

Health Workforce Directorate

Employee Experience Unit



**NHS SCOTLAND NATIONAL UNIFORM - SCOTTISH GOVERNMENT CONSULTATION
ON THE UNIFORM SPECIFICATION**

Distributed by the Scottish Government Health Workforce Directorate

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NHS SCOTLAND NATIONAL UNIFORM - SCOTTISH GOVERNMENT CONSULTATION

ON THE UNIFORM SPECIFICATION

Background

A National Uniform for NHS Scotland will promote a coherent corporate image for the organisation, and enable us to procure better quality garments which are more appropriate to staff's needs. It will apply to everyone. However, we recognise that many staff in a variety of settings do not wear uniform for a range of safety, clinical and other reasons. The new uniform policy will not compel anyone who does not currently wear a uniform to do so.

Work has already been undertaken to identify issues and concerns with our current uniform sets, and to develop options for a set of core garments. This paper sets out these proposals, and aims to gather views from interested stakeholders, including employers, professional bodies, unions, patient organisations and others.

The main sections covered below outline the rationale for a national uniform and details of our proposed specification and alternative colour schemes. Each section has a set of questions to which your views and comments are invited. The comments will be used to develop the specification which we intend to finalise by September 2008.

For further information on any elements outlined in this document, please contact Alan Milbourne at nationaluniformconsultation@scotland.gov.gsi.uk

The Rationale For A National Uniform

Currently, the 22 Scottish Health Boards have different uniform sets, which vary frequently, not just by grade and role, but sometimes between neighbouring hospitals. Across NHS Scotland, we purchase over 250 different styles of tunic in over 100 different colours. A range of epaulets, badges and other mechanisms are used to denote grade and role, but none of these, nor the NHS Scotland or Board logos, are used consistently. The uniform of each staff group varies from Board to Board, whilst in some cases, identical uniforms are being purchased by different Boards to denote different staff groups.

Independent research suggests that patients are confused by the current array of colours and styles, and finds it difficult to identify relevant staff. Both staff and patients have called for a greater degree of national standardisation, which would provide clarity, especially for patients and staff who work or access services across Scotland. A National uniform would also present a corporate image for the NHS in Scotland, clearly identifying the wearer as NHS staff and not from any of the high street companies who provide this style of uniform to their own staff.

The existing NSS National Procurement uniform contract currently includes provision to purchase all these various uniform sets. It is clear that there are a number of

problems with the existing contract. National Procurement have received numerous complaints about the quality of the garments currently available – e.g. the poor quality of the material used, inappropriateness for manual handling needs; poor styling and fit; complaints that heavy polyester/cotton uniforms are not suitable for working on hot wards; uniforms being routinely bought off contract and reports of staff purchasing “uniform” from high street stores.

Management information from the existing contract also suggests that we are not capitalising effectively on our bulk purchasing power, leading to poor management of the existing contract, poor value, with a huge range of prices being paid for similar articles, and long lead times, with staff waiting up to 6 months for some items.

The Cabinet Secretary for Health and Wellbeing has recognised that a national uniform set will enable us to procure a uniform set that better meets the needs of staff and patients, whilst promoting a coherent corporate image for the Service. We envisage that standardising a set of core items will greatly improve quality and service, whilst achieving best value. This document seeks to consult on options for the new uniform set.

How The Options Were Developed

The Scottish Government Uniform Working Group (SGUWG) was established in December 2006 to consider issues relating to staff uniform and dress code. This group, with representation from SEHD, NHS employers and Trade Unions, has initially focused on establishing a national uniform specification and procuring a national uniform set. Membership is detailed at Annex A. The group is also concerned with dress code, laundry capacity and changing facilities, as decisions on the national uniform will have implications for the dress guidelines and the physical estate. However these issues will be tackled by the group over the longer term.

SGUWG agreed that the best way to identify appropriate proposals for a new uniform set was to involve staff who wear uniforms on a day to day basis. A key first step, therefore, was to form a working group which drew widely from all different types of staff, who could consider the issues in detail. In October 2007, NHS Scotland National Uniform Group (NHSS-NUG), here after referred to as ‘the group’ was established, comprising representatives nominated by Directors of Procurement from each Health Board. Membership is detailed at Annex A. These members, our Board Leads, have each established (or fed into) local uniform groups. These in turn include representation from all staff groups, and staff side representation. These groups were tasked with identifying relevant issues and developing potential proposals for core uniform items.

To assist them in their deliberations, the group has considered samples, received reports on wearer trials and commissioned independent research on patients’ views (Annex B). The group will continue to meet over the summer to consider more detailed aspects of the specification. The group has developed a set of initial proposals which we wish to consult more broadly on. The following section sets out the group’s recommendations. It also identifies other options which the group considered, and the advantages and disadvantages of these alternatives.

Who will the new Uniform apply to?

These proposals apply to staff who currently wear a uniform. We recognise that many staff in a variety of settings do not wear uniform for a range of safety, clinical and other reasons. The new uniform policy will not compel anyone who does not currently wear a uniform to do so.

