



Public – To be published on the Trust external website

The Trust knows our services are very different, and staff may have different views about what is safe and suitable to wear at work. We also understand that staff and managers may not always agree. As this new Dress Code procedure is published, we ask that everyone should work together, be respectful, and follow Trust Values to resolve any dress code problems quickly.

Staff are expected to follow the procedure. The Trust will bring in these new rules in a supportive and gradual way. Anyone worried about the policy should speak to their manager or People & Culture. Staff side support can also be involved if needed.

Because many staff have shown interest in this policy, the Trust will review it more often. The first review will take place in June 2026 six months after publication and will look at any questions, examples, or issues raised.

Title: Dress Code Procedure

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Status: Approved

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Overarching Policy: N/A

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1 Introduction

The Trust's core values of respect, compassion and responsibility are integral to the confidence that we give the people we work with in safe and kind workplace. This procedure is critical to the delivery of Our Journey to Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism.

This procedure supports us all to promote professional standards and ensure that the way we all present at work reflects services that are safe, fit for purpose and appropriate to the work we do. It also ensures that we meet our regulatory and professional requirements.

It provides clarity on the limited number of areas of dress that have specific requirements, alongside more general guidance to support managers in making service specific decisions.

2 Purpose

Following this procedure will help us all to:

- Adopt an inclusive and supportive approach with regards to employees' attire and general appearance in line with our core values, taking into account cultural diversity within our workforce where appropriate
- Ensure that all employees/workers portray a professional impression and dress in ways that are safe, fit for purpose and appropriate to the particular work environment and work activities being undertaken whilst demonstrating sensitivity and respect to people in our care, carers and other employees/workers
- Clarify the standards of dress and appearance required and expected of all employees/workers when at work or whilst working on behalf of the Trust, whether that is face-to-face or online.
- Any requested deviations from this procedure for health, cultural or religious reasons must be discussed with your line manager on a case-by-case basis, who should involve Equality, Diversity & Inclusion (EDI) and/or Infection Prevention Control (IPC), People & Culture (P&C), Health & Safety (H&S) etc., as appropriate

3 Who this procedure applies to

This procedure applies to **all** staff of the Trust including those on educational/vocational placements, honorary contracts, bank workers, casual or agency workers, contractors, and

volunteers who are carrying out Trust services taking into account cultural differences and beliefs across the organisation where appropriate.

4 Related documents

This procedure refers to:

- ✓ TEWW [Health and Safety Policy](#)
- ✓ TEWW [Infection Prevention and Control Policies and procedures](#)
- ✓ TEVW [Infection Prevention and Control Policy](#)
- ✓ [Hand Hygiene](#) Procedure
- ✓ [Standard \(Universal\) Infection Prevention and Control Precautions](#) procedure
- ✓ [Photographic identification / Door access control \(ID cards\) procedure](#)
- ✓ [Human Rights, Equality Diversity and Inclusion Policy](#)

5 Principles

The way we dress and present ourselves whilst carrying out services within the Trust is a particularly important component of the way our services are regarded by people in our care and the public. There will be role specific factors to take into account such as the task(s) that are being undertaken, the communities we are working with and the environments we are working in. It is not the intention to infringe unnecessarily or excessively upon the religious/cultural beliefs and cultural dress of our employees/workers. Full consideration will be given to the environment in which the individual works and the role that they are carrying out to ensure there are no potential risks relating to health and safety, hygiene, and risk of physical attack and the following principles will be taken into consideration by managers when making local decisions:

- Identification
- General Appearance
- Infection, Prevention and Control
- Health & Safety
- Personal Protective Equipment (PPE)
- Religious and Cultural Clothing
- Uniform

5.1 Identification

You **must** wear appropriate name badges supplied by the Trust or your employer e.g. Agency and these must be visible to the people in our care, colleagues and the public at all times whilst in the workplace.

