

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Uniform and Dress Code Policy V6.2
This document replaces (exact title of previous version):	Uniform and Dress Code Policy V6.1
Date Issued / Approved:	August 2021
Date Valid From:	May 2024
Date Valid To:	November 2024
Author / Owner:	Deputy Director of Nursing, Midwifery and AHPs, People Experience
Contact details:	01872 254993
Brief summary of contents:	This policy sets out the uniform and dress code principles for the Royal Cornwall Hospitals Trust.
Suggested Keywords:	Uniform, dress code
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief People Officer.
Approval route for consultation and ratification:	JCNC – Joint Consultancy Negotiation Committee Uniform Working Group
Manager confirming approval processes:	Assistant Director People Experience
Name of Governance Lead confirming consultation and ratification:	Nicole Steinkruger, People, Risk, Policy and Governance Manager
Links to key external standards:	None Required

Information Category	Detailed Information
Related Documents:	<ul style="list-style-type: none"> ▪ Disciplinary Policy and Procedure. ▪ Equality, Inclusion and Human Rights Policy. ▪ Resolution Policy and Procedure. ▪ Maintaining High Professional Standards in the Modern NHS. ▪ Clinical Guidelines for Theatre Practice Standards – Generic. ▪ Standard Infection Control Precautions: National Hand Hygiene and Personal Protection Equipment Policy. ▪ Personal Protective Equipment Policy (HSP16). ▪ Smoke Free Policy. ▪ Menopause at Work Guidance.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Human Resources

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Uniform and Dress Code Policy

V6.2

February 2024

UNDER REVIEW

Summary

The expectation is that all staff will attend work suitably attired and in accordance with this policy. However, both the Trust and all its staff members have specific responsibilities around:

- Infection Prevention and Control.
- Health and Safety.

Therefore whenever engaging in direct patient contact activities, or in the patient's home/environment, all staff members must adhere to the following.

Hand hygiene to be performed before and after every patient contact and/or entering/leaving the clinical environment.

The principles of "bare below the elbows" must be adhered to in order to facilitate effective hand hygiene.

No synthetic/long or varnished nails.

Hair to be worn no longer than collar length (This includes ponytails, plaits, etc which, if longer than collar length, should be secured in the form of a bun).

Protective clothing to be worn as appropriate when undertaking direct care activities.

No jewellery, adornments, or fashion accessories to be worn except for:

- 1 Plain ring.
- 1 Pair plain, metal, round ear studs.
- 1 Small plain, gold metal nose stud.
- 1 Discreet tongue stud.
- 1 Fob watch.

H&S compliant footwear to be worn:

- No sandals.
- No mules.
- No flip flops.
- No crocs.
- No similar open footwear to be worn in clinical areas.

Table of Contents

Summary	4
1. Introduction.....	7
2. Purpose of this Policy/Procedure.....	8
3. Scope	8
4. Definitions / Glossary.....	9
5. Ownership and Responsibilities.....	9
5.1. Role of Chief Executive	9
5.2. Role of Managers	9
5.3. Role of Individual Staff.....	10
5.4. Role of People Experience	10
5.5. Role of the Linen Room	11
6. Standards and Practice	11
6.1. All staff - General Principles	11
6.2. Non-Uniform Staff - Dress for Work.....	12
6.3. Non-Uniform Staff in Direct Patient Contact	13
6.4. Dress Code for Clinical Staff Wearing Uniform.....	13
6.5. Additional Requirements for Uniformed and Non-Uniformed Staff Working in Clinical Areas	13
6.6. Estates and Facilities.....	18
6.7. Mobile Phones and Bleeps	19
6.8. No Smoking Policy.....	19
6.9. Health and Safety	19
6.10. Laundry Guidance	20
6.11. Wearing Uniform Whilst Not at Work	20
6.12. Changes to Uniform in Extreme Weather Conditions	20
6.13. Compliance.....	20
6.14. Right of Redress.....	21
7. Dissemination and Implementation.....	21

8. Monitoring compliance and effectiveness	22
9. Updating and Review.....	22
10. Equality and Diversity	23
Appendix 1. Governance Information	24
Appendix 2. Equality Impact Assessment.....	29
Appendix 3. Audit tool - uniformed staff	32
Appendix 4. Audit tool - non-uniformed staff.....	34
Appendix 5. Uniform and dress code – by staff group	35

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This policy and procedure sets out the uniform and dress code principle for the Royal Cornwall Hospitals Trust.
- 1.2. The policy was introduced to protect the safety of patients/service users and staff by ensuring it complies with infection prevention and control requirements, Health and Safety legislation and ensures all members of staff present a clean and smart appearance. All staff are expected to portray a professional image to patients/service users and members of the public.
- 1.3. The policy describes standards for all staff and specific standards for staff members directly involved in the delivery of care. As well as the general standards, there are additional, more stringent requirements for staff providing direct care that may or may not be required to wear uniform.
- 1.4. In order to comply with this policy, all direct care staff members must have enough sets of uniform (i.e.: sufficient for daily changes) to facilitate good practice in the areas of infection prevention and control and health and safety.
- 1.5. The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or staff or damage the professional standing of the individual or the organisation. Staff are advised that any proposed deviation from this policy because of cultural, ethnic, religious and/or physical considerations must be discussed in consultation with the appropriate line manager; Infection Prevention and Control (IPAC) team; the People Experience department and Health and Safety and agreed by the Chief Nurse; Chief Medical Officer; Chief People Officer (People and OD) or their nominated deputies.
- 1.6. Failure to comply with the policy may lead to risks to patients and staff members and, therefore, repeated failure to adhere to the policy may result in disciplinary action being taken in accordance with the Trust's Disciplinary Policy and Procedure.
- 1.7. The use of a designated theatre uniform is dealt with under the Trust's Clinical Guidelines for Theatre Practice Standards (which includes Perioperative Uniform Guidance).