Staff who currently wear polo shirts, rather than traditional tunics will also be able to continue to do so under the new contract and uniform policy. Special arrangements for polo shirts will also be put in place for the State Hospital to meet their highly specialised security and clinical needs.

Student uniforms are not currently part of the National Contract, and various local arrangements are in place. Once a national uniform for staff has been specified, we intend to consider options for students. In the interim, National Procurement have agreed that universities can use the existing staff uniform contract to procure standard items on more favourable terms.

An NHS Scotland Uniform

There is a high level of agreement for the need for greater simplicity and more consistency in uniforms across Scotland. We know that the uniforms that we are currently purchasing do not meet our needs. We also know that a simple set would allow better management of the contract. We would be able to specify custom products that better meet our needs, and stock a much wider range of sizes – providing improvements in fit and lead times. The fewer the core items, the easier it would be to secure such improvements. We also know that patients and staff are currently confused by the range of different uniforms currently in use. However, it is essential to develop a set that continues to differentiate staff groups and grades, where it is important to do so.

This paper sets out some options for the core items that make up most of our spend. Other items, such as waterproof jackets, would continue to be included in the contract.

We are aware of the demands of diversity and equality issues on the contract, and the contract will continue to include provision for specialist items required to meet religious, ethnic or medical needs.

Questions:

- 1. In your view, do you consider there is a need for greater simplicity and more consistency in uniforms across Scotland? If not, why not?**

The “NHS Scotland Tunic”

This paper seeks views on a single unisex tunic for clinical and non-clinical staff who currently wear a tunic or tunic style dress. The tunic slips over the head, and has no zips or buttons. This would be worn with navy trousers. The tunic would be available in 12 different sizes, which would provide a better range of petite and larger sizes than available at present. We are also considering the possibility of tall, medium and short sizes. The standard tunic will have 2 deep pockets at the bottom of the tunic, and a pen pocket in the breast. The tunic is a custom specification, and will only be available for purchase by NHS Scotland.



Proposed tunic shown here in 3 shades of blue

The NHS Scotland logo would be embroidered onto each tunic at the point of manufacture. This considerably reduces the cost of doing so. Each tunic will have a heat seal badge stating name and designation.

A custom specification that could be provided for the tunic style is to make a tunic with no pockets available, or to provide an option with an inside pen pocket. It has been suggested that this style would be more appropriate for people who prepare food. (Though Chef’s whites would obviously continue to be available under the new contract).

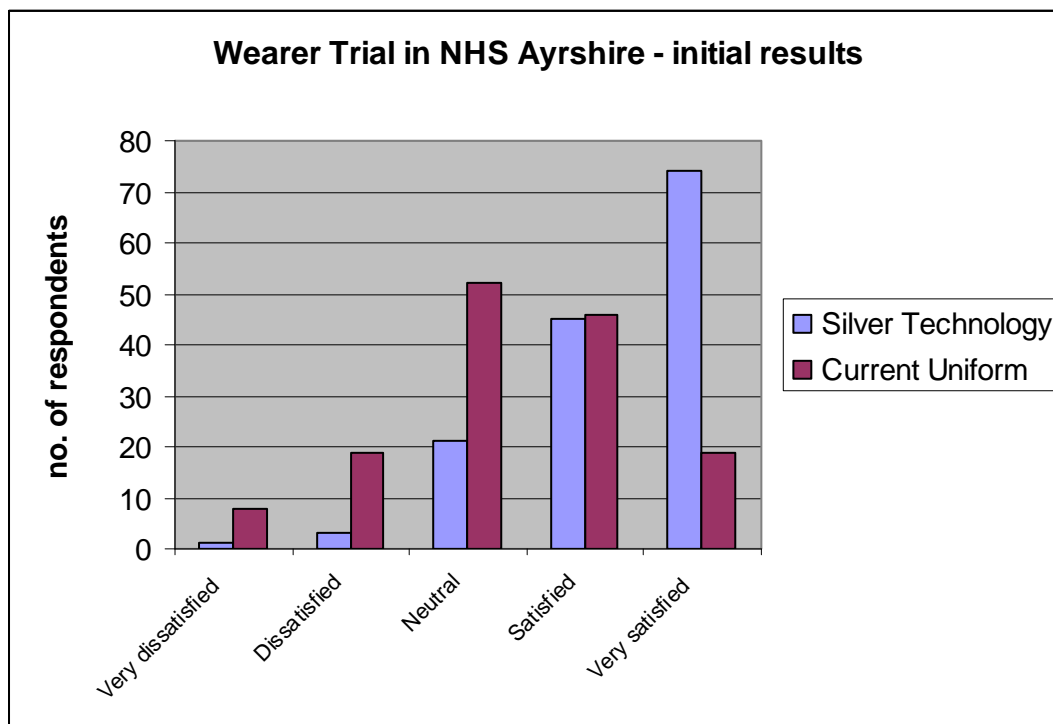
Questions:

- 2. In your view, is the style of the tunic appropriate?
- 3. We anticipate that although staff will require various protective clothing, this tunic will meet the needs of all staff. In your view, are there any groups who require a custom specification for their tunic, and if so, why?