Modified name badges will be available for use in areas where the people in our care may have visual defects or where different presentations are required to ensure the wearing of the badge presents no hazard to employees or people in our care.

Where it may not be appropriate to wear name badges (e.g. whilst in the community, on escorted visits or in public places), individuals must still carry their identification at all times and have it readily available to be displayed.

You must report the loss of a name badge to your manager and on the Trust's incident reporting system as soon as possible and arrange for a replacement.



Only lanyards with the required **three point** quick release system are safe for staff to wear.



It is your responsibility to have a current and accurate name badge

5.2 General Appearance

We all need to be aware of the image and overall impression that we present to the people in our care, our colleagues and the general public.

Our core role is to provide safe and trustworthy care to our communities, so our clothing, appearance and general good hygiene should be professional, demonstrating respect for ourselves, our colleagues, the people in our care and the general public whilst being mindful how our choices may impact on others.

Visible Body Art/Tattoos/Body Piercings should not be offensive or threatening and where they are deemed to be, they must be appropriately covered.

Hairstyles, hair colour and use of make-up and fashion style should be similarly professional and embody confidence from the people we work with.



We have very few specific rules but, unless agreed otherwise by your line manager/service, you **must** adhere to the following:

- No denim
- No tight fitting clothing including trousers / leggings (unless dark, plain and covered by a long top/dress to cover lower body or if appropriate for training or activities for people in our care)

- No visible underwear (including visibility through clothing)
- No exposure of cleavage, chest, or midriff/ middle torso (including gaping tops, blouses or shirts)
- No strappy/vest/or cut off tops (sleeveless tops may be appropriate depending on overall appearance)
- Skirts, dresses and shorts should be of an appropriate length (at least knee length)
- No sports clothing unless part of a uniform and/or applicable to the activities (including shorts and vest tops)



All clothing/footwear should be clean and in good repair (including uniforms where applicable)
Avoid large and/or prominent logos or graphics on clothing, belts and footwear



Staff are required to maintain the above standards at all times including day, night and weekend shifts and whilst working online.

Note: If reasonable adjustments are required due to an underlying health condition, disability or short term difficulties, these should be discussed on an individual basis with your line manager



The team/service will determine the dress code appropriate for the duties being carried out. If not adhered to, managers will feedback on inappropriate appearance where necessary to ensure adherence to the Dress Code Procedure.

5.3 Infection, Prevention and Control



There may be periods of time when a decision is taken that staff uniform or the wearing of protective clothing is required as a means of infection prevention and control. Where such measures are put in place, this will constitute a change to the current dress code rule within the work area and must be adhered to by all staff.

5.3.1 Hand hygiene

Effective hand hygiene is the single most important way of preventing and controlling infection, whether this is delivering care on Trust property or in the homes of the people in our care or whilst visiting people in care homes. Therefore, all employees are expected to follow the Infection Prevention and Control Procedures developed by the Trust.

5.3.2 Personal hygiene

We must all promote and demonstrate positive personal hygiene and the maintenance of clean clothing, ensuring that our general appearance promotes good hygiene and that we practice the principles detailed in the Trust's [Standard \(Universal\) Infection Prevention and Control Precautions](#) procedure.

5.3.3 Bare below the elbow

All clinical staff must adhere to the Trust's [Hand Hygiene](#) procedure and adopt a bare below the elbow approach when undertaking any clinical procedure.

5.3.4 Jewellery

All direct care and food handling staff can wear only **minimal jewellery** (also see 5.4.1), in order to promote the effectiveness of good hand hygiene and must adopt a 'bare below the elbows' approach with no jewellery worn on hands or wrists, other than one plain band, when undertaking clinical procedures or procedures that require hand washing.

5.3.5 Fingernails

For all direct care staff, food handling staff and visitors, whether in an outpatient area, ward environment, or visiting those areas, fingernails will be short and free of nail varnish, false, gel or acrylic nails and nail extensions (Note: this is in line with The World Health Organisation First Global People in our care Safety Challenge 'Clean Care is Safer Care' (Oct 2005) and nationally produced evidence-based guidelines for IPC, in the form of epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England).

