

## Title

# BAME Staff / Theatre Staff/ Uniform Policy

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Reference Number: RDF1693-23

Date of Response: 13/09/2023

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

1. Total number of hospital staff - 15,770
2. Percentage Black, Asian and Ethnic Minority (BAME) staff - 9.63%

Please Note:

The Royal Devon University Healthcare Foundation Trust recognises the benefits of attracting, developing, supporting, and retaining a diverse workforce with a range of skills, knowledge, values, views, opinions and ideas. The Trust recognises that the experiences and needs of every individual are unique and strives to respect and value the diversity of its patients, service users, careers, public and staff.

The Trust is committed to creating and promoting an inclusive environment which extends beyond the required legislative actions and protected characteristics and aims to tackle any inequity that arises from having a diverse staff community. It also recognises intersectionality (i.e. colleagues who face multiple and connected discriminatory barriers such as gender, sex, race, and religion), and health inequalities which includes but is not limited to:

- differences between groups of people caused mainly by their financial situation, for example, income (socio-economic factors)
- geography, for example, region or whether inner-city or countryside
- groups who do not have access to opportunities, through not having a fixed address or experiencing homelessness.

3. Percentage of staff working in theatres - 5.02%
4. How many theatre staff members identify as Muslim this includes ODPs, theatre porters, medical and nursing staffing. Surgeons and Junior doctors.  
15.

- a. **Of these how many are female**  
≤5. In accordance with section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of staff is less than or equal to five and could risk the identification of those patients and breach Caldicott principles.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, CCG's providers and Trusts may allow identification of patients and should not be published.

5. **A copy of your uniform policy:**

Please find attached.

6. **Any uniform policy related to the use of hijabs or religious head garments in the workplace or theatre.**

Please find attached

# Uniform, Standard of Dress and Personal Appearance Policy

## Policy Description

This policy considers all aspects of uniform and workwear and sets out clearly the standards of dress that all staff must adhere to in regards to their uniform, dress and personal appearance.

## Overarching principles to be followed

- We treat the people who use our services with civility, integrity, inclusion, respect and compassion. We expect the same behaviours from all colleagues in order to create and protect a culture where everyone feels safe and included, so people will feel heard, valued and respected. Our Charter sets out the expectations, requirements and behaviours that apply to each and every one of us whilst at work and in line with our values and behaviours.
- Fairness, accountability and learning are underpinning principles that we are all responsible for. A restorative culture accepts nobody's account as right and others wrong, instead it accepts the value of multiple perspectives and uses them to encourage both accountability and learning.
- We are committed to ensuring that all colleagues have an equitable opportunity to benefit from a fair and inclusive process which is in line with its values and behaviours.

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Compassion



Inclusion



Integrity



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## 1. Introduction

Your standard of dress and general appearance plays an important part in promoting a professional and corporate image for the Royal Devon University Healthcare NHS Foundation Trust (hereafter referred to as “the Trust”), and instils confidence in patients and members of the public. The way you dress has an important influence on people’s overall perceptions of the standards of care they experience (Department of Health, 2010).

Uniform can be defined as distinctive wear for members of a group.

It is acknowledged that most of you will generally dress appropriately when exercising your own discretion over the clothes you wear. It is also acknowledged that reasonable variations of dress code are a means of self-expression that may enhance feelings of self-worth and individuality and are not necessarily incompatible with professional working. It is not the intention of this policy to suppress this or create a drab, uniform and humourless working environment. It is the intention that the implementation of this policy, therefore, will generally be based on goodwill, an informal and common-sense approach to the maximum extent possible attempting to avoid arbitrariness or discrimination. The Trust reserves the right, however, to insist on full compliance at its discretion.

## 2. Purpose

The purpose of this policy, which is informed by guidance produced by the Department of Health (Department of Health, 2010) and the Royal College of Nursing (Royal College of Nursing, 2013), is to clarify the standards of dress expected of you, whether you wear uniform or your own clothes.

## 3. Who this policy applies to

The policy applies to all Trust staff, unless specifically excluded.

## 4. Responsibilities

**The Chief People Officer** is responsible for:

- ensuring that the policy is implemented across the Trust.
- ensuring there are clear organisational standards for wearing uniforms
- the Trust meets its responsibilities with regard to health and safety legislation and infection prevention and control.