Tunic Fabric

Many of the complaints made by staff about the tunics currently on contract are that the material is unsuitable. Polyester/cotton options that meet our laundering requirements are often criticised as being uncomfortable to wear and too hot for wards. To address these concerns, consideration has been given to alternative textiles. There are currently two silver technology wearer trials planned: one in an acute setting in NHS Ayrshire and Arran, and another planned in the community in NHS Lothian and NHS Greater Glasgow and Clyde.

The silver technology fabric is thermo-dynamic (that keeps one cooler when it is hot, and warmer when it is cold) and anti-bacterial (to fight body odour). It is also reputed to be extremely comfortable to wear. The trial in the acute setting has generated extremely positive early feedback, which demonstrate a step change in staff's levels of satisfaction. Staff in the acute setting feel the tunics are lighter, easy to move in, easy to launder, hold their shape better and are comfortable to wear.



We will be better placed to consider how well this textile meets our needs when we have the results of the community trial. Another consideration will be cost. This

fabric is more expensive, however, it may be possible to offset these increased costs against savings made by purchasing a simpler uniform set.

Questions:

4. **In your view, what factors, including comfort, durability, cost etc., are most important when selecting a fabric for the tunics and trousers?**
5. **In your view would you consider silver technology fabric to be suitable for uniforms?**
6. **Do you have any suggestions for other types of fabric that we should consider?**

Trousers

All staff would wear navy trousers. We know there is a great deal of dissatisfaction with trousers currently on contract, in terms of fit, style and material. We are looking to address these, particularly through the use of alternative fabrics.

Questions:

7. **In your view, what factors, including comfort, durability, cost etc., are most important when specifying for NHS Scotland trousers?**

Tunic Colour

Tunic colour has proved the most contentious and difficult issue to develop consensus around.

To maintain improvements in fit we envisage making tunics available in a range of sizes. This means that each additional colour added to our set is not just one extra tunic – but an additional colour in the entire range of sizes, which would then need to be manufactured and kept in stock. This adds considerably to the cost of each tunic, and makes it more difficult to gain service improvements. The more variations in colours and therefore tunics we require, the less likely it is that it will be practical for the manufacturer to stock them and turn orders around quickly.

An equally important consideration is achieving clarity, as we know that patients, visitors and staff find the current array of colours confusing. However, it is clear that some colour differentiation is necessary. NHS Tayside introduced a scrub-style top in a single colour for all staff groups across one of their hospitals in 2005. The staff differentiation was by the wearing of different coloured epaulettes however, most Health boards have moved away from epaulettes for Staff safety reasons. NHS Fife initiated a trial of theatre scrubs in two wards in Queen Margaret Hospital, Fife in March 2007 Evidence from the Fife patient surveys suggest that patients felt the lack of colour differentiation was an issue, as it made it difficult to identify “the person in charge”.

To explore these issues further, we commissioned independent researchers, George Street Research, to determine patients’ views on a national uniform. Key findings are included at Annex B, a full report is available on the Staff Governance website at: www.staffgovernance.scot.nhs.uk. In line with other research, they found that the

current high number of uniforms created significant confusion and uncertainty amongst patients over the nature of staff roles. Patients do however want to be able to distinguish between non-clinical and clinical staff. They also want clear differentiation between certain types or grades of staff. In particular, many respondents in the research expressed a desire to differentiate the person in charge, and between registered and non-registered staff. However, the research also noted that a high number of different colours may result in similar levels of confusion for patients as there is at present.

It is clear that although patients are currently bewildered by the high number of different uniforms, they still wish to be able to differentiate the Senior Charge Nurse/Sister, and registered and non-registered staff. Similarly staff wish to differentiate these different grades.

Colour Option – the group’s recommendation

This paper seeks views on a simplified colour scheme which preserves these important differences of role and grade. This colour scheme is based around the concept of a clear clinical team, who would be distinguishable from the non-clinical team by colour. To this end, the clinical team would all wear 3 shades of blue:

- the most senior staff (Charge Nurse) would wear navy blue.
- registered staff would wear mid blue.
- non-registered staff would wear pale blue.



The Group’s recommendation (Option 1) – trio of blue tunics for clinical staff

- Allied Health Professionals (AHPs) would wear the trio of blue tunics, dependent on grade.



AHPs can choose tunic or polo shirt

- Clinical staff who currently wear a polo shirt would still have the option of doing so. The polo shirts will be available in the trio of blues.
- Nurse Practitioners would either wear navy or royal blue, with this decision delegated to local management.

The non-clinical team, including catering and cleaning staff, would wear green (eau de nil), with supervisors in a darker shade of green.