Please note:

Personal Protective Equipment (PPE) is dealt with under the Trust's Standard Infection Control Precautions: National Hand Hygiene and Personal Protection Equipment Policy (February 2020) and Personal Protective Equipment Policy (HSP16), copies of which are available on the document library.

- 1.8. This version supersedes any previous versions of this document and any unratified local uniform policy.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this policy is to ensure that all staff members are clear on the standard of appearance/dress expected while at work, whether uniform or non-uniform.
- 2.2. The Uniform and Dress Code Policy sets out the standards and image which the Trust wishes to convey to all patients/clients, partners and members of the public.
- 2.3. The policy outlines the legislation relating to dress codes and uniforms within the workplace. This policy will be implemented to ensure that safe practice and a positive corporate identity is adhered to.
- 2.4. 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 (see Section 4: Definitions/Glossary).
 - Health, safety and well-being of staff.
 - Infection prevention and control.
 - Public confidence and professional image.
 - Professional accountability as defined by professional bodies/councils.
- 2.5. The objectives of this policy are to ensure:
 - Staff maintain a positive professional image.
 - Staff wear clothing in line with the principles of this policy.
 - That infection prevention and control and health and safety issues are addressed.
 - That service users are confident with the policy.

3. Scope

- 3.1. This policy applies to:
 - Members of staff who are directly employed by the organisation and for whom the Trust has legal responsibility.
 - Staff covered by a letter of authority/honorary contract/volunteer agreement or work experience whilst undertaking duties on behalf of the organisation or working on the Trust's premises and forms part of their arrangements with the Trust.

- 3.2. Although the majority of agency workers will be issued with their own agency uniforms, they are also required to abide by the Trust's policies and procedures as appropriate, including the principles of this policy, to ensure their health, safety and welfare, as well as patients', whilst undertaking work for the organisation.

4. Definitions/Glossary

For the purpose of this policy, the following definitions apply.

- **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 staff in both clinical and non-clinical settings who give direct hands-on patient care e.g. assisting with personal hygiene, giving injections.
- **Non-direct care** - this term refers to staff who do not provide direct patient care but may refer to staff members who have access to/work with patient equipment/patient environment.
- **Infection Prevention and Control (IPAC)** - the prevention and management of infection through application of research-based knowledge to practices that include standard precautions, decontamination, waste management, surveillance and audit.
- **Personal protective equipment (PPE)** - equipment designed to protect the user and patient against risks to their health and safety.
- **Respiratory protective equipment (RPE)** - equipment designed to protect against respiratory droplets.

5. Ownership and Responsibilities

5.1. Role of Chief Executive

The Chief Executive has overall responsibility for the health, safety and welfare of the workforce. Through delegated responsibility to the Chief Nurse, and the Chief People Officer, the Chief Executive will ensure there is a system in place for establishing and maintaining this policy and for meeting all statutory requirements and adhering to guidance issued in respect of the procedural document.

5.2. Role of Managers

Managers are responsible for:

- Managers must ensure that the Trust's Uniform and Dress Code Policy is implemented within their area of responsibility and ensure the staff they manage are aware of the policy and any other departmental guidance relevant to their area.

- Endeavour to maintain a safe and healthy environment where uniform or dress code is appropriate for the duties being undertaken including the use of personal protective equipment/health and safety equipment.
- Ensure an initial set of uniforms is ordered dependent on job role, hours worked etc and replacement uniforms are provided as required and in agreement with the line manager and staff member.
- Address any concerns raised by a member of staff where they believe that their personal requirements or circumstances are not being met in relation to this policy thereby avoiding any discriminatory practices. The line manager should meet with the staff member (where relevant supported by the appropriate People Experience Practitioner) and, if appropriate, Occupational Health, to discuss their personal requirements. Any deviation from the policy, where appropriate, must be agreed with the Chief Nurse, Chief Medical Officer, Chief People Officer, or their nominated deputies.
- Ensure that staff are aware of and have access to the correct uniform for their area of work.
- Take action where a staff member does not comply with the dress code, appearance or uniform requirements set out in this policy.

5.3. Role of Individual Staff

All staff members are responsible for:

- Adhering to the standards of dress and personal appearance appropriate to their staff group and job role at all times.
- Informing their line manager in a timely manner should their uniforms need replacing.
- Informing their line manager of any discretionary reason why they may need adjustments to be accommodated to this policy.
- Complying with this and any other associated policies and procedures.
- Checking with their line manager if they are unsure how this policy may or may not apply.

5.4. Role of People Experience

- People Experience will, in discussion with clinical leads, provide support and guidance to managers and staff members on the application of the policy.
- People Experience, in conjunction with the Inclusion Lead, will also provide support and advice to both managers and staff members who wish to discuss a deviation from the policy due to cultural, religious, medical or personal reasons.

5.5. Role of the Linen Room

- This section is only applicable to Section 6.4: Dress code for clinical staff wearing uniform.
- Uniforms should be supplied in quantities sufficient to ensure compliance with this policy and to allow for a clean (washed) uniform to be worn each day.
- Maternity wear will be loaned for the duration of the pregnancy and the quantity will be dependent on the working pattern of the staff member.
- For new members of staff, their uniform will be issued in accordance with the principles outlined above within four weeks of the uniform request being received. If the uniform is not an 'off-the-shelf' item, for example a uniform with piping, the lead time can be up to 16 weeks as this has to be specifically made.
- Replacement uniforms will normally be issued within four weeks of receipt of the appropriately authorised documentation provided by the individual's line manager.

6. Standards and Practice

6.1. All staff - General Principles

6.1.1. Personal Hygiene

All staff members should maintain a high level of personal hygiene. The chewing of gum is prohibited in all areas. Nicotine gum can be used for the purpose of smoking cessation but never when dealing directly with patients, carers or the public (including phone calls).

