as protective clothing and they should be clean, odour and crease free and presentable on commencement of each shift. Employees should: • Be provided with an adequate number of uniforms by the Trust to facilitate a clean uniform daily. • Be provided with quality clothing that meets infection prevention and control and health and safety requirements, and reduces replacement costs. • Have access to a spare uniform in case of accidental contamination by blood, body fluids or any other noxious/toxic substance. • In the case of gross contamination with body fluids the uniform should be disposed of as contaminated clinical waste. • Employees must presume some degree of contamination

ITEM	POLICY REQUIRMENT
	following a shift, even on uniform or clothing which is not visibly soiled. Employees must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily.
Hair	Hair below the collar must be tied back and above the collar when working in a clinical setting. Hair fastenings should be minimal.
Jewellery	To maintain compliance with 'bare below the elbows' wrist watches must not be worn and one plain band ring can be worn. No necklaces, chains, bracelets or ankle chains to be worn, however recognised Medic-alerts are permitted providing the individual staff member has agreed this with their line manager and occupational health. Studded earrings are permitted Facial/body piercings may be worn as long as when worn they continue to portray a professional image and do not present a safety risk in the area of work. New piercings are an infection risk until fully healed and so these should be covered until then.
Finger nails	Nails should be short, clean and tidy. Nail varnish and or, nail jewellery, acrylic and or gel nails, including nail extensions, must not be worn for staff giving direct patient care as these have been shown to act as a reservoir for gram-negative bacteria making hand hygiene ineffective.
Travelling in uniform	Where locker room and changing facilities are available employees must travel to and from work in their own clothes. For areas where changing facilities are not provided the uniform must be covered discreetly for the journey to and from the workplace, between patients or on an allocated work break when the employee is off site.
Outer garments	Community staff must wear appropriate jacket/fleece which covers the uniform, exceptions to this are during periods of hot weather.
Tights/socks	Tights/socks must be worn and should be of a neutral colour or black/navy.
Trousers	Full length trousers must be worn although the Trust recognises that some clinical activities require staff to wear shorts i.e. in the physio gym or community physio settings. Clothing should allow sufficient hip and shoulder movement for the safe moving and handling requirement of the job. Female staff can wear tailored navy culottes and male staff can wear tailored navy shorts.
Special requirements	Staff undertaking Prevention and Management of Violence Training, (PMVA), which is a physical restraint course, are required to wear appropriate gym gear. This would consist of a black embroidered polo shirt unique to the instructors, black tracksuit bottoms and black training shoes. This uniform would only be worn when training and would not be worn in any clinical areas. Staff undertaking this training would be required to wear suitable gym style clothing. Any employee who has a need for special consideration to be given to their appropriate clothing due to having a disability should

ITEM	POLICY REQUIRMENT
	bring this to the attention of their line manager, seeking support and guidance from Occupational Health, Infection Prevention and Control team and Human Resources as necessary.

3.4 Clinical & Non Clinical Staff Who Do Not Wear Uniform

ITEM	POLICY REQUIRMENT
General	Where a uniform is not a requirement of the role, it is important that employees dress in a professional manner. Employees who do not wear a formal uniform must dress in a manner that does not cause offence or embarrassment to patients or others with whom they come into contact. Denim is not appropriate unless agreed as part of a local 'dress down' arrangements
Non-uniform in clinical setting	Employees who wear their own clothes should ensure that they are suitable for work purposes; clean and in a good state of repair. Clothing that are unsuitable and must NOT be worn in the workplace are: • Clothes that are revealing and may cause embarrassment or offence e.g. off-shoulder, plunging neckline or thin/no straps, short in length • Clothes with logos or advertisements; sports clothing; shorts etc. • Clothes that could be interpreted as intimidating or threatening, (.e.g. combat fatigues) • Ripped or torn clothing • Denim clothing in clinical areas. (It is recognised there may be some exceptions to this but this must be agreed by the line manager and be appropriate to the patient/client groups). Depending on the job role clothing which covers the face may not be permitted.

3.5 Non -Clinical Staff Who Are Required to Wear a Uniform

ITEM	POLICY REQUIRMENT
Uniform	Non Clinical Staff who are required to wear a uniform are to comply with the General Principals stipulated in section 3.2. Uniform & Personal Protective Equipment must be worn at all times while at work and will be compliant with local departmental instructions. Deficiencies, unsuitable items and or uniform that is not suitable for wear must be reported immediately to their line managers.

3. 6 Return/Renewal of Uniform

Renewal/replacement of uniforms will be at the discretion of the line manager. Requests for new uniforms will be at the discretion of the line manager and all old uniforms must be returned when the new uniform is issued. Managers will replace uniforms that are no longer fit for purpose.