The Group's recommendation (Option 4) – duo of green tunics for non-clinical staff

More Complex Colour Schemes

The simple colour scheme described above, which was favoured by the Working Group, has the advantage of being easy to communicate to patients and staff, and will be simpler to procure and manage. However, it has attracted some criticism. In particular, we have received a number of comments from Allied Health Professionals that different colours allow service users to easily identify staff groups, and that colours are bound up with professional identity.

To address these concerns, this paper seeks views on some alternative colour schemes:

- **Alternative A:** An additional colour in 2 shades for AHPs, for example dark and pale lilac, to denote registered and non-registered AHPs of all Allied Health Professions

ISSUES

- Whilst there is considerable scope to choose an additional colour, we would need to develop consensus around which colour to choose.

- It would be confusing to choose 2 further shades of blue, as we would be increasingly expecting staff and patients to distinguish quite subtle shades, whilst instead of shade just indicating grade, it would in this scenario, denote role.
 - Deviating from blue for all clinical staff disrupts the very simple message that would be easy to communicate to patients. It would also be less clear what other clinical staff should wear, for example, doctors wishing to wear a uniform.
 - Two additional colours would add to the cost and impact on improvements to the service levels on the contract.
- **Alternative B:** AHPs wear the same trio of clinical blue colours, but are distinguished by a different coloured trim on the uniform. This could include up to 9 different trim options to denote the 9 Allied Health Professions.

ISSUES

- This scheme would maintain discrete identities for different professions whilst still enabling easy identification of the clinical team in blue.
- However, as these differences are quite subtle, arguably they may not meet the requirement to be different.
- 9 different trims in up to 36 different sizes would result in 324 different tunics. Although differentiating by trim colour would keep costs lower, because the manufacturing process would be the same until that point, introducing a range of different trims would mean that stock could not be held. This is likely to mean little or no improvement in lead times.
- The range of trims would add to the cost and impact on improvements to the service levels on the contract.

Alternative options for non-clinical and catering staff include:

- **Alternative C:** Non-clinical and catering staff would wear two different colours, for example, green and yellow, to distinguish between those involved in cleaning and those involved in food preparation/serving etc. This assumes these staff groups are discrete, and would entail 4 different tunics to identify respective supervisors.

ISSUES

- It has been suggested that the public will be concerned to see non-clinical and catering staff wearing the same uniform, as they will perceive it as unhygienic.
- This would compromise the simplicity of a clinical blue/non-clinical green colour scheme add to the cost and impact service levels.

Summary of Colour Proposals

Clinical		
OPTION 1	Group's Recommendation	All the Clinical Team in trio of blues
OPTION 2	Alternative A	Clinical Team in trio of blues and AHPs in 2 shades of lilac (or other colour)
OPTION 3	Alternative B	All the Clinical Team in trio of blues, but AHPs have different coloured trims.
Non-Clinical		
OPTION 4	Group's Recommendation	Non-Clinical Team in 2 shades of green (eau de nil)
OPTION 5	Alternative C	Catering team in green and non-clinical team, for example housekeeper, hairdresser, etc in yellow (for example)

Questions:

8. In your view, of the options outlined, which is the most appropriate colour scheme for tunics of clinical staff?
 Option 1 Option 2 Option 3 None of these And why?
9. In your view, is there a more appropriate colour scheme for clinical staff? If so, please detail your proposed scheme.
10. In your view, of the options outlined, which is the most appropriate colour scheme for tunics of non-clinical staff?
 Option 4 Option 5 Neither of these And why?
11. In your view, is there a more appropriate colour scheme for non-clinical staff? If so, please detail your proposed scheme.

Other Clinical Staff Groups

There are various other clinical staff who wear uniform, such as dentists, dental hygienists, dental nurses, pharmacists, pharmacist assistants etc. The group originally envisaged that these groups would also wear the same tunic style in the trio of blue, however if a more complex colour scheme is selected, they become a less obvious choice.

12. In your view, what needs to be considered in terms of specifying a uniform for dental staff, and why?
13. In your view, what needs to be considered in terms of specifying a uniform for pharmacy staff, and why?

Other Non-clinical Staff Groups

Chef's white will continue to be available on the contract, and will meet all Health and Safety requirements.

Porters will wear green (eau-de-nil) polo shirts and navy trousers with a NHS logo in navy blue. It has been suggested that it would be useful to identify senior porters, and we would be interested to hear consultees' views on this issue.



Porter

Security staff will wear black trousers, white shirt and clip on tie, with a military style jumper or where local policy dictates a black t-shirt and stab vest. Again, it has been suggested that it would be useful to identify senior security guards, and we would be interested to hear consultees' views on this issue.



Security Guard

Options for an NHS Scotland clerical uniform are still being developed. It is however clear that it should convey a smart corporate image for the organisation. An initial proposal is a green (eau-de-nil) shirt or blouse complete with NHS Scotland logo. This could be teamed with an NHS Scotland clip on tie for men.