6.1.2. Identification Badges (Including # hello my name is)

- 6.1.2.1 All staff members must wear their Trust identification badges (including their # hello my name is) at all times in all areas of the organisation for both security and identity purposes. Badges must be clearly visible and legible.
- 6.1.2.2 Whilst not on duty, when away from the Trust premises, taking a lunch break or at the end of the day, the ID should be covered or removed for personal safety reasons.
- 6.1.2.3 Non-direct care staff can wear safety lanyards whilst staff required to wear a clinical uniform will have a clip-on badge for both infection control and practical reasons.
- 6.1.2.4 Members of staff who work out in the community with patients should ensure they have their ID badge on them in the event they are required to formally identify themselves.

6.1.3. Other Badges

The following badges can be worn:

- Red 'Nurse in Charge' badge - as appropriate.
- The badge of a Professional Organisation or Trade Union (optional) - as appropriate.
- Veteran/Reservist badge.
- RCHT link/champion identification badge.
- Approved National Campaign badges may be worn at the time of a campaign (optional) - as appropriate.
- Badges awarded to staff under local recognition schemes, e.g. excellence awards - as appropriate.

6.2. Non-Uniform Staff - Dress for Work

6.2.1 Where a uniform is not a requirement of the role it is important that staff dress in a professional manner. Staff members 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 in to contact.

6.2.2 Staff members who wear their own clothes should ensure their suitability for work purposes; that they are clean and in a good state of repair hence look professional at all times. The following must be avoided:

- Clothes that are revealing or transparent and may cause embarrassment or offence (e.g. non-tailored shorts, leggings [unless worn as an alternative to tights in non-clinical areas], very short skirts or dresses showing the cleavage, midriff or underwear).
- Clothing that could be interpreted as intimidating or threatening (e.g. combat fatigues).
- Ripped or torn clothing.
- Denim clothing in in-patient areas. The wearing of smart denim clothing outside in-patient areas must be agreed by the line manager and be appropriate to the patient/client groups.

6.2.3 Where a staff member or applicant requests a change to their uniform the manager will adhere to the guidance detailed in Section 5.2: Role of Managers.

6.3. Non-Uniform Staff in Direct Patient Contact

Staff who wear their own clothes rather than a uniform (e.g. community staff and medics) when working in a care/clinical environment, should adhere to the general principles of the standards set out above. In particular, they should ensure that their clothes, shoes and permitted jewellery (where appropriate) do not pose a potential hazard to themselves, patients/service users and other staff members from both an infection prevention and control and a health and safety perspective. Staff who wear their own clothes rather than a uniform when working in a clinical environment (which includes the patient's home) should also ensure that they portray a professional image at all times. Staff must ensure that they follow the principles outlined in [Appendix 5](#).

6.4. Dress Code for Clinical Staff Wearing Uniform

- 6.4.1 Uniform is provided by the Trust for use on duty and remains the property of the Trust at all times. When wearing uniform, members of staff should remember that the image of their professional group, as well as the Trust, is influenced by their appearance and behaviour.
- 6.4.2 Staff members will be provided with an adequate number of uniforms by the Trust which will, within resources available, purchase quality clothing that meets infection prevention and control, health and safety requirements and reduced replacement costs. All uniform types must have received approval by the Uniform Working Group, prior to purchase.
- 6.4.3 All uniforms must be clean, ironed and presentable and staff should have access to a spare uniform in case of accidental contamination by blood, body fluids or any other noxious or toxic substance.
- 6.4.4 Staff members must presume some degree of contamination following a shift even on uniform or clothing which is not visibly soiled. A clean and freshly laundered uniform must be worn daily.

6.5. Additional Requirements for Uniformed and Non-Uniformed Staff Working in Clinical Areas

- 6.5.1 All staff working in clinical areas when on duty should wear their regulation uniform. This projects a professional image and encourages public trust and confidence as well as contributing to the corporate image that all staff and the Trust wish to present.
- 6.5.2 The uniform provided must be worn and maintained in a clean condition and in good repair.
 - Clothing should allow sufficient hip and shoulder movement for the safe moving and handling of the job. Dresses must be knee length as a minimum.
 - Until the new national policy on uniform has been budgeted for and enacted, as an interim position staff are able to wear professional tailored shorts for work.

- Uniform trousers (nursing staff): standard, full-length trouser/or professional tailored shorts.
- Uniform trousers (therapy staff): standard full-length trouser /or professional tailored shorts (see below).
- Physiotherapy, Play and Occupational Therapy (OT) staff: both male and female physiotherapy, play and occupational therapy staff may wear smart, tailored knee-length shorts in navy/green respectively.

(See also [Appendix 5](#) for specific rules relating to hydrotherapy staff).

- Stockings and tights should be plain knit and black or flesh tone for nursing staff. Socks should be black and not detract from the overall appearance of the uniform.
- Staff should not wear neck ties during any care activity which involves patient contact.
- Washable cardigans/fleeces may be worn but not when in care/clinical areas/patient areas and/or attending to patients.
- Clean and dirty or contaminated uniforms must not be stored or transported together because of the risk of cross-contamination.
- Where headwear is worn as part of religious observance, staff members must ensure that the flow of the garment does not interfere with work practice. This must be changed on a daily basis to minimise cross infection.
- Similarly, any staff members who have a need for special consideration to be given to their appropriate clothing due to a disability or health issue (for example, requiring their head to be covered following hair loss after chemotherapy) should bring this to the attention of their line manager, seeking support and guidance from Occupational Health, the Infection Prevention and Control team and People Experience as necessary. Where a staff member or applicant requests a change or it is requested by Occupational Health, their line manager will adhere to the guidance detailed in Section 5.2: Role of Managers.
- Any staff who begin the “real life experience” stage of their transition are required live and work full-time in the gender identity that they are transitioning to, which includes dressing at all times in the clothes of that gender. Once a member of staff has informed management that they are transitioning, they will begin wearing the clothes associated with the gender to which the person is transitioning. The dress code should be applied to members of staff transitioning to a different gender in the same way that they are applied to members of staff of that gender. The dress code should not be used to prevent a transgender employee from living full-time in the role consistent with their gender identity.