5.3.6 False eye lashes

In addition, false eye lashes should not be worn by staff producing, creating or serving food or providing hands on care.

5.3.7 Hair

Hair **must** be clean, neat and tidy, tied back if longer than shoulder length as appropriate depending on the task being performed.

5.3.8 Personal protective equipment

Personal protective equipment, such as gloves, aprons and facial protection are provided by the Trust for staff to provide protection against contact with blood, bodily fluids and other infectious sources.

5.3.9 Clothing

Clothing must be laundered at the highest possible temperature for the garment (see guidance on the garment). Uniforms worn by people in our care settings should be laundered separately to other clothing.

5.3.10 Other provisions



The hands of nurses, doctors and other members of staff who handle people in our care are the most common and important source of cross infection.



False, gel, acrylic nails, nail extensions and nail varnish are unacceptable within areas where direct care is delivered or food is handled/served including outpatient areas, ward environments and individuals visiting them.



It is best practice for staff not to travel in uniforms to and from work and to then change prior to entering the ward and/or designated work environment



Specific precautions to be taken with laundering of clothing and to prevent and control infection during outbreaks will be advised by the Infection Prevention and Control team.

5.4 Health and Safety

5.4.1 Jewellery

We will only wear jewellery that does not obstruct or prevent us from carrying out our duties. Jewellery will be discreet and appropriate to the role. Any queries on jewellery and/or head wear that is required for cultural or religious reasons should be discussed with the EDI team and the lead for IPC.

5.4.2 Footwear

We will wear footwear that is safe and practicable for the duties being undertaken at the time, including driving and engaging with the people in our care, carers and families in the community.

All direct care employees will wear footwear that is smart, flat, practical, safe and appropriate to both the clinical areas and the range of duties within their role.

All staff should wear shoes with backs and which are fully covered (open toe sandals, flip-flops, clogs, mules or sling backs are not appropriate).

5.4.3 Piercings

All direct care employees will remove facial / body piercings wherever possible when providing, or potentially providing, hands on physical healthcare. If removal is not possible piercings should be taped to the skin. This is as a precaution against injury to the employee, people in our care and others in physical care or contact situations that may arise.

5.4.4 Other provisions



No necklaces or hanging jewellery, scarves/head wear or other potential ligatures will be worn in clinical areas. Individual risk assessments may be carried out depending on role/environment



Wearing of training shoes will be determined by the service depending on duties undertaken and profession. If worn, must be in good repair, fastened correctly and have minimal logos.



Staff who do not work in a clinical area and are required to visit a clinical area must comply with the above sections on Infection, Prevention and Control and Health and Safety.

5.5 Personal Protective Equipment & Clothing

Protective clothing is provided by the Trust for all activities where it is required for Health and Safety and Infection Control purposes. Staff will wear the protective clothing as instructed for those activities where it is required, recognising the potential requirements in relation to culture, religion, disability and other individual needs staff may have, and how we can look to support these. A sensitive approach will be taken when this affects the way that staff are expected to dress. However, consideration will primarily be given to health and safety, security and infection control requirements. Where the exposure of forearms is not acceptable, the following examples can be considered:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct people in our care activity.
- Uniforms may be able to have three-quarter length sleeves.
- Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed following the Trust Hand Hygiene Procedure

5.5.1 Clothing which covers the face

To ensure effective communication, clothing which covers the face will not be permitted for any staff in contact with the people in our care, carers or visitors or for staff in other roles where clear face to face communication is essential, unless it is an IPC requirement.

Staff who wish to wear clothing which covers their face when they are not working, such as during their break, their lunch or when walking around buildings, are allowed to do so. However, staff must

be prepared to remove the item of clothing that is covering their face if they are required to do so for example to check their identity against their ID Badge.