Clerical staff

14. In your view, is the porter uniform appropriate?
15. In your view, is it important to distinguish senior porters by means of another uniform? If so, why, and please suggest how this might be done?
16. In your view, is the security guard uniform appropriate?
17. In your view, is it important to distinguish senior security guards by means of another uniform? If so, why, and please suggest how this might be done?
18. In your view, what are the most important considerations in terms of developing a clerical uniform?
19. In your view is the proposed uniform for clerical staff appropriate?

Agency Staff

The new uniforms will apply to NHS Scotland staff who currently wear a uniform, however in many healthcare settings, agency staff work alongside them. With various local uniform arrangements in place, this could undermine some of the benefits of national standardisation.

20. In your view, what practical considerations need to be addressed with regard to agency staff uniforms?

General Questions

21. Do you think that any of the proposals set in this consultation document will raise any specific issues for any of the equality groups (including race, disability, age sexual orientation, gender or religion and belief)?

22. Do you have any other comments you would like to make?

CONSULTATION AND COMMUNICATION

Following this consultation we envisage finalising the NHS National Uniform specification by early September 2008. The contract would then be put out to tender, and be available for Boards to purchase from 1st September 2009. We will publish a communication strategy in November 2008 to ensure changes are adequately communicated to staff.

Your comments and views are welcomed. Should you have any queries or require any further information about any of the issues raised in this paper, please contact Alan Milbourne at nationaluniformconsultation@scotland.gsi.gov.uk

NHSSCOTLAND NATIONAL UNIFORM

Q&A

Why a national uniform?

A national uniform specification will promote a coherent corporate image, making it easier for members of the public to identify NHSScotland staff. A national contract is also the most cost effective procurement option, maximising financial savings through bulk purchase. Importantly, it will also enable us to focus effort on developing a high quality specification that better meets our needs.

Who is driving the process?

The Cabinet Secretary for Health and Wellbeing has tasked the Scottish Government Uniform Working Group with developing a national uniform specification, which best meets the needs of our staff and patients. The Scottish Government Uniform Working Group includes officials and staff side representation.

Is this a cost-saving measure?

Our principal objective is to procure a uniform which is fit for purpose and best value.

We envisage that standardizing core items will improve quality and service. We know that both these issues are of concern, for example, with staff complaining that uniforms are not fit for purpose, Boards buying off-contracts and numerous reports of long lead times to fulfill orders.

How is the specification being developed?

This process began in October 2007, when NSS Procurement held workshops for representatives nominated by Directors of Procurement to identify key issues. This group comprises people who wear uniform on a daily basis. They have been responsible for identifying key issues, and developing a set of options to consult on.

Will the new uniform take advantage of new technologies, such as silver technology textiles?

We are currently trialing silver technology uniforms in a community and hospital setting. This consultation invites views on these alternative fabrics.

Will the uniform fit better?

Yes – a simplified uniform will enable us to specify garments better suited to our needs and to purchase garments in a broader range of sizes.

What is the timescale?

Following this consultation we envisage finalising the uniform specification by October 2008. The contract would then be put out to tender, and awarded in early 2009. We envisage it would be available for Boards to purchase from 1st September 2009 at the latest.

Will the new uniform proposals take account of the Senior Charge Nurse Review?

The SCN Review found that the majority of patients have great difficulty identifying both the SCN and other members of nursing staff. The research found that variations in colour across regions created confusion amongst patients, and that they felt that a national standard would help them identify staff more readily.

We envisage that it will be important for the uniform of SCN to be clearly identifiable. This consultation invites views on how this can be best achieved.

Who will the new uniform apply to?

It will apply to everyone. However, we recognise that many staff in a variety of settings do not wear uniform for a range of safety, clinical and other reasons. The new uniform policy will not compel anyone who does not currently wear a uniform to do so.

Is partnership fully involved?

Yes – the Scottish Government Uniform Working Group includes staff-side representation. The group's work is overseen by the Scottish Workforce and Governance Group (SWAG).

Have patients been consulted?

Designated Directors for Public Involvement at NHS Boards have used their Public Partnership Forums and other networks to make the public aware of work underway to establish a national uniform for NHSScotland staff. We have invited comments from these groups, which have helped inform the initial stages of the process.

We also commissioned independent Research Consultants, George Street Research to gather patients' views on the impact of changes to the national uniform set on patients and their relatives/carers. They have also interviewed a range of organisations who represent vulnerable groups, such as the elderly and disabled.

A summary of the conclusions is included at Annex B in this consultation document. The full report can be viewed on the Staff Governance website at www.staffgovernance.scot.nhs.uk

How will the new uniform be implemented?

Implementation will be mandated via a CEL for maximum efficiency. The new uniform will be phased in as needs require, with a requirement to phase in the new uniform for all staff by 2012. This would avoid one-off replacement costs - estimated in the region of £7m to £10m - associated with a “big-bang” launch.

Are there plans to introduce a dress code?

Yes – we are currently developing a set of common principles for commendation to Boards to inform the development of local policy. The code will reflect the evidence base published by the Department of Health in *Uniform and Workwear: An Evidence Base for Developing Local Policy*.