- Pens/scissors and any other sharp instrument should not be carried in outside breast pockets as this may cause injury when moving patients. Such items should be carried in hip pockets or inside breast pockets and should be removed whilst carrying out patient duties.
- Where there are appropriate changing facilities in or near the department uniforms or scrubs **should not** be worn on the way to or from home. Any colleagues working in clinical areas should be bringing in a change of clothes and changing out of uniform or scrubs after a shift.
- Uniform and personal scrubs should be taken home in a sealed bag.
- Where general theatre scrubs are being worn, these **must not** be taken home or worn outside the hospital building.
- Uniforms are allowed to be worn outside the hospital when attending community visits. It is essential that uniforms are covered outside of work due to the perceptions of the public regarding hygiene and professionalism.

6.5.3 Infection Prevention and Control

6.5.3.1 All employees working in a clinical environment (regardless of whether they wear uniform or not) must apply the principles of **bare below the elbows**. (Alternatives to bare below the elbows for staff with specific religious needs are available - for example 3/4 length sleeves, disposable over-sleeves):

- No long sleeves below the elbow. Where long-sleeved garments cannot be removed (i.e. blouses, shirts) it must be possible for the sleeves to be rolled up to above elbow height and for them to remain independently so throughout the duration of the procedure.
- All wrist and hand jewellery must be removed - except one plain ring with no stones.
- No false nails, gel nails, nail varnish or adornments.

6.5.3.2 Effective 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.

6.5.3.3 Studies have shown that maximum contamination occurs in areas of greatest hand contact like pockets, cuffs and apron areas, allowing the re-contamination of washed hands. Higher numbers of organisms have also been found on stethoscopes and the hands of staff wearing rings. The presence of rings has also shown to decrease the effectiveness of hand washing.

6.5.3.4 The Trust provides uniforms and personal protective clothing to all members of **clinical staff**. Employees must ensure that they use the appropriate PPE as required to reduce the risk of cross infection. Disposable aprons must be changed between patients, episodes of care on one patient or before leaving the clinical area or patient's home in order to adhere to Infection Prevention and Control principles. Please refer to the Trust's Standard Infection Control Precautions: National Hand Hygiene and Personal Protection Equipment (PPE) Policy, and Personal Protection Policy (HSP 16 Policy), copies of which are available on the document library.

- **Nails** - Finger nails must be kept short and clean. Anyone working in a clinical area (not just clinical staff) must not wear nail varnish, nail art/jewellery/gems or false acrylic/gel nails as they pose an infection prevention and control risk. Please refer to the Trust's Standard Infection Prevention and Control Precautions Policy which includes hand hygiene and the disposal of sharps.
- **Hair** - Hair must be clean, well-groomed and off the collar. Clinical staff must keep their hair tied back if longer than collar length. This includes ponytails, plaits, dreadlocks, etc which, if longer than collar length, should be secured in the form of a bun. Keeping hair off the collar reduces the incidence of bacterial growth around the collar area.
 - Hair ties must be plain and not have the potential to injure staff members or patients and must comply with the Trust's health and safety and infection, prevention and control standards.
 - Men's facial hair should, at all times, be neat, shaped and trimmed. However, if for religious reasons, the beard must not be cut (e.g. Sikhism) it should be tied and rolled to a short length using a cord in the manner traditional to that religion.
 - Please refer to section 6.9.3 for further information in respect of respiratory protective equipment (RPE).
- **False eyelashes** - These are prohibited as an infection control risk.
- **Uniform belts and buckles** - After surveying the nursing staff, the result was that belts and buckles when wearing a dress uniform should not be part of Trust uniform policy and therefore should not be worn.

- **Jewelry** - Staff should ensure that their permitted jewelry is minimal, following the bare below the elbows principle, so that it does not pose a risk of infection and/or a health and safety hazard to themselves or others and to present a professional image.
 - Wrist watches must be removed at the start of the shift when giving direct patient care.
 - Ear-rings should be restricted to one pair of small, round, metal stud earrings only, worn in the ear lobe or daith (an ear piercing that passes through the ear's innermost cartilage fold for medical purposes). Stones or pearls are not permitted. Stretchers in ears may have transparent coloured retainers and then transparent/skin tone coloured caps following stretching.
 - Facial piercings must not be worn (other than nose, ear and tongue as described below) however a clear plastic retainer can be worn to maintain a new piercing subject to agreement with the line manager.
 - Tongue studs – a discreet tongue stud may be worn.
 - Nose studs - one small, plain, gold, metal stud may be worn.
 - Nose rings must not be worn.
 - No necklaces, wrist or ankle bracelets are to be worn.
 - Staff members whose religion requires them to wear a religious symbol may do so provided that they are discreet and comply with infection prevention and health and safety policies: e.g. a Kara (steel bangle) should be pushed up the arm and taped to enable effective hand hygiene.
- **Tattoos** - Staff who have tattoos should, wherever possible, ensure they are not visible. New tattoos must be covered with a waterproof dressing until they are healed. The covering of the tattoo must not contravene the bare below the elbow's principle in an area in which this is required. All potentially offensive tattoos must be covered by a water-proof plaster whilst at work.

- **Footwear** - Shoes must be suitable for the work task. They should be black leather or black leather type with a rubber non-slip sole and low heel; give adequate support and be strong enough to prevent damage to toes should anything be dropped on the feet. They should be a lace up or slip-on full shoe. These should be provided by the individual. Backless and/or open toed shoes, sandals, mules, crocs (excluding theatre) or flip flops must not be worn as these constitute a hazard.
 - Trainers may be worn by allied health professionals only and must be black. Please note that those therapy colleagues who wear white trainers (in line with previous policy) have 12 months' grace to support this change.
 - All footwear should be washable or wipe clean.
 - If alternative footwear is required for medical purposes, the individual will be required to provide medical evidence and have an Occupational Health assessment.
 - Where a trainer type shoe is preferred this should have no branding and the same coloured sole.

6.5.3.5 Non-clinical staff, e.g. ward clerks, who work in a clinical area, must be bare below the elbows and finger nails should be kept short and clean.