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**Professional Leads, Clinical Leads, Line Managers and Heads of Departments** are responsible for:

- ensuring that you are aware of the content of this policy and adhere to it.
- ensuring that those of you that wear uniform are provided with enough uniforms to be able to wear a clean uniform each shift and authorising new issue of uniforms when previous uniforms have become worn or damaged beyond repair.
- providing, where appropriate, local instructions specific to staff group(s) or departments when specialist workwear is required. This may include but may not be limited to theatres, catering, laboratory, estates, and decontamination areas.
- seeking Human Resources (HR) support over complex issues regarding compliance with this policy and when you request to deviate from this policy. Requests to deviate from the policy will be documented in your personal file.

**Human Resources (HR)** are responsible for:

- providing advice and support to line managers over complex issues relating to compliance with this policy.

**Everyone** is responsible for:

- ensuring that you are aware of and comply with the policy.
- drawing to the attention of your manager sound reasons why you cannot comply with the policy
- reporting incidents of poor compliance in others to your manager and/or on the electronic incident reporting system (e.g. Datix).

**The People, Workforce, Planning and Wellbeing Committee (PWPWC)** is responsible for:

- ensuring that this policy is reviewed and updated in light of any new evidence and at least every 5 years and that feedback from the consultation process has been taken into consideration
- Monitoring the effectiveness of the policy
- ratifying the policy

## 5. Supporting Colleagues

- if you wish to wear particular types of clothes or jewellery, markings or other accoutrements for religious, cultural or health reasons that may mean a deviation from this policy you must raise this issue formally with your line manager who will not unreasonably withhold approval. Decisions will be subject to the overriding requirements for patient and your safety and public confidence.

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## 6. General principles

### All Employees

- you must appear clean, tidy and smart at work, whether wearing your own clothes or a uniform. It is particularly important that when you are meeting members of the public and patients or attending business meetings that you wear smart clothes, even if the majority of their time is spent out of the public eye. This includes working from home when required to join a virtual forum or meeting.
- you have the responsibility to maintain your personal hygiene to reduce the possibility of offensive body odour. Deodorants and perfume can be used however should not be so strong as to exacerbate a patient's condition.
- hair and beards will be kept clean and tidy (exceptions may apply to people with cultural religious requirements depending on nature of work. For health and safety reasons, hair and beards may need to be covered in some areas.
- you must wear a corporate photo identity badge, clearly visible to members of the public, patients and other staff when at work. This must be removed when you are travelling.
- it is recommended that if you work in a clinical area you wear your ID card on a clip however if you choose to wear ID badges on lanyards when delivering clinical care you must ensure the lanyard is tucked away during procedures and have the ID available at request and visibly worn when off the ward. Lanyards, if worn should have a triple break point for easy removal and be either white metal chains, NHS logo, hospital charity or plain coloured with role identification on only. Lanyards must be regularly laundered alongside your uniform. Lanyards must also be removed whilst driving for health and safety reasons.
- smoking during your working hours and whilst in uniform is not permitted as per Trust Staff smoking and vaping policy.
- you must cover visible tattoos that may be deemed inappropriate or offensive to any member of the public, patient or employee i.e., rude, lewd, crude, racist, sexist, sectarian, homophobic or violent (advice can be sought from HR to avoid subjectivity). Please note staff in clinical areas and those involved in direct patient care activities where arms cannot be covered in line with the infection control policy, disposable sleeve protectors are available and should be worn for staff where a tattoo is deemed offensive.
- wear smart, comfortable, slip resistant, supportive footwear. Footwear must be low heeled. Heels must have a broad base (no stilettos). The Society of Chiropodists and Podiatrists recommend heels are no higher than 40mm (1.5 inches). If worn for

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prolonged periods or in clinical areas, heel height should be reduced to 20mm (3/4 inch).