The Scottish Government Consultation Process

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses. Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises.

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review;
- inform the development of a particular policy;
- help decisions to be made between alternative policy proposals;
- be used to finalise legislation before it is implemented.

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

How to Respond to this Consultation

By email to:

nationaluniformconsultation@scotland.gsi.gov.uk

In writing to:

Alan Milbourne

Scottish Government Consultation on NHS Uniforms

Health Workforce Directorate

St Andrews House - GR

Regent Road

Edinburgh, EH1 3DG

We do ask that if you choose to write to us by post or email, that you complete and return the Respondent Information and the Consultation Questions Form and the Equal Opportunities Monitoring Form which you will find attached or on the website. This will ensure that we treat your response appropriately.

Should you have any queries regarding submitting a response to this consultation, or should you require a copy of the consultation papers in large print or an alternative format please **contact Alan Milbourne on Tel 0131 244 2044 or email nationaluniformconsultation@scotland.gsi.gov.uk**

RESPONDENT INFORMATION FORM

CONSULTATION: NHS SCOTLAND NATIONAL UNIFORM - SCOTTISH GOVERNMENT

CONSULTATION ON THE UNIFORM SPECIFICATION

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:

Postal Address:

1. Are you responding: (please tick one box)

(a) as an individual go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government website)?

Yes (go to 2b below)

No, not at all We will treat your response as confidential

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

3 The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you also content for your **response** to be made available?

Yes

No We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4. We may share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No

**RESPONSE FORM CONSULTATION: NHS SCOTLAND NATIONAL UNIFORM -
SCOTTISH GOVERNMENT CONSULTATION ON THE UNIFORM
SPECIFICATION**

Question 1 - In your view, do you consider there is a need for greater simplicity and more consistency in uniforms across Scotland? If not, why not?

Question 2 - In your view, is the style of the tunic appropriate?

Question 3 - We anticipate that although staff will require various protective clothing, this tunic will meet the needs of all staff. In your view, are there any groups who require a custom specification for their tunic, and if so, why?)

Question 4 - In your view, what factors, including comfort, durability, cost etc., are most important when selecting a fabric for the tunics and trousers?

Question 5 - In your view, would you consider silver technology fabric to be suitable for uniforms?

Question 6 Do you have any suggestions for other types of fabric that we should consider?

Question 7 - In your view, what factors, including comfort, durability, cost etc., are most important when specifying an NHS Scotland trousers?

Question 8 - In your view, of the options outlined, which is the most appropriate colour scheme for tunics of clinical staff?

Option 1 Option 2 Option 3 None of these And why?

Question 9 - In your view, is there a more appropriate colour scheme for clinical staff? If so, please detail your proposed scheme.

Question 10 - In your view, of the options outlined, which is the most appropriate colour scheme for tunics of non-clinical staff?

Option 4 Option 5 Neither of these And why?

Question 11 - In your view, is there a more appropriate colour scheme for non-clinical staff? If so, please detail your proposed scheme.

Question 12- In your view, what needs to be considered in terms of specifying a uniform for dental staff, and why?

Question 13 In your view, what needs to be considered in terms of specifying a uniform for pharmacy staff, and why?

Question 14 In your view, is the porter uniform appropriate?

Question 15 In your view, is it important to distinguish senior porters by means of another uniform? If so, why, and please suggest how this might be done?

Question 16 In your view, is the security guard uniform appropriate?

Question 17 In your view, is it important to distinguish senior security guards by means of another uniform? If so, why, and please suggest how this might be done?

Question 18 In your view, what are the most important considerations in terms of developing a clerical uniform?

Question 19 In your view, is the proposed uniform for clerical staff appropriate?

Question 20 In your view, what practical considerations need to be addressed with regard to agency staff uniforms?

Question 21 Do you think that any of the proposals set in this consultation document will raise any specific issues for any of the equality groups (including race, disability, age sexual orientation, gender or religion and belief)?

Question 22 Do you have any other comments you would like to make?

Equal Opportunities Monitoring Form

As part of the consultation on NHSScotland National Uniforms, we are committed to identifying how this policy affects you. We know that sometimes people may have difficulty accessing and using services because they have not been designed to take account of the different needs of people because of their age, gender, race, religion or beliefs, sexual orientation or because of a disability.

We want to know how to improve policies and services to better meet your needs. To help us to do this, we are asking you to tell us more about yourself.

All the information that you give us in this form will remain completely confidential.

If you fill in this form, it will help us to find out how we can improve services. If, however, you do not wish to answer any of the questions, please feel free to tick the 'prefer not to answer' box.

Please return your form along with your responses to the consultation. If you have any questions regarding this form, please contact Alan Milbourne at Health Workforce Directorate at email nationaluniformconsultation@scotland.gsi.gov.uk

1. Name:

Prefer not to answer.