6.6. Estates and Facilities

- 6.6.1 Estates and Facilities operational staff will wear approved uniform as detailed in the Estates Staff Handbook. For crafts-persons this will be a dark blue shirt (with Trust logo), dark blue trousers and mid-sole, steel toe-capped, black shoes or boots. Personal protective equipment (PPE), such as overalls, facemasks and gloves, will be issued as appropriate to the group.
- 6.6.2 Staff working outside where traffic may be present will be issued with appropriate high visibility jackets and tabards.
- 6.6.3 Generally, operational staff are not permitted to wear shorts on site as their uniform forms part of their PPE. In exceptional circumstances, such as working in extreme heat environments, then shorts may be permitted but this must include a full risk assessment and be approved by the Director of Estates and Facilities.
- 6.6.4 Administrative and management staff will follow the general requirements of this policy.

6.7. Mobile Phones and Bleeps

6.7.1 Work Phones and Bleeps

Staff members who carry the above should enable their appliances to ensure minimum disruption to patient care. Those using equipment to record observations or scan wristbands for example should explain this to the patient and use equipment with RCHT branded covers where available.

6.7.2 Personal Phones

In clinical areas personal phones must never interfere with patient care responsibilities.

6.8. No Smoking Policy

Failure to observe the Trust's Smoke Free Policy could result in action being taken in accordance with the Trust's Disciplinary Policy and Procedure and/or Maintaining High Professional Standards Policy. The Trust Policy states that smoking is not permitted at any time in any part of the premises that are managed, leased or owned by the Trust, or in the grounds of the Trust, by any person regardless of their status or business with the organisation. The Trust is obliged under current regulations to provide a smoke-free environment and will provide support to staff members who wish to stop smoking. Further information can be obtained from the Trust's Smoke Free Policy.

6.9. Health and Safety

- 6.9.1 All staff members must fully co-operate with the Trust in meeting their legal responsibilities in relation to the Health and Safety at Work Act 1974. Clothing and footwear should be appropriate for the type of work individuals carry out and not expose oneself or others to unnecessary risk.
- 6.9.2 Potential hazards relating to clothing worn should be considered as part of the risk assessment process. Staff issued with PPE or clothing for their safety must ensure that they are worn, stored, used, cleaned, maintained, serviced and disinfected as appropriate and in accordance with the manufacturer's recommendations.
- 6.9.3 When wearing RPE (respiratory protective equipment) for protection against respiratory droplets, it is essential that the RPE has been fit tested for each individual. Tight fitting RPE requires a good seal around the face for the mask to work effectively. The performance of tight-fitting face pieces depends on achieving a good contact between the wearer's skin and the face seal of the face piece. In order to maintain an effective seal, colleagues must remain clean shaven.

- 6.9.4 Some pre-existing medical conditions (breathing disorders such as asthma; skin allergies; or even heart problems) may restrict or prevent some workers wearing any RPE, or certain types of RPE. The same applies to some religious or cultural requirements. In such cases alternative RPE will be sought, such as constant-flow airline BA RPE, with loose-fitting hoods or helmets that do not require fit testing.

6.10. Laundry Guidance

- 6.10.1 Uniforms should be washed separately from any other items in a washing machine at the hottest temperature suitable for the fabric. A wash for ten minutes at 60°C removes and destroys most micro-organisms (DoH 2007).
- 6.10.2 Non-uniform staff should ensure that items of clothing are able to be washed at a temperature of 60°C in order for thermal disinfection to be achieved. Alternatively, clothing must be washed at the hottest possible temperature the fabric will withstand. Hand washing is ineffective and therefore not acceptable.
- 6.10.3 Dry wet clothes quickly or tumble dry and iron.

6.11. Wearing Uniform Whilst Not at Work

Staff wearing uniform to work should ensure that the recognisable part of the uniform (such as tunic/dresses, ID badges and lanyards) is covered, for the journey to work (especially when using public transport), when travelling between patients, and during an allocated break. Uniform must not be worn home. See page 11 for additional requirements during the Covid19 Pandemic.

6.12. Changes to Uniform in Extreme Weather Conditions

There may be circumstances where the wearing of all or part of the uniform may cause difficulty to staff e.g. extremely hot or cold weather. Any changes to policy will be decided by the Chief Nurse, in conjunction with the Chief Medical Officer and Chief People Officer and communicated to staff.

6.13. Compliance

- 6.13.1 In the event that the designated person in charge of an area considers a staff member to be in breach of the customary rules, standards of dress and personal appearance expected at work, they will discuss this with the individual concerned. If it cannot be remedied, or the individual cannot comply, the individual may be required to return home to make appropriate adjustments.
- 6.13.2 Failure to adhere to this policy could result in action being taken in accordance with the Trust's Disciplinary Policy and Procedure.

6.14. Right of Redress

Should an individual object to expectations, either set out in this policy or in any supplementary guidance issued at departmental level; or feel they are unable to comply, the issue should be discussed with their line manager. If resolution cannot be found informally, it should be addressed in accordance with the Trust's Resolution Policy and Procedure, located on the Trust Document Library.

7. Dissemination and Implementation

- 7.1. A copy of the policy will be stored electronically in the HR section of the Trust's document library on the Internet/Intranet site.
- 7.2. A copy of the policy will be circulated to members of the HR Team to enable them to support the implementation of the policy.
- 7.3. A clear communication will be sent to managers to make them aware that the policy has been issued and that they are responsible for cascading the information to their staff members, including staff members who do not have regular access to e-mail.
- 7.4. The Trust's Directors and Chairs of the JCNC and JLNC will be advised of the issue of the new policy.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Uniform and non-uniformed staff compliance with the policy.
Lead	Appointed Care Group representative.
Tool	Clinical audit tools contained at Appendices 3 and 4 of this policy.
Frequency	To be established in Care Group but at least annually.
Reporting arrangements	Care Group Boards at a frequency to be established by the Care Group but at least annually. Minutes will be made available to the Trust's Safety, Quality and Compliance Team.
Acting on recommendations and Lead(s)	The Chief Nurse, in conjunction with the Chief Medical Officer and Chief People Officer, will ensure recommendations are considered and undertaken including the development of an action plan for any deficiencies within an agreed time frame. Care Group representatives will act on any local recommendations.
Change in practice and lessons to be shared	Any system improvements agreed via the action planning process will be actioned in partnership with the appropriate stakeholders and Staff-Side within three months. Lessons will be shared with all the relevant stakeholders. Any revision to policy will be communicated to staff.