### All staff involved in patient facing roles and direct patient care activity (uniformed and non-uniformed)

- In addition to the Trust issued yellow and black name badge, one badge denoting your professional qualification or membership may be worn as long as it does not have sharp edges which may cause injury to you or patients when providing physical care.
- Wear minimal jewellery only that is:
  - One plain, smooth metal ring
  - Plain, discreet stud earrings.
  - Facial Piercings must be discreet and kept to a minimum
- medical alert pendants are allowed only if other methods of carrying the alert have been explored and found to be impractical. If worn, the medical alert pendant must be worn tucked inside the uniform during direct care activities. No other necklaces are allowed unless for religious reasons.
- remove wrist watches, fitness trackers and wrist jewellery when wearing your uniform. A fob watch can be worn by those in frequent contact with patients. Where, for religious reasons, you wear a bracelet, you must ensure that the bracelet can be pushed up your arm, to above the elbow, and secured in place whilst in your uniform.
- where you are required to wear wrist watches that links to personal medical devices, managers can make reasonable adjustments with the support of infection control and prevention team, these must be removed when hand washing is performed.
- if head coverings are required for cultural, religious or health reasons, your covering must be close fitting, with no trailing ends. You must change and launder your head covering as per frequency of your uniform.
- keep nails short and clean, no false nails/nail extensions, nail art or nail polish are allowed for staff who have direct patient contact or those who work in clinical areas such as wards and outpatient settings due to an increased risk to infection control.
- hairstyles must be compatible with a smart, professional appearance. Hair that is below collar length should be tied back with a plain hair accessory. Long hair (i.e. long enough to fall forward over shoulders when worn in a ponytail) should be worn up in a bun or similar.
- facial hair should be clean, tidy and neatly trimmed, however, if for reasons of religion your facial hair must not be cut, it should be tied and rolled to a short length using a cord in the manner traditional to that religion.

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- ensure that scissors or other sharp objects are not carried in outside breast pockets as this may cause injury to you or your patient when providing physical clinical care.
- if you are working in clinical areas where you may be required to wear FFP3 respirators for your own protection from infectious diseases you may have to remove facial hair for the FFP3 respirator to fit correctly. The alternative is to be temporarily excluded from the care of patients for whom such respiratory protection is required until alternative equipment is sourced such as a respirator hood. If a respirator hood is not practical or available a longer-term solution may be sought.
- wear clean, comfortable, flat, soft soled, slip resistant and supportive shoes that can be wiped clean or are washable. Footwear should fully enclose your foot. Crocs or 'Croc' style footwear are less supportive than shoes and therefore are not recommended, however, if worn, the heel strap should be in position to increase support, soles must be non-slip and the upper must not have any perforations. Trainers if worn must have discreet brand markings.
- mobile phones can be used for work purposes whilst on wards however you must not use phone for personal use when working in the clinical setting; the use of mobile phones for personal use should be limited to rest areas when on breaks unless for a medical reason.

### Uniformed Staff involved in direct patient care activity in hospital

Please refer to sections above and in addition you must comply with the following -

- whilst uniforms are not considered to be personal protective clothing, the style of uniform does consider health and safety requirements, in particular, the ability to comply with safe moving and handling procedures. Where you are required to wear a uniform outside of standard issue, resulting from reasonable adjustments, these should be provided by the Trust to ensure they meet the required standard.
- wear the uniform provided in line with local procedures. If you are mainly employed in clinical departments this will be a uniform of a colour that helps patients identify your staff group. If you are clinical, uniforms must have short sleeves as short sleeves are necessary to facilitate thorough hand hygiene and reduce risk of transmission of infection. If for religious/cultural reasons you are required to cover your arms, an undergarment with  $\frac{3}{4}$  length sleeves, of matching colour to your uniform, may be worn but the sleeves must be rolled up to the elbow during hand washing and direct patient care activity. Sleeve protectors can be worn for staff that are unable to wear  $\frac{3}{4}$  length sleeves due to cultural, religious or other personal needs.
- wear full uniforms provided or approved by the Trust, which provide visual identity to members of the public, patients and other staff to their role. Allocation of numbers uniform will depend on hours worked across the working week. For

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example, full time staff working 3 long shifts will be allocated less uniforms than full time staff working across 5 days.

- wear a clean uniform for the start of each shift. Use appropriate protective clothing, e.g. apron or gown depending on nature of task, to reduce risk of the uniform becoming soiled. You should change your uniform if it becomes visibly soiled during the shift.
- cardigans, fleeces or other jackets/coats may be worn for warmth when away from patient care areas. These should be unbranded (NHS logo and ward detail acceptable) and of a plain colour and in good condition to maintain a smart appearance.
- avoid wearing uniform outside the hospital grounds, unless on Trust business. Whilst there are no infection control risks associated with wearing uniform outside the hospital, public perception is that this is an infection risk and rigorous attempts to persuade members of the public otherwise have proved unsuccessful.
- if adequate changing facilities are not provided, and therefore you have to wear uniform to travel directly to and from work the uniform must be covered by a coat, ensuring that the NHS logo and Trust name are covered. This includes travel on public transport and walking or cycling to work.
- avoid entering commercial premises and engaging in non-work activities in uniform outside the workplace. Exceptions include dropping/collecting your children from school/nursery *en-route* to or from work and stopping to refuel your vehicle when it is acceptable to be in your uniform (for community staff see below)
- unless a hospital laundry service is provided you must wash your own uniform at the hottest temperature suitable for the uniform. Uniforms may be tumble-dried. Uniforms must look as if they have been ironed/pressed (i.e. crease free) at the start of your shift.
- in extreme weather conditions flexibility around uniforms and dress code should be offered to enable staff to continue working safely and productively.
- In cold weather under garments may be worn but they must not be visible or below the elbow.
- shorts may be worn in warmer weather. The Trust will not supply uniformed shorts, the wearer must ensure that they are plain, tailored, knee length and in the same colour as uniform trousers or black, grey or navy.