2. Are you:

Male

Female

3. How old are you:

Prefer not to answer

4. What religion, religious denomination or body do you belong to:

Church of Scotland

No religion

Roman Catholic

Muslim

Other Christian

Buddhist

Jewish

- Sikh
- Hindu
- Another religion. If another religion, please tell us:
- Prefer not to answer

5. Do you have a health condition or disability that has lasted or is expected to last 12 months or more which makes it difficult for you to do day-to-day activities:

- Yes
- No
- Prefer not to answer

6. What is your ethnic group? Choose one section from A-E, then tick the box in this section which describes your ethnic background:

A. White

- Scottish
- Irish
- English
- Welsh
- Any other White background - please tell us:

B. Mixed

- Any Mixed background - please tell us:

C. Asian, Asian Scottish, Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background – please tell us:

D. Black, Black Scottish, Black British

- Caribbean
- African
- Any other Black background – please tell us:

E. Other

- Any other background – please tell us:
- Prefer not to answer

7. How would you describe your sexual orientation:

- Bisexual
- Gay man
- Heterosexual/straight
- Lesbian/gay woman
- Other. If other, please tell us:
- Prefer not to answer

8. Which of the following options would you say best describes your current situation (please tick one box only):

- Self-employed
- Employed full-time
- Employed part-time
- Looking after the home or family
- Unemployed and seeking work
- At school
- In further/higher education
- Government work or training scheme
- Permanently sick or disabled
- Unable to work due to short-term illness or injury
- Other. If other, please tell us:
- Prefer not to answer

9. What are the first 5 digits of your postcode:
(For example, KA24 - 5XX)

-

- Prefer not to Answer

Thank you for completing this questionnaire

List of consultees (by email)

Scottish Partnership Forums
Community Health Partnerships
MSG (Management Steering Group)
NHS Chairs
NHS Chief Executives
NHS Employee Directors
NHS Employers
NHS HR Directors
NHS Directors of Nursing
NHS Medical Directors
NHS AHP Directors
NHS Directors of Procurement
NHS Directors of Facilities
PFPI Directors (Patient Focus Public Involvement)
Royal Colleges
Regional Workforce Development Directors
Scottish Health Council
Scottish Post Graduate Deans
Scottish Dental Deans
Reputation and Attraction NHS HR contacts
SWAG (Scottish Workforce & Staff Governance Committee)
Universities / academic contacts
UCEA (Universities and Colleges Employers Association)
SPF (Scottish Partnership Forum)
Scottish Association of Medical Directors
Scottish Government – Health Workforce Directorate
Equalities Unit
Scottish Directors of Public Health Group
Voluntary Health Scotland
SGUWG (Uniform Working Group)
British International Doctors Association Scotland (BIDA)
British Association of Physicians of Indian Origin (BAPIO)
British Dental Association
British Medical Association
BMA Scottish Junior Doctors Committee
Fair For All (all 6 strands)
General Medical Council
Scottish Health Council / Patient Bodies
SCVO (plus req circ to organisations)
Skills for Health
Stonewall Scotland
Health Facilities Scotland
Strategic Facilities Scotland Advisory Group (SFSAG)

Annex A

Scottish Government Uniform Working Group (SGUWG) Membership

Scottish Government Health Directorates
NSS National Procurement
Staff side representation: UNISON; RCN
Employers: NHS Ayrshire and Arran
Health Facilities Scotland (from February 2008)
Health Protection Scotland (from May 2008)

NHS Scotland National Uniform Group (NHSS-NUG) Membership

NHS Greater Glasgow and Clyde
NHS Dumfries and Galloway
NHS Ayrshire and Arran
NHS Lanarkshire
NHS Lothian and Borders
NHS Forth Valley
NHS Fife
NHS Tayside
NHS Grampian
NHS Highlands
NHS Orkney
NHS Shetland
Golden Jubilee
Scottish National Blood Transfusion Service
State Hospital

NHS UNIFORMS RESEARCH

**Alex Hilliam and Sue Granville,
George Street Research**

Research Aims

1.1. The aim of this research is to determine how changes to the NHS national uniform may affect patients and to inform the development of the national uniform specification.

1.2. The specific research objectives are to:

- Assess what issues are important to patients in terms of staff's appearance (e.g. uniform type / colour, general appearance);
- Assess the importance of uniform to patients in terms of identifying staff (for example, how do patients feel about doctors and nurses wearing the same uniform?);
- Consider these in relation to vulnerable patient groups, such as adults with learning disabilities, children, the elderly.

2. METHODOLOGY

Overview of Research

2.1. The research was undertaken using qualitative methods. Six focus groups were undertaken with patients to explore their impressions of contact with NHS staff and of patient uniforms. To explore if any vulnerable patient groups had any particular concerns or needs in relation to the appearance of staff and uniforms, a number of telephone depth interviews were conducted with representatives of particular patient representative groups.