9. Updating and Review

- 9.1. The policy will be reviewed every three years or earlier in view of any developments which take place that may include legislative changes, national policy instruction (NHS or Department of Health), a Trust Board decision, or request by either party.
- 9.2. Where the revisions are significant and the overall policy is changed, the policy will be taken through the standard consultation, approval and dissemination processes.
- 9.3. Where the revisions are minor, approval will be sought from the Executive Director responsible for signatory approval, and the policy will be re-published accordingly without having gone through the full consultation and ratification process. All changes will be reported to Staff-Side prior to re-issue.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.3. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at [Appendix 2](#).

UNDER REVIEW

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Uniform and Dress Code Policy V6.2
This document replaces (exact title of previous version):	Uniform and Dress Code Policy V6.1
Date Issued / Approved:	August 2021
Date Valid From:	February 2024
Date Valid To:	May 2024
Author / Owner:	Deputy Director of Nursing, Midwifery and AHPs, People Experience
Contact details:	01872 254993
Brief summary of contents:	This policy sets out the uniform and dress code principles for the Royal Cornwall Hospitals Trust.
Suggested Keywords:	Uniform, dress code
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Nurse, Chief People Officer.
Approval route for consultation and ratification:	JCNC – Joint Consultancy Negotiation Committee Uniform Working Group
Manager confirming approval processes:	Assistant Director People Experience
Name of Governance Lead confirming consultation and ratification:	Nicole Steinkruger, People, Risk, Policy and Governance Manager
Links to key external standards:	None Required

Information Category	Detailed Information
Related Documents:	<ul style="list-style-type: none"> ▪ Disciplinary Policy and Procedure. ▪ Equality, Inclusion and Human Rights Policy. ▪ Resolution Policy and Procedure. ▪ Maintaining High Professional Standards in the Modern NHS. ▪ Clinical Guidelines for Theatre Practice Standards – Generic. ▪ Standard Infection Control Precautions: National Hand Hygiene and Personal Protection Equipment Policy. ▪ Personal Protective Equipment Policy (HSP16). ▪ Smoke Free Policy. ▪ Menopause at Work Guidance.
Training Need Identified:	None identified.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Human Resources.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2008	V1.0	Initial issue.	Executive Nurse Director
February 2009	V2.0	Changes to Section 2 to comply with best control of infection and safety practice; prohibition of buckles, no necklaces etc.	Executive Nurse Director
June 2014	V3.0	Complete revision and update in partnership following wide consultation across the Trust to reflect current contemporary uniform and dress code requirements.	Deputy Director of Nursing, Midwifery & Allied Health Professionals HR BP - Policy Development
March 2015	V3.1	Minor amendments to Section 6.5.7 ref restriction to one pair of stud earrings only and coloured hair to be of a natural shade.	HR BP - Policies and Projects
December 2018	V4.0	Three-year review undertaken by Trust Uniform Group resulting in:	Deputy Director of HR and OD

Date	Version Number	Summary of Changes	Changes Made by
		<ul style="list-style-type: none"> ▪ Addition of summary page. ▪ Addition of Section 6.6 for staff working in Estates and Facilities. ▪ Addition of Appendix 5: uniform and dress code by staff group. 	
January 2019	V4.1	<p>Minor amendments following feedback from policy launch:</p> <ul style="list-style-type: none"> ▪ Page 2, summary: acceptable jewellery amended to read one pair plain, metal, round studs. ▪ Page 12, section 6.5.4.4. Nails: amended to read anyone working in a clinical area (not just clinical staff) must not wear nail varnish. ▪ Page 28, uniform and dress code amended in respect of trouser colour of nursing/healthcare staff. Clinical Nurse Specialist and Deputy Ward Manager added to list. 	<p>Deputy Director of Nursing, Midwifery & Allied Health Professionals</p> <p>HR BP - Policy Development</p>
May 2020	V5.0	<p>Amendments made as a response to the COVID 19 Pandemic resulting in:</p> <ul style="list-style-type: none"> ▪ Page 4, paragraph 1.7 - policy title updated. Reference to PPE (HSP 16) included. ▪ Page 6, section 4 '<i>Definitions</i>' - addition of definition for RPE. ▪ Page 11, paragraph 6.5.3. amended to reflect up to date information on uniform and scrubs not being worn home. ▪ Page 12, paragraph 6.5.4.4 policy title updated. ▪ Page 13, paragraph 6.5.4.4 - <i>Hair</i> – addition of reference to section 6.9.3. ▪ Page 15, addition of paragraph 6.9.3 on RPE. ▪ Page 17, paragraph 6.11 Wearing uniform whilst not at work - updated. 	<p>Helen Lewis, Associate Director of People Development</p> <p>Sandrea Mosses, Head of Health, Safety, Fire and Security</p> <p>Helen Strickland, HR Policy Development</p>
May 2021	V6.0	<p>Review undertaken by the Trust's Uniform Working Group resulting in the following changes.</p> <ul style="list-style-type: none"> ▪ Page 11, paragraph 6.6.3.1: Additional guidance regarding bare below the elbows for staff with specific religious needs 	<p>MJ Wilson, People, Experience Manager</p> <p>Angela Chisholm, HR Policy, Risk &</p>