### Non-uniformed staff involved in direct patient care activity

(Also refer sections above)

- you must wear clean clothes for the start of each shift. Change clothing if it becomes visibly soiled during your shift. Use appropriate protective clothing, e.g. apron or gown depending on nature of task, to reduce risk of the clothing becoming soiled.
- wear clothes that can be laundered easily at the hottest temperature suitable for the clothing.

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- wear short sleeves, or long sleeves rolled up to the elbow or, if a religious/cultural requirement, wear long or ¾ length sleeves that must be rolled up to the elbow during hand washing and direct patient care activity. Sleeve protectors can be worn for staff that are unable to wear ¾ length sleeves due to cultural, religious or other personal needs.
- ties should be removed or, tucked into the shirt for direct patient care activities. For personal safety reasons, if a tie is worn, it is recommended that a clip on style is worn which comes off easily if pulled.

### Uniformed staff involved in direct patient care activity in community settings

- if you provide clinical care or therapy in a patient’s home or other non-hospital community settings, the principles in the above sections apply.
- you may enter commercial premises to purchase food for your meal break or refuel their vehicles while in uniform.
- if you are required to travel when poor visibility/dusk/night you may wear high visibility jackets.

### Flexibility

- line managers should offer reasonable levels of flexibility in respect of uniforms on an ‘as required basis’. This may be for reasons such as supporting you going through menopausal transition, menstrual issues, pregnancy or health conditions where deviating from standards may support you in coping with problematic symptoms.
- uniform adjustments to fit religious and cultural needs such as longer tops or panels for pregnant workers can be facilitated through the uniform sewing room either on the East or North site, or can be managed by yourself if it’s appropriate and you are able.
- sensitivity and flexibility should be offered if you are transgender, non-binary and gender-neutral or if you are transitioning, if your uniform is gendered, you should be free to choose whichever uniform you feel more comfortable in.
- when agreeing upon flexibility both you and your line managers should be mindful that professionalism and infection control standards are still upheld in line with this policy. Please refer to the Trust’s Menopause at Work, Maternity, Paternity, Adoption and New and Expectant Mother and Supporting Health and Wellbeing (Attendance) at Work policies as well as Transgender Workplace: a guidance for Managers and Staff, for further reference.

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## Appendices

### Appendix A

# Uniform Standard of Dress and Personal Appearance Policy

## Policy Governance Annex includes:

- Document Control, Approval and Review
- Archiving Arrangements
- Monitoring Compliance
- Communication Plan
- Equality Impact Assessment

## Document Control, Approval and Review

Uniform Standard of Dress and Personal Appearance Policy	
Post holder responsible for Procedural Document	████████ ██████████, Chief People Officer
Author of Policy	████████ ██████████, Associate Director of Nursing
Division/ Department responsible for Procedural Document	People Department
Contact details	Via Teams or email
Date of original document	May 2023 – First Merged Document
Impact Assessment performed	<b>Yes</b>
Ratifying body and date ratified	PWPW July 2023
Review date	February 2028
Expiry date	Aug 2028

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Date document becomes live	Date document is published, circulated & put onto the Trust intranet
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Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Milestones	Directions	Key
Patient Experience	X	Maintain Service Delivery	Operational	
Assurance Framework		Integrated Pathways	Community	
Monitor/Finance/Performance		Develop	Acute services	
CQC Fundamental Standards - Regulation:		Infection Control		X
Other (please specify):				
<b>Note:</b> This document has been assessed for any equality, diversity or human rights implications				

**Controlled document**

This document has been created following the Royal Devon University Healthcare NHS Foundation Trust. It should not be altered in any way without the express permission of the author or their representative.