Uniforms will be returned, laundered, to the employee's line manager when employment ceases.

Managers are responsible for ensuring collection of Uniforms from staff that are leaving the organisation. The manager will use their discretion as to whether a returned uniform is suitable to be re-issued or should be disposed of.

3.7 Infection Prevention and Control

All employees working in a direct clinical role (regardless of whether they wear a uniform or not) MUST apply the 'bare below the elbow' principles whilst delivering care – see section 3.3.

When undertaking clinical procedures, long garments (e.g. cardigans) must be removed. Where long sleeved garments cannot be removed (i.e. blouses and shirts), it must be possible for the sleeves to be rolled up to above elbow height, and for them to remain up independently throughout the duration of the procedure. Good hand hygiene is well recognised as the single most effective way to reduce the risk of cross infection; however contact transfer of bacteria from uniforms leading to transmission of infection has also been recognised.

The organisation provides uniforms and personal protective clothing to all members of clinical staff. Employees must ensure that they use appropriate PPE (personal protective equipment) as required to reduce the risk of cross infection. Disposable aprons must be changed in-between patients, between episodes of care on a patient or before leaving the clinical area or patient's home, in order to adhere to Infection Prevention and Control principles.

3.8 Extreme Weather Conditions

Any amendment to this policy due to extreme weather conditions, e.g. a decision to allow tights not to be worn or tailored shorts to be worn in community settings, will be at the discretion of the Chief Nurse. However managers should feel empowered to make a decision and inform the Chief Nurse of their actions and reasoning. Resuming to usual work wear should occur as soon as possible as weather conditions normalise.

During periods of hot weather, 23 degrees Celsius or above, and in agreement with the Head of Quality and Professions for the service line, staff can remove their tights.

3.9 Clinical Uniform Laundry Guidance

Clinical staff required to wear a uniform will be provided with an adequate number of uniforms and managers will ensure that uniforms are requested correctly. The following guidance should be followed when handling and decontaminating socially soiled uniforms:

- Wash separately from general household laundry at the hottest temperature suitable for the fabric

- Wash in a biological detergent in the quantities recommended by the manufacturer
- Dry quickly or tumble dry and iron
- Non uniformed direct/indirect care staff should ensure that items of clothing are able to be washed at the highest temperature that the clothing will tolerate.
- Hand washing uniforms is ineffective and therefore not acceptable

4. ROLES & RESPONSIBILITIES

4.1 **Chief Executive Officer** has overall responsibility for ensuring that the Trust has appropriate policies in place and that robust monitoring arrangements are in place.

4.2 **Chief Nurse** has delegated accountability for ensuring trust wide implementation of this policy. Any deviation from or exceptions to this policy must be authorised by the Chief Nurse.

4.3 **Directors, Associate Directors, Clinical and Operational Directors** are responsible for the implementation of this policy within their respective areas and for taking remedial action to address non-compliance.

4.4 **Managers** are responsible for ensuring the standards within this policy are met including the following:

- Any essential uniform or personal protective equipment identified as a result of a risk assessment is made available for use of staff
- Local protocols are written for staff to ensure compliance with the service risk assessment
- Any training required in order to ensure safe use of the equipment is provided
- Staff are monitored to ensure compliance with the risk assessment and training
- Uniforms are only purchased from the approved Trust suppliers
- Ensure that employees are aware of and have access to the correct uniform for their area of work
- Replacement uniforms are provided as required and in agreement with the line manager and the employee
- Take action where an employee does not comply with the dress code, appearance or uniform requirements set out in this policy
- Complete the audit tool on an annual basis (Appendix 3).

4.5 **Staff members** must:

- Comply with this policy, adhering to the standards of dress and personal appearance in line with their staff group and job role at all times
- Inform their line manager in a timely manner should their uniform need replacing
- Inform their manager of any discretionary reasons why they may need adjustments to be accommodated to this policy
- Comply with this and any other associated polices.
- Attend any training provided in relation to the safe use of personal protective equipment (PPE)
- Wear any uniform and use protective equipment provided in accordance with the risk assessment
- Make uniforms and equipment available for inspection on request of the manager
- Return any uniform or PPE to the manager when the individual leaves their post or no longer requires it

- Notify the manager when they establish they are pregnant so that a maternity uniform can be provided in a timely manner

5. TRAINING

Information relating to uniform and dress code policy will be given to all new starters as part of local induction. All clinical staff must undertake annual trust infection control mandatory training which incorporates standards relating to this policy including hand hygiene and use of Personal Protective equipment.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

In accordance with the Policy on Policies, an Equality Impact Assessment and Mental Capacity was completed (see Appendix 4) highlighting no negative impact.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

Compliance will be monitored through:

- Spot checks of dress code and uniform policy during site visits
- The Infection prevention and control audits which include bare below the elbow and hand hygiene audits
- Through annual audits for which the audit tool can be found in Appendix 3.