Date	Version Number	Summary of Changes	Changes Made by
		<ul style="list-style-type: none"> ▪ Page 12, Hair: removal of hair colour guidance. ▪ Page 13, Footwear: Addition that all footwear should be washable or wipe-clean. ▪ Page 14, paragraph 6.7.2: Amendment removing the requirement for personal phones to be kept in a locker to state instead that personal phones must never interfere with patient care responsibilities. 	Governance Manager
August 2021	V6.1	Reinstatement of previous guidance for covering uniform whilst not at work, e.g.: travelling to work.	Angela Chisholm - People Risk, Policy and Governance Manager
February 2024	V6.2	<p>Paragraph 6.5.2</p> <ul style="list-style-type: none"> ▪ Update on guidance on when not to wear uniforms when travelling to and from work. Delete reference to conditions during Covid19 Pandemic. ▪ Update on guidance for transgender employees transitioning. ▪ Addition “Until the new national policy on uniform has been budgeted for and enacted, as an interim position staff are able to wear professional tailored shorts for work”. ▪ Removal of reference to summer period ie May - October where professional tailored shorts can be worn for therapy staff. ▪ Nursing staff amended to include ability to wear professional tailored shorts. ▪ Appendix 5 inclusion of Nurse Associate and Trainee Nurse Uniform. Inclusion of statement on ability to wear professional tailored shorts for work. (in line of respective uniform colour), deleted reference to summer 	Nicole Steinkruger, People, Policy, Risk and Governance Manager

Date	Version Number	Summary of Changes	Changes Made by
		period (Oct-May). <ul style="list-style-type: none"> ▪ Update on job titles ie Chief Nurse and Chief People Officer, Chief Medical Officer. ▪ Update on title for Resolution Policy and reference to Menopause at Work Guidance in related documents. ▪ Update of EIA impact. ▪ Update to new corporate template. 	

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Uniform and Dress Code Policy V6.2.
Department and Service Area:	Chief Nurse, Chief People Officer.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Uniform Policy Working Group.
Contact details:	01872 253240.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure the workforce maintains a professional image whilst maintaining staff and patient safety.
2. Policy Objectives	Provides clear guidance as to the required uniform and/or dress code for all Trust staff.
3. Policy Intended Outcomes	All staff attend work in the appropriate clothing for their role.
4. How will you measure each outcome?	Care Group monitoring and reporting of compliance. Please refer to Section 8 of the policy entitled Monitoring compliance and effectiveness.
5. Who is intended to benefit from the policy?	All staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: JCNC – Joint Consultancy Negotiation Committee. Uniform Working Group.
6c. What was the outcome of the consultation?	Acknowledgement of provision made for staff members within the protected characteristics.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Provision is made in the policy to ensure that the needs of staff experiencing discomfort e.g. for reasons such as the menopause can be taken into consideration. See section 6.5.2.
Sex (male or female)	No	Provision is made in the policy to ensure that the needs of staff experiencing discomfort e.g. for reasons such as the menopause can be taken into consideration. See section 6.5.2.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Provision is made in the policy to ensure that needs of staff transitioning are considered i.e., begin wearing the clothes associated with the gender to which the person is transitioning. See Section 6.5.2.

Protected Characteristic	(Yes or No)	Rationale
Race	No	Provision is made in the policy to ensure the needs of staff members from different ethnic minorities can be taken into consideration and met, subject to the delivery of safe, high quality patient care and health and safety requirements. See Section 6.2.3.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Provision is made within the policy for consideration to be given to staff that may require special clothing due to a disability. See Section 6.5.2.
Religion or belief	No	Provision is made in the policy to ensure the needs of staff members from different groups can be taken into consideration and met, subject to the delivery of safe, high quality patient care and health and safety requirements.
Marriage and civil partnership	No	
Pregnancy and maternity	No	Provision is made in the policy for pregnant staff members to borrow maternity wear for the duration of their pregnancy. See Section 5.5.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Provision is made in the policy to ensure that the needs of staff experiencing discomfort e.g. for reason such as the menopause can be taken into consideration. See section 6.5.2.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Nicole Steinkruger, People, Policy, Risk and Governance Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Audit Tool - Uniformed Staff

Completed by:

Date:

AREA OF AUDIT	Staff Checked									
	1	2	3	4	5	6	7	8	9	10
The member of staff is 'bare below the elbow'.										
No wrist watches are being worn.										
Hair is clean, neat and tidy.										
Hair is tied back if longer than collar length. (If applicable, ponytail/plait, dreadlocks secured in a bun).										
Rings - one plain ring only is being worn.										
Shoes are low heeled and closed at the toe and heel.										
Footwear is of a material that can be wiped clean.										
Plain dark socks are worn with trouser.										
Earrings - one plain pair of small, round, metal stud earrings or no earrings.										
Tights/stockings are plain knit black or neutral colour.										
Identification badges (including # hello my name is) are clear and sticker free.										
All badges are professional.										
Cardigans are not being worn during patient care.										
No nail polish observed.										
No synthetic nails observed.										
Score.										
Possible score (each section to be awarded 1).										

The audit should be undertaken on a quarterly basis by the line manager or appointed officer.

For each employee reviewed, please tick in each relevant box. Each tick is 1 point and therefore the maximum score is 16. Place the total score for each employee in the *possible score* section.

Action taken by the manager to address any concerns which have been highlighted should be recorded below.

--

UNDER

Appendix 4. Audit Tool - Non-Uniformed Staff

Completed by:

Date:

AREA OF AUDIT	Staff Checked									
	1	2	3	4	5	6	7	8	9	10
No clothes that are revealing or transparent which may cause embarrassment or offence.										
No clothes with logos or advertisements.										
No clothing that can be interpreted as intimidating or threatening.										
No clothing that is ripped or torn.										
No denim clothing.										
Score.										
Possible score (each section to be awarded 1).										

The audit should be undertaken on a quarterly basis by the line manager or appointed officer.

For each employee reviewed place a tick in each relevant section. Each tick is 1 point and therefore the maximum score is 16. Place the total score for each employee in the *possible score* section.

Action taken by the manager to address any concerns which have been highlighted should be recorded below.