Full History		Status: Draft	
Version	Date	Author	Reason
1.0	29/06/2022	Lead Nurse for Infection Prevention and Control – Eastern Services Associate Director of Nursing CSSS – Northern Services	Integrated policy
1.1	11/11/2022	Associate Director of Nursing CSSS – Northern Services	Integrated policy – changes made post comments.
1.2	20/03/2023	Associate Director of Nursing CSSS – Northern Services	Sent out for Consultation
1.3	22/03/2023	Associate Director of Nursing CSSS – Northern Services	Small changes to body of document post consultation feedback
1.4	07/04/2023	Associate Director of Nursing CSSS – Northern Services	Small changes to gender elements of policy post

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			consultation feedback
1.5	21/04/2023	Associate Director of Nursing CSSS – Northern Services	Small changes to gender elements of policy post consultation feedback
1.6	10/05/2023	Associate Director of Nursing CSSS – Northern Services	Changes to 2.2, 5.1.1, 5.1.4, 5.2.8,,5.2.11, 5.2.3, 5.2.5, 5.2.6, 5.5.6,, 5.2.9, 5.2.7,5.5.2, post Joint Policy Group
1.7	31/05/2023	Associate Director of Nursing CSSS – Northern Services	Transferred to new policy template and style.
1.8	14/06/2023	Associate Director of Nursing CSSS – Northern Services	Changes to minor detail after consultation at Joint Policy Group.
1.9		Associate Director of Nursing CSSS – Northern Services	Changes to minor detail after consultation with medical staff
2.0	04/08/2023	Associate Director of Nursing CSSS – Northern Services	FINAL ratified policy after Quality Assurance checks.

<p><b>Associated Trust Policies/ Procedural documents:</b></p>	<p>For Eastern Services (until all harmonised)</p> <p>Standard Infection Control Policy and Procedures</p> <p>Health and Safety Policy</p> <p>Manual Handling – including Bariatrics Policy</p> <p>Disciplinary and Appeals Policy</p> <p>Incident reporting, Analysing, Investigating and learning Policy and Procedures</p> <p>Staff smoking and vaping policy</p> <p>For Northern Services (until all harmonised)</p> <p>Standard infection Control Precautions policy</p> <p>Incident reporting Policy</p>
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	Menopause at Work, Maternity, Paternity, Adoption Policy New and Expectant Mother Supporting Health and Wellbeing (Attendance) at Work Transgender Workplace: a guidance for Managers and Staff
<b>Key Words</b>	Uniform, clothes, shoes, dress code, appearance, workwear, hair, jewellery, bare below the elbow
March – April 2023 – Professional Leads Site Directors Associate Directors of Nursing Associate Medical Directors Divisional Directors Chief People Officer Associate Director of Wellbeing, Inclusion and Employee Experience Staff side Health and Safety Lead	
<b>Contact for Review:</b>	<b>Chief People Officer</b>
<b>Executive Lead Signature:</b> <i>(Applicable only to Trust Strategies &amp; Policies)</i>	<b>To be added by Policies Administrator when uploading to Intranet</b>

## Archiving Arrangements

The original of this policy will remain with the author. An electronic copy will be maintained on the Trust Intranet. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

## Process for monitoring compliance with and effectiveness of the Policy

To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Public Perception of professionalism	Patient Experience feedback	Patient Experience Committee.

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## References

References throughout the document and in the References section list should be based on the principles of Harvard-style and include the following information:

National guidance for uniform and workwear - <https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf>

Hillier, M.D., 2020. Using effective hand hygiene practice to prevent and control infection. *Nursing Standard*, 35(5), pp.45-50.  
<https://www.mghpcs.org/munncenter/Documents/weekly/apr-29/Hand-Hygiene-Practice.pdf>

Picolli Korb, J., Jezewski, G., Aozane, F., Feldhaus, C., Bernat Kolankiewicz, A.C. and Loro, M.M., 2019. Knowledge of Hand Hygiene in the Perspective of Nursing Professionals from an Emergency Service. *Revista de Pesquisa: Cuidado e Fundamental*, 11(2).

Firdaus, B. and Ahmed, B., 2021. Does the 'bare below the elbows' policy need to change following COVID-19?. *Faculty Dental Journal*, 12(1), pp.9-13.

## Communication Plan

The following action plan will be enacted once the document has gone live.