Approach to Selecting Respondents

2.2. To ensure that the views of a wide range of patient types and users of NHS services were consulted as part of the research, a cross section of respondents were recruited. Attendance at focus groups was based on consideration of the following respondent characteristics:

- Age, Gender and Socio-Economic Group of respondents
- Different geographic locations
- Nature of care settings recently used, i.e.:
 - Primary care (e.g. GP surgeries; physiotherapy and other services)
 - Secondary health care settings (e.g. Hospital in-patients and out-patients)

2.3. After consultation with the Scottish Government, the following groups were selected to be recruited:

- 1 group with older persons (65+yrs) who had attended primary or secondary care setting in last 12 months
- 1 group with older persons (50+yrs) who had attended primary or secondary care setting in last 12 months
- 1 group with 25-50 year old adults who had attended primary or secondary care setting in last 12 months
- 1 group with 25-50 parents whose children had attended primary or secondary care setting in last 12 months
- 1 group with 16-25 year old persons who had attended primary care setting in last 12 months
- 1 group with 16-25 year old persons who had attended secondary care setting in last 12 months

2.4. Respondents were selected with similar experiences of NHS services and from similar age groups for each group to facilitate discussion amongst respondents and to realise effective qualitative data. Respondents were recruited from a range of different socio-economic groups.

2.5. The groups were held over 11th – 13th March 2008 and each group lasted approximately one hour and included around 8 people. Groups were held in Glasgow, Edinburgh and Falkirk. These locations were chosen to ensure that patients with experience of different health board services (and as a result different types of current uniform) were recruited for the study.

2.6. A topic guide for the focus groups was developed and agreed with the Scottish Government. This is attached as an appendix.

2.7. To access the views of vulnerable patient groups, the Scottish Government provided a list of key contacts to be contacted for depth interviews. These comprised representatives of

6 key organisations¹. Not all of these organisations were able or willing to provide a representative to participate in the research, but interviews were held with three organisations and email contact was also made with one other organisation.

2.8. Groups and interviews were audio-recorded and transcribed to facilitate analysis.

¹ The organisations comprised: Scottish Society for Autism; Scottish Consortium for Learning Disability; Deafblind Scotland; Help the Aged; Age Concern Scotland; and Edinburgh Capability Scotland

3. SUMMARY AND KEY FINDINGS

The main findings from this research are as follows:

Current Expectations, Appearance and Interactions with NHS Staff

- Good quality communication between staff and patients, and ensuring that patients are spoken to clearly and made aware of staff roles and actions, are of key importance to patients. This is of particular concern for vulnerable patient groups, where understanding and training in relation to particular patient needs (e.g. learning disabilities, poor sight, poor hearing etc.) by staff is essential to ensure good communication.
- Cleanliness and general good appearance are more important to patients than having co-ordinated uniforms.
- Patients do not expect to see doctors in hospitals or GPs wearing uniforms, although some respondents still expect to see hospital doctors in white coats. However, respondents expressed concerns that despite the fact that doctors do not wear uniforms, that they should still ensure that they are clean and presentable.
- Typically it is expected that nurses wear blue or white uniforms and the non-clinical and auxiliary staff wear green or brown uniforms.
- Many respondents acknowledged that the current high numbers of uniform styles, and differences between styles at different sites has led to confusion or uncertainty by patients over the nature of staff roles.

Comments on Proposed New Uniforms

- In general, respondents indicated that the new uniforms were acceptable and appeared to be comfortable.
- Respondents indicated that it was important that staff were consulted over the suitability of the proposed uniforms and that their perceptions of comfort were at least as important as patients' opinions.
- The proposed reduction in the number of uniforms used was, in general, well received by respondents, in particular if this would generate cost savings for the NHS. The colours proposed were deemed broadly appropriate to the staff types and the prospect of consistency across Scotland expressed as good by many respondents.
- There were concerns by some respondents that simplification may have gone too far and that there may need to be clearer differentiation between certain types or grades of staff to enable identification by patients. In particular, many respondents expressed a desire to differentiate between senior and other nurses (either through different colours or the use of stripes) and expected auxiliary nurses to be in the green uniform rather than blue. Some respondents also suggested that other uniformed clinical staff should be differentiated (e.g. by another colour), although this was less strongly commented upon. However, this view was not held universally and others felt that a single uniform with clear badges identifying staff was acceptable.
- It is important that the badges to be used on uniforms should clearly state the name and position of the member of staff. These should be presented in large

clear text. The inclusion of the NHS Scotland or Health Board logo was desired by respondents.

It is important to note that, although some respondents called for more uniform colours to differentiate staff (e.g. a dark blue uniform or stripes for senior nursing staff), respondents acknowledged that a large increase in the number of different colours beyond the proposed two may result in similar levels of confusion for patients as present.

It is also interesting to note that respondents typically expected auxiliary nurses to wear the green uniform, and not the blue uniform worn by nursing staff. This differs from the current proposals that would have auxiliary nurses wearing blue.

It is also important to note that although a standardised uniform was felt by respondents to be a good thing, this was a less important issue when compared to cleanliness, professionalism and, in particular, clear communication between staff and patients.