5.5.2 Other provisions



Services will provide guidance about local adaption to the wearing of uniform/corporate dress in periods of extreme hot and cold weather



Staff have a responsibility to alert their manager if the appropriate protective clothing is not available to them.



The colour schemes of uniforms provide clearer identification of grades and professions. Uniforms are usually comprised of tunics, dresses and/or smart trousers.

5.6 Religious & Cultural Clothing



Further advice can be sought to discuss on an individual basis depending on role/environment from the People and Culture Operations Team and/or the Equality, Diversity, Inclusion & Human Rights Team i.e. religious and cultural clothing.

5.7 Uniforms

Initially introduced due to the COVID-19 pandemic, the Trust developed guidelines for clinical staff working with people in our care to wear uniforms primarily to support effective infection prevention and control measures, including laundering of uniforms at a higher temperatures and laundering work wear separately.

Now, uniforms / corporate dress will be agreed according to the environment/service you work in. All uniforms and corporate dress issued by the Trust will be available in styles to accommodate pregnant staff.

Consideration will be given to issuing light weight uniforms depending on individual needs and availability.

5.7.1 Belts – Forensic Services

Staff working within Forensic Services providing direct care are required to provide their own belt which should be plain black with no studs or logos. Specific requirements are available from the service.

6 Definitions

This section is a list of potentially ambiguous terms used in this procedure, and what they mean.

Term	Definition
Direct care / employees	All employees where employment duties include direct physical healthcare to the people in our care including engagement and contact with carers and families for the purpose of health and social care provision.
Indirect care and support / employees	All employees within clinical/professional services that support the delivery of direct physical healthcare and where work does not involve direct engagement/contact with people in our care, their families and carers.

7 How this procedure will be implemented

- This procedure will be published on the Trust’s intranet and external websites
- Line managers will disseminate this procedure to all Trust employees through a line management briefing
- Appointing Officers should share and discuss this procedure with newly appointed employees and ensure this forms part of their local induction
- Observational spot audits to ensure compliance to the procedure will be carried out and managers will monitor compliance via management supervision
- In relation to hand washing and ‘bare below the elbow’, managers should sign post employees to the ‘Hand Hygiene’ guidance available on the intranet.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Trust staff/workers/students/volunteers	Informal – staff awareness of procedure via local induction on commencement into role		As appropriate subject to any changes / updates to procedure

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Observational audits of procedure compliance	Annually and via observational spot audits / supervision by management	N/A

9 References

- ✓ Statutory Professional Codes of Conduct, as applicable
- ✓ Equality Act (2010)
- ✓ Human Rights Act (1998)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	09 December 2025
Next review date	09 December 2028*
This document replaces	Dress Code Procedure HR-0024-v4.2

This document was approved by	People and Culture Policy Working Group (for information only)
This document was approved	19 December 2025 (for information only)
This document was approved by	Executive Directors Group
This document was approved	09 December 2025
An equality analysis was completed on this policy on	September 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
5	09 Dec 2025	<p>Full 3 yearly review commenced prior to 30 September 2024 with procedure re-written and transferred to current template with changes including:</p> <ul style="list-style-type: none"> • Table 3 - Removed charts of specific dress for different staff types - Clarified text within rewritten procedure • 3.2 General Appearance - Now at Point 5; 5.1 and 5.2 • 3.3 Visible Body Art/Tattoos/Body Piercings - Now at 5.2.3 • 3.4 Control of Infection - Now at 5.3 • 3.5 Health & Safety - Now at 5.4 • 3.6, 3.7 and 3.8 (Personal Protective Clothing/Special Clothing & Uniforms - Now at 5.5 <p>Additional amendments in in response to E&D feedback:</p> <ul style="list-style-type: none"> • 5.4 – added into alert box- Added head wear - Added - Individual risk assessments 	Approved