<b>Staff groups that need to have knowledge of the strategy/policy</b>	Trust wide
<b>The key changes if a revised policy/strategy</b>	Merged policy. Changes to reflect equality and fairness across all staff groups.
<b>The key objectives</b>	The purpose of this policy, which is informed by guidance produced by the Department of Health (Department of Health, 2010) and the Royal College of Nursing (Royal College of Nursing, 2013), is to clarify the standards of

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	dress expected of you, whether you wear uniform or your own clothes.
<b>How new staff will be made aware of the policy and manager action</b>	Included in induction
<b>Specific Issues to be raised with staff</b>	All staff should be made aware of policy.
<b>Training available to staff</b>	Through staff induction and department processes.
<b>Any other requirements</b>	
<b>Issues following Equality Impact Assessment (if any)</b>	No negative impact
<b>Location of hard / electronic copy of the document etc.</b>	

## Equality Impact Assessment Tool

<b>Name of document</b>	Uniform Standards of dress and personal appearance policy
<b>Division/Directorate and service area</b>	People Department
<b>Name, job title and contact details of person completing the assessment</b>	██████████, Associate Director of Nursing
<b>Date completed:</b>	31/05/2023

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**The purpose of this tool is to:**

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

**1. What is the main purpose of this document?**

This policy considers all aspects of uniform and workwear and sets out clearly the standards of dress that all staff must adhere to in regards to their uniform, dress and personal appearance.

**2. Who does it mainly affect? (Please insert an “x” as appropriate:)**

Carers     Staff     Patients     Other (please specify)

**3. Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)**

**Please insert an “x” in the appropriate box (x)**

Protected characteristic	Relevant	Not relevant
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion / belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to... (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?**

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N/A

5. Do you think the document meets our human rights obligations?

*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

1.) Written with all staff in mind, submission to equality lead for comment whereby changes made in relation to making policy accessible to all.

2.) Consultation with site directors, ADONS, ADMs and clinical leads and shared at Joint Policy group for consideration before final approval at PWPW.

3.) Changes made to document and language used changed to reflect equality, respect and fairness.

7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

<b>“Protected characteristic”:</b>	
<b>Issue:</b>	

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<p>How is this going to be monitored/ addressed in the future:</p>	
<p>Group that will be responsible for ensuring this carried out:</p>	

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# Inclusion Policy Statement

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## 1. Purpose of the Policy Statement

The purpose of this policy statement is to state the Trust’s commitment to equity, diversity and inclusion, to confirm expectations of us all, and to explain how concerns can be raised if you feel you or another person is being discriminated or victimised.

[Link to EIA, Review and Approval and Governance documents](#)

## 2. Introduction

The Royal Devon recognises the benefits of attracting, developing, supporting and retaining a diverse workforce with a range of skills, knowledge, values, views, opinions and ideas. The Trust recognises that the experiences and needs of every individual are unique and strives to respect and value the diversity of its patients, service users, careers, public and staff.

The Trust is committed to creating and promoting an inclusive environment which extends beyond the required legislative actions and protected characteristics and



aims to tackle any inequity that arises from having a diverse staff community. It also recognises intersectionality (i.e. colleagues who face multiple and connected discriminatory barriers such as gender, sex, race and religion), and health inequalities which includes but is not limited to:

- differences between groups of people caused mainly by their financial situation, for example, income (socio-economic factors)
- geography, for example, region or whether inner-city or countryside
- groups who don't have access to opportunities, though not having a fixed address or experiencing homelessness.

### 3. Who does this apply to

This policy statement applies to everyone who works for our Trust either as an employee or prospective employee, students, agency or bank workers, volunteers and service users. Recruitment agencies and contractors should be made aware of and familiarise themselves with the principals outlined in this policy statement.

All staff are expected to uphold the Trust values of compassion, inclusion, integrity and empowerment.

### 4. Legal Responsibilities

The Equality Act 2010 protects against discrimination at work. Discrimination means treating someone unfairly because of who they are and covers direct and indirect discrimination, harassment and victimisation. The Act also includes protection against discrimination by perception and association.

The Act specifically covers nine 'protected' characteristics: age, disability, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, race, religion or belief, sex and sexual orientation.

As a public sector organisation, there are additional duties within the Equality Act 2010 to eliminate discrimination, harassment and victimisation and promote equality of opportunity for individuals with protected characteristics. This is known as the Public Sector Duty 2011.

Failure to commit to these principles will mean that the Trust does not meet the statutory equity, diversity and inclusion requirements for public sector bodies.



## 5. Responsibilities

The Trust Executives supported by the Chief People Officer has responsibility for developing, promoting and monitoring the effectiveness of the principals outlined in this document.