Managers are required to report back to the service governance group their finding of the uniform and dress code audits, with action plans as appropriate.

Non-compliance with the policy will be managed through the appropriate HR process, supported by the Chief Nurse, Associate Director Professional Standards and the Chief Medical officer

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a three yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.'

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Department of Health: (2015) The Health and Social Care Act 2012: A Code of Practice for health and adult social care on the prevention and control of infections and regulated guidance. London. Department of Health

- NHS Employers Dress Code and Discrimination (2017)

- Standard Precautions Policy

- Hand Hygiene Policy

- Equality, Diversity and Human Rights Policy.

Glossary of Terms

Patient - this term is used when referring to the NHS population as a whole. Also for the purpose of this policy it is used to mean, service user, resident, client etc.

Direct care - this term refers to employees in both clinical and non- clinical settings who give direct hands on patient care e.g. assisting with personal hygiene, giving injections etc.

Non- direct care - this term refers to employees who do not provide patient care, but may refer to employees who have access to/work with patient equipment/patient environment.

Infection Prevention and Control - is the prevention and management of infection through the application of research based knowledge to practices that include standards precautions, decontamination, waste management, surveillance and audit.

PPE - Personal Protective Equipment.

Bare Below the Elbows - Nationally accepted practice (DH (March 2010)) Exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, to reduce the risk of contamination from soiled uniform cuffs or long sleeves and to facilitate adequate hand hygiene.

Appendix 1

Uniform Specification

Specification for Nursing Staff and Support Staff who Wear Uniform

Where these specifications differ from that currently worn, introduction of the new uniform for existing staff will happen on a phased basis. Any exceptions must be with the agreement of the Chief Nurse.

Chief Nurse; Associate Director Professional Standards; Head of Compliance and Heads of Quality and Professions

- Red dress with navy trim
- Red tunic with navy trim
- Navy trousers

Senior Matron

- Plain red dress
- Plain red tunic
- Navy trousers

Matron (8A)

- Navy dress with red piping
- Navy tunic with red piping
- Navy trousers
- Navy blue cardigan or fleece (not supplied)

Band 7 / Ward Manager / Team Leader / Senior Nurse Specialist / Community Matrons

- Navy blue dress with white piping
- Navy blue tunic with white piping
- Navy blue trousers
- Navy blue cardigan or fleece (not supplied)

Band 6 / Deputy Ward Manager / Clinical Lead / Nurse Specialist

- Royal blue dress with white piping
- Royal blue tunic with white piping
- Navy trousers
- Navy cardigan or fleece (not supplied)

Band 5

- Hospital blue dress
- Hospital blue tunic
- Navy trousers

- Navy cardigan or fleece (not supplied)

Band 4 Associate Practitioners

- Light blue dress with white trim
- Light blue tunic with white trim

Band 4

- Grey dress with navy piping
- Grey tunic with navy piping
- Navy trousers
- Navy cardigan or fleece (not supplied)

Band 3

- Grey dress with fine strip of grey with white piping
- Grey tunic with white piping
- Navy trousers
- Navy cardigan or fleece (not supplied)

Band 2

- Grey with white dress or tunic
- Navy trousers

Special Care Dental Staff

- Dental Therapists – Burgundy scrubs
- Dental Officers – Navy scrubs
- Dental nurses - Hospital blue scrubs

Advance Nurse Practitioners

- Navy dress with yellow trim
- Navy Tunic with yellow trim
- Navy trousers

Clinical Practice Educators

- Navy with yellow trim
- Navy trousers

Educators in Practice

- Grey dress with red trim

- Grey tunic with red trim
- Navy trousers

Return to Practice Nurses

- Pale blue dress
- Pale blue tunic
- Navy trousers
- Navy cardigan or fleece (not supplied)

Specification for Allied Health Professionals who wear uniform

Occupational Therapists – Registered Staff

- White tunic with bottle green trim (male/female design)
- White polo with green trim (in specified clinical areas as agreed with service manager)
- Bottle green trousers (male/female)
- White dress with bottle green trim

Occupational Therapy Assistant and Associate Practitioners

- White tunic with eau de nil green trim (male/female design)
- White polo with eau de nil trim (in specified clinical areas as agreed with service manager)
- Bottle green trousers (male/female)
- White dress with eau de nil trim