		<p>may be carried out depending on role/environment.</p> <ul style="list-style-type: none"> • Equality Impact Assess - Any negative impacts / Human Rights Implications – current refers to hijab Changed to hijab/burqa/turban etc • 5.5 - added into heading- Religious and cultural clothing <p>Additional amendments following first and second round of formal consultation.</p> <ul style="list-style-type: none"> • 5.2.2 Added in “and general good hygiene” • 5.2.3 - * and word provocative removed • 5.2 Added into Alert - Note: If reasonable adjustments are required due to an underlying health condition, disability or short term difficulties, these should be discussed on an individual basis with your line manager • 5.3.4 – Added in “..and food handling staff ..” Also removed “ ..wedding ..” to say “other than one plain band” • 5.3 - Amended Alert - It is best practice for staff not to travel in uniforms to and from work and change prior to entering the ward and/or designated work environment • 5.4.4 – Amended to “All staff should wear shoes with backs and which are fully covered (open toe sandals, flip-flops, clogs, mules or sling backs are not appropriate)”. • Definitions: Amended Direct care employees - All employees where employment duties include <i>direct physical healthcare</i> to the people in our care including engagement and contact with carers and families for the purpose of health and social care provision. • 9 – References – Added in “Human Rights Act (1998)” <p>*Please note on publication placard added to title page: “The Trust knows our services are very different, and staff may have different views about what is safe and suitable to wear at work. We also understand that staff and managers may not always agree. As this</p>	
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		<p>new Dress Code procedure is published, we ask that everyone should work together, be respectful, and follow Trust Values to resolve any dress code problems quickly.</p> <p>Staff are expected to follow the procedure. The Trust will bring in these new rules in a supportive and gradual way. Anyone worried about the policy should speak to their manager or People & Culture. Staff side support can also be involved if needed.</p> <p>Because many staff have shown interest in this policy, the Trust will review it more often. The first review will take place in June 2026 six months after publication and will look at any questions, examples, or issues raised.”</p>	

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	People and Culture
Title	Dress Code
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To provide an outline with regards to the standards of dress and appearance required and expected of all employees/workers that are safe, fit for purpose and appropriate to the work environment and activities being undertaken ensuring compliance with Health & Safety, Control of Infection and the Equality Act (2010)
Start date of Equality Analysis Screening	July 2024
End date of Equality Analysis Screening	Sept 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff/workers, managers, people in our care and their carers and members of the public
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO

	<ul style="list-style-type: none"> • Religion or Belief (includes faith groups, atheism and philosophical beliefs) YES • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO
Describe any negative impacts / Human Rights Implications	There is a potential negative impact should the procedure be infringed unnecessarily or excessively upon anyone who falls within a protected characteristic, and this could apply to those whose cultural / religious beliefs require certain dress, for example the wearing of hijab/burqa/turban. Consideration of cultural / religious beliefs alongside IPC and health and safety requirements of staff, workers, people in our care and members of the public will need to be managed appropriately and reviewed on individual case basis. Employees would have the opportunity to submit a grievance in line with the Grievance Procedure if they felt that this procedure was being applied inappropriately.
Describe any positive impacts / Human Rights Implications	The implementation of this procedure would ensure that the appropriate professional image of the Trust is portrayed amongst employees, people in our care and members of the public whilst complying with infection control guidance, hygiene, the health and safety of both employees' and people in our care, as well as reducing the risk of assault.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Health & Safety Infection Prevention & Control Best Practice Feedback
Have you engaged or consulted with people in our care, carers, staff and other stakeholders including people from the protected groups?	Yes

If you answered Yes above, describe the engagement and involvement that has taken place	Two rounds of all-staff-six-week-consultations carried out along with meetings of P&C PWG, JCC and executive directors.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for people in our care	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	IPC, EDI, N&G
Is there evidence of consultation with stakeholders and users?	Y	2 x six week trustwide consultation, P&C PWG and JCC
Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	y	P&C PWG and JCC
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	y	