We all (colleagues, managers, those who act on behalf of the Trust) are responsible for:

- upholding the principals outlined in this document and for promoting and demonstrating our values and behaviours as outlined in [Our Charter](#), recognising and valuing individual differences and contributions that we can each make,
- bringing any potentially harmful, dangerous bias and/or discriminating practice that they experience or observe to line manager's attention and for managers to support colleagues in addressing concerns (in line with relevant policies or processes – see links at section 7),
- ensuring the principles of this document are applied through our policies and processes as well as at a local level through how we work and act with each other, and by following and promoting Trust policies and processes in a fair, inclusive and consistent way,
- providing a safe space to raise and discuss any issues and concerns without feeling awkward, threatened, isolated or fear of harassment or victimisation,
- departments will be expected to support and aid the development of staff networks and release staff to attend network meetings where possible,
- completing Equality Impact Assessments - all Trust polices are required to include the updated Equality Impact Screening Tool. The tool determines whether a protected characteristic is treated less favourably than another.

## 6. Principles

The Trust is committed to:

- providing and promoting a working environment that is free from discrimination and bias, promotes equity, diversity and inclusion and provides a working environment where everyone is treated with dignity, respect and compassion and is able to achieve their potential,
- protecting our staff, patients and service users from all forms of discrimination, harassment and victimisation on the basis of any protected characteristic,



- taking seriously complaints of bullying, harassment, victimisation and discrimination by fellow colleagues, visitors, patients, the public and any others in the course of their work,
- putting in place strategies and actions that support this policy statement ensuring:
  - opportunities are inclusive and accessible for all
  - our commitment to equity, diversity and inclusion is embedded within Trust policies, processes and practices
  - effective monitoring and reporting with a view to addressing issues and seeking a positive working environment for all
- developing and promoting networks and groups that
  - are supportive and productive for both staff and patients,
  - provide collective voices, peer support and guidance,
  - help to promote innovation and diverse thinking,
  - create constructive channels of communication
  - through their contribution, help us to play a crucial role in delivering our goals.
- develop services which best meets the needs of our diverse communities,
- eliminate from our services, policies and decision making, any adverse impact on the promotion of equality and inclusion for our patients, staff, and service users.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

## 7. Embedding our commitment

The Trust's commitment to an inclusive environment will be embedded within all policies, procedures and processes which will also include the ability for individuals to raise concerns.

[Our Charter](#) sets out the expectations, requirements and behaviours that apply to each and every one of us whilst at work and, as outlined in our [values and behaviours](#), the Trust expects individuals to behave professionally and responsibly and to demonstrate compassion, integrity, inclusion and empowerment towards each other.

Effectiveness will be monitored and reviewed through relevant policies and procedures as well as a number of data sources (e.g. Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES), pulse surveys





etc) and governance pathways (Inclusion Steering Group, People, Workforce Planning and Wellbeing Committee (PWPW), Governance Committee etc).

### Our values

 <b>Compassion</b>	 <b>Inclusion</b>	 <b>Integrity</b>	 <b>Empowerment</b>
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## Equality Impact Assessment

<b>Name of document</b>	Inclusion Policy Statement
<b>Division/Directorate and service area</b>	People Function (HR)
<b>Name, job title and contact details of person completing the assessment</b>	██████████ - Inclusion Lead ██████████
<b>Date completed:</b>	12 <sup>th</sup> May 2023

**The purpose of this tool is to:**

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

**1. What is the main purpose of this document?**

The purpose of this policy is to outline the Trust’s commitment to equity, diversity and inclusion, to outline the expectations of us all, and to explain how concerns can be raised if you feel you or another person is being discriminated against.

**2. Who does it mainly affect? (Please insert an “x” as appropriate:)**

Carers     Staff     Patients     Other (please specify) Volunteers

**3. Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below? (By differential we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)**

*Please insert an “x” in the appropriate box (x)*

Protected characteristic	Relevant	Not relevant
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex - including: <i>Transgender, and Pregnancy / Maternity</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Our values**



**Compassion**



**Inclusion**



**Integrity**



**Empowerment**

Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion / belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

*Please specify any groups you think may be affected in any significant way  
 We believe this policy will positively impact on all of our staff, but will have a more significant positive impact for all who fall under the Equality Act 2010 and those experiencing greater barriers or lack of equity.*

5. **Do you think the document meets our human rights obligations?**

*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – how have you made sure it treats everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

*The policy statement involved a thorough consultation process under a new process of Project Simplify, the aim of which is to ensure policies and procedure are simple, inclusive and written in an accessible format. The document was consulted with Staff Side colleagues, Staff Network colleagues, Inclusion Lead for patients and wider representation from across RDUH.*

**Our values**



The new policy statement is designed to meet the needs of our newly integrated Trust, aligning to the work ongoing on Just and Learning Culture.