Physiotherapists – Registered Staff

- White tunic with navy trim and CSP logo (male/female design)
- White polo with navy trim and CSP logo (in specified clinical areas as agreed with service manager)
- Navy trousers
- Navy polo and CSP logo (clinical specialists/Advanced Practitioners)
- Navy knee length tailored shorts, white trainers (gym areas only)

Physiotherapy Assistances and Associate Practitioners

- White tunic (male/female design)
- White polo (in specified clinical areas as agreed with service manager)
- Navy knee length tailored shorts, white trainers (gym areas only)

Rehabilitation Assistants

- Turquoise blue polo shirt or tunic
- Navy Trousers

Podiatry

- Navy blue scrubs

- White tunics
- White/blue short-sleeved shirt (male/female design)
- Black trousers

SLT

- Grey tunic with pink/red trim
- Navy trousers

Appendix 2

Solent NHS Uniform Specification Change Request Form

This form must be submitted to the Chief Nurse to request a change to the Uniform Specification.

Requestor's name & title	
Service Line	
Location	
Name of Clinical Team	
Contact details : Telephone	
Email	
Date request submitted	

Details of Change Request

Please provide details of current uniform and change being requested
Please give reasons for this request

Cost Implication:	
Cost of Current Uniform	
Cost of Change request Uniform	
Number of Staff affected	
How would the change to the uniform be implemented e.g. all staff to change or phased implementation. Please provide full details.	
Name of Clinical Manager	

Chief Nurse Decision

Approved ☐ Declined ☐

Signature and Date: _____

Appendix 3

Audit Tool for Clinical Staff

Department/Ward / Team:	**Department/Ward Staff:**
Auditor's Name:	**Date of Audit:**

Compliant Description	**Yes** **Please score** **'1' for Yes**	**No** **Please score** **'0' for 'No'**
Is the member of staff 'bare below the elbows'?		
Is the uniform crease free?		
Is the uniform in good condition?		
If a belt buckle is worn, was it removed when moving and handling patients where injuries may be caused?		
Was hair clean, neat and tidy?		
Was long hair tied up at all times?		
Were hair fastenings minimal?		
Was uniform clean and odour free?		
Earrings: one pair of small plain stud earrings only?		
Rings: one plain ring band only?		
Were there no visible necklaces, chains, bracelets, ankle chains? This includes items in all metals or materials, including those worn for therapeutic purposes. (medic alerts can be worn)		
Was a Trust issued ID badge worn at all times? This should show a current recognizable image of the member of staff with the full name of the member of staff visible.		
Are shoes navy or black, low heeled with black non-slip soles and low noise soles/heels?		
Were shoes clean and well maintained?		
Are tights/stockings always worn (female staff) when wearing dresses/culottes dresses (should be neutral in colour with pale uniforms and black with dark uniform? Exceptions to this are during hot weather is at the discretion of the Chief Nurse.		
Are outer garments e.g. cardigans/sweatshirts removed when attending patients?		
Are all outer garments of a suitable length when worn over tunics/dresses (community based staff)		

Are nails short, clean and neat?		
Are nails free from varnish, false nails, nail extensions or nail Jewellery/gems?		
Does the member of staff have an adequate number of uniforms to allow a clean uniform to be worn each day?		
Is the supplied uniform worn?		
Target Score =21		

Appendix 4

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	**Answer**
1. What are the main aims and objectives of the document?	To ensure all staff demonstrate a positive image of professionalism through personal appearance whether in uniform or out of uniform. Encouraging confidence in service users, patients and the general public as well as allowing easy identification of staff members
2. Who will be affected by it?	All employees of Solent NHS Trust
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Audit and spot checks All staff present a professional image within Solent NHS Trust
4. What information do you already have on the equality impact of this document?	
5. Are there demographic changes or trends locally to be considered?	Cultural and religious requirements
6. What other information do you need?	

Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully discriminate against any group?		x	Applicable to all staff
2. Can any group benefit or be excluded?		x	N/A
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	
4. Can this actively promote good relations with and between different groups?	x		
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Policy group Staff side representative Matron's, Executive leads, Diversity & Inclusion lead, Associate Director Community Engagement & experience
6. Have you used a variety of different methods of consultation/involvement	x		Staff group with representation from across service lines and professions. Consultation via meetings

			and correspondence
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	
External considerations			
8. What external factors have been considered in the development of this policy?			
9. Are there any external implications in relation to this policy?			
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

****Retain a copy and also include as an appendix to the document****