Appendix 5. Uniform and Dress Code – By Staff Group

Staff Group	Uniform/Dress Code
Nursing and Healthcare Staff	
Senior Nursing Group.	<ul style="list-style-type: none"> ❖ Grey tunic/dress with red trim. ❖ Black trousers.
Matrons.	<ul style="list-style-type: none"> ❖ Red tunic/dress with navy trim. ❖ Navy trousers.
Clinical Nurse Specialists.	<ul style="list-style-type: none"> ❖ Navy tunic/dress with gold trim. ❖ Navy trousers.
Ward Managers/Charge Nurses.	<ul style="list-style-type: none"> ❖ Navy tunic/dress with red trim. ❖ Navy trousers.
Deputy Ward Managers.	<ul style="list-style-type: none"> ❖ Navy tunic/dress (no trim). ❖ Navy trousers.
Staff Nurse.	<ul style="list-style-type: none"> ❖ Light blue tunic/dress. ❖ Navy trousers.
Assistant Practitioners.	<ul style="list-style-type: none"> ❖ Dark green tunic/dress. ❖ Black trousers.
Healthcare Assistants.	<ul style="list-style-type: none"> ❖ Grey tunic/dress. ❖ Navy trousers.
Dental Nurses.	<ul style="list-style-type: none"> ❖ Lilac tunic. ❖ Black trousers.
Nurse Associate.	<ul style="list-style-type: none"> ❖ Caribbean blue smart scrub.
Trainee Nurse Associate.	<ul style="list-style-type: none"> ❖ Aqua tunics/dress Navy trousers.
Generic Therapy Workers	
Acute early intervention generic support worker.	<ul style="list-style-type: none"> ❖ White tunic/dress with burgundy trim. ❖ Navy trousers/skirt.
Early supported discharge orthopaedics team generic support worker.	<ul style="list-style-type: none"> ❖ White tunic/dress with burgundy trim. ❖ Burgundy trousers/skirt.
Speech and language therapists.	<ul style="list-style-type: none"> ❖ White tunic/dress with aqua trim. ❖ Black, navy or grey trousers/skirt.

Staff Group	Uniform/Dress Code
Occupational therapists.	<ul style="list-style-type: none"> ❖ White polo shirt with bottle green trim. ❖ White tunic/dress with bottle green trim. ❖ Bottle green trousers. ❖ Green sweatshirt/cardigan.
Occupational therapy support worker.	<ul style="list-style-type: none"> ❖ White polo shirt. ❖ White tunic/dress. ❖ Bottle green trousers/skirt.
ED occupational therapists.	<ul style="list-style-type: none"> ❖ Bottle green scrub top with embroidered discipline. ❖ White tunic/dress with green trim. ❖ Bottle green scrub trousers/skirt. ❖ Green sweatshirt/cardigan.
Lymphoedema and appliances OT.	<ul style="list-style-type: none"> ❖ Bottle green scrub top with embroidered discipline. ❖ White tunic/dress with green trim. ❖ Bottle green scrub trousers/skirt. ❖ Green sweatshirt/cardigan.
Physiotherapists.	<ul style="list-style-type: none"> ❖ White polo shirt with navy trim. ❖ White tunic/dress with navy trim. ❖ Navy trousers/skirt (may wear navy, tailored, knee-length, smart shorts). ❖ Navy sweatshirts/cardigans.
Physiotherapy support workers.	<ul style="list-style-type: none"> ❖ Blue polo shirt. ❖ Pale blue tunic with blue trim. ❖ Navy trousers/skirt (may wear navy, tailored, knee-length, smart shorts). ❖ Navy sweatshirt/cardigan.
Bariatric service dietitians.	<ul style="list-style-type: none"> ❖ Burgundy polo shirt. ❖ Black trousers/skirt.
Play therapists.	<ul style="list-style-type: none"> ❖ Pink tunic. ❖ Navy trousers (may wear navy, tailored, knee-length, smart shorts).

Staff Group	Uniform/Dress Code
Hydrotherapy staff.	<ul style="list-style-type: none"> ❖ Navy swimming costume. ❖ Flip-flops and shorts may be worn in the pool area but, on leaving the hydrotherapy pool and accessing other areas of the hospital, standard dress code rules apply.
Research, Development and Innovation	
Research assistants.	❖ Black tunic and trousers.
Band 5 nurses.	❖ Pale blue tunic with navy/black trousers.
Band 6 and 7 nurses.	❖ Navy blue tunic with yellow trim.
Band 8.	❖ No uniform assigned for this post.
Imaging	
Diagnostic radiographers.	❖ Navy scrubs.
Assistant radiographer practitioners.	❖ Navy scrubs.
Clinical imaging assistants.	❖ Scrubs – sky blue top and navy trousers.
Patient-facing admin staff.	<ul style="list-style-type: none"> ❖ Navy blouses with white diamond pattern. ❖ Dark trousers/skirt.
Radiotherapy	
Therapy radiographers.	<ul style="list-style-type: none"> ❖ White tunic with sky blue trim. ❖ Navy trousers.
Assistant practitioners (therapy).	<ul style="list-style-type: none"> ❖ White tunic with pale blue trim. ❖ Navy trousers.
Radiotherapy assistants.	<ul style="list-style-type: none"> ❖ White tunic with grey trim. ❖ Navy trousers.
Pharmacy	
Pharmacists.	❖ White tunics with navy trim and pharmacy lionheart green cross on LH-side of tunic.
Patient Services	

Staff Group	Uniform/Dress Code
Reception staff.	❖ Blouses/shirts – black and white spot for females and plain white for males.
Phlebotomy	
Phlebotomists.	❖ Red scrub top/no trim. ❖ Red scrub trousers/no trim.
Blood Transfusion	
Transfusion practitioners.	❖ Red scrub top/no trim. ❖ Blue cargo trousers/no trim.

Until the new national policy on uniform has been budgeted for and enacted, as an interim position staff are able to wear professional tailored shorts for work.

(In line with colour of respective uniform outlined in appendix 5 above)