This document is designed to present the commitment from RDUH towards an inclusive culture for everyone, recognising particular processes will be found in other policies which contributes to having a simpler and more coherent version of our Inclusion Policy Statement.

This document will benefit all at RDUH, but should have a more positive impact for people experiencing greater barriers and those with protected characteristics.

**7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**

<b>“Protected characteristic”:</b>	
<b>Issue:</b>	
<b>How is this going to be monitored/ addressed in the future:</b>	
<b>Group that will be responsible for ensuring this carried out:</b>	



## Document Control, Approval and Review

Post holder responsible for Procedural Document	████████████████████
Author of Policy/Strategy	██████████, HR Integration Programme Manager
Division/ Department responsible for Procedural Document	People Function (HR)
Contact details	██████████
Date of original document	RDE: 30 June 2011 NDHT: January 2004
Impact Assessment performed	Yes
Ratifying body and date ratified	<i>People, Workforce Planning and Wellbeing Committee – 18<sup>th</sup> May 2023</i>
Review date	<i>January 2028</i>
Expiry date	<i>June 2028</i>
Date document becomes live	<i>12/09/2023</i>

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience	✓	Maintain Operational Service Delivery	
Assurance Framework	✓	Integrated Community Pathways	
Monitor/Finance/Performance	✓	Develop Acute services	
CQC Fundamental Standards - Regulation:		Infection Control	
Other ( <i>please specify</i> ):			

**Note:** This document has been assessed for any equality, diversity or human rights implications

### Controlled document

This document has been created following the Royal Devon University Healthcare NHS Foundation Trust. It should not be altered in any way without the express permission of the author or their representative.

### Our values



<b>Full History</b>		<b>Status: Draft or Final</b>	
RD&E and NDHT had fully established Equality, Diversity and Inclusion Policies.  This version is a Royal Devon UHFT policy applicable to all Trust staff.		<i>FINAL</i>	
Version	Date	Author	Reason
1.0	18/05/2023	HR Integration Programme Manager	New policy to meet the needs of the new merged Trust and embedding a just and learning culture.

<b>Associated Trust Policies/ Procedural documents:</b>	<ul style="list-style-type: none"> <li>• Recruitment &amp; Selection Policy</li> <li>• Induction</li> <li>• Learning and development</li> <li>• Promoting Positive Working Environment Policy (previously disciplinary, grievance, harassment and bullying and performance capability)</li> <li>• Flexible working</li> <li>• Leave for parents</li> <li>• Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy</li> <li>• Redeployment Process</li> <li>• Supporting Health &amp; Wellbeing (Attendance) at Work Policy</li> <li>• <a href="#">NHS Workforce Race Equality Standard</a></li> <li>• <a href="#">NHS Workforce Disability Equality Standard</a></li> <li>• Data Protection</li> </ul>
<b>Key Words</b>	<p><i>List all key words relating to policy (e.g. medicine; management; etc.).</i></p> <p><i>Inclusion, equality, diversity, EDI, equity, fair, respect, values</i></p>
<b>In consultation with and date:</b>	
<p><i>Inclusion Steering Group (including Inclusion Networks) – 31<sup>st</sup> January 2023</i></p> <p><i>Joint Policy Working Group – 12<sup>th</sup> May 2023</i></p> <p><i>Partnership Forum – 10<sup>th</sup> May 2023</i></p>	
<b>Contact for Review:</b>	Title of author: <span style="background-color: black; color: black;">XXXXXXXXXX</span> , Inclusion Lead





<b>Executive Lead Signature:</b> <i>(Applicable only to Trust Strategies &amp; Policies)</i>	<b>To be added by Policies Administrator when uploading to Intranet</b>
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## Process for monitoring compliance with and effectiveness of the policy

To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Embedded link to all other HR policies and processes	Through Project Simplify which sees attendance from a cross section of representatives. The Inclusion Team is required to attend to ensure all policy consider equity, diversity and inclusion as part of their process.	All policies go through a governance process involving PWPW for assurance and ratification. Any concerns with policies and their effectiveness are flagged through this committee to ensure process are fit for purpose.
Inclusion Strategy	Through ensuring we have a wider and more strategic direction for inclusion	The strategy will undergo the normal governance processes and will be tested with staff groups for effectiveness.

### Our values

