

**NHS SCOTLAND NATIONAL
UNIFORM – SCOTTISH
GOVERNMENT
CONSULTATION ON THE
UNIFORM SPECIFICATON**

**ANALYSIS OF
CONSULTATION
RESPONSES**

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ACKNOWLEDGMENTS

Thanks to all at the Employee Experience Unit of the Health Workforce Directorate of the Scottish Government who provided input and offered advice as required, and to the individuals and organisations who responded to this consultation.

EXECUTIVE SUMMARY

Background Overview

The consultation on the *'NHS National Uniform – Scottish Government Consultation on the Uniform Specification'* was published by the Scottish Government on May 30th and ran until 14th July 2008.

According to the Scottish Government, a national uniform for NHS Scotland will:

- Promote a coherent corporate image for the organisation;
- Enable the procurement of better quality garments which are more appropriate to staff's needs;
- Make it easier for members of the public to identify NHS Scotland staff.

The principle objective of the Scottish Government is to procure a uniform which is fit for purpose and best value.

The consultation invited views on 9 key themes:

- An NHS Scotland uniform
- The "NHS Scotland Tunic"
- Tunic Fabric
- Trousers
- Tunic Colour
- Other Clinical Staff Groups
- Other Non-clinical Staff Groups
- Agency Staff
- General Questions

Overview of Consultees

A total of 647 responses to the consultation were received comprising responses from 289 Individuals, 64 Groups and 20 Stakeholder Organisations; 274 of the responses were received from people who did not give their details.

An NHS Scotland Uniform

In response to the question *'In your view, do you consider there is a need for greater simplicity and more consistency in uniforms across Scotland'*, three in four consultees (75%) were in favour of greater simplicity and more consistency in terms of uniforms across Scotland. Twelve percent made comments relating to the identification and differentiation of uniforms and 10% were against greater simplicity and more consistency.

The “NHS Scotland Tunic”

A mixed response was received from consultees in relation to the style of tunic with 37% providing negative comments and 37% providing constructive suggestions. In addition, 28% felt that the style is appropriate while 28% felt it inappropriate. The negative comments focused on the style of the tunic with consultees describing this as “*shapeless*”, “*unprofessional*”, “*scruffy*”, “*unflattering*” and so on. In contrast, positive phrases used to describe the tunic; mentioned in 13% of responses; included “*adaptable*”, “*neat*”, “*smart*”, “*professional*” and “*modern*”. Constructive comments focused on issues such as removing the tunic if contaminated, zips, collars, the length of the tunic, pockets and other suggestions.

Question 3 asked consultees whether there are any groups who require a custom specification for their tunic. A range of groups were mentioned by consultees with the highest proportion (17%) focusing on Community Staff. The general consensus was that Community Staff require something more appropriate than a tunic because the nature of their work involves being outdoors some of the time e.g. visiting patients.

Tunic Fabric

The most important factor when selecting a fabric for the tunics and trousers cited by consultees was comfort, with four in five (80%) stating this to be the case. Durability was also considered to be an important factor and this was mentioned by 42% of consultees.

Question 5 asked consultees if they would consider silver technology fabric to be suitable for uniforms. In response to this question around three in four (73%) said they would and provided positive comments about this type of fabric. The anti-bacterial properties and comfort of the fabric were quoted as positive aspects. Sixteen consultees on the other hand were concerned that the fabric may cause allergies.

When asked for suggestions for other types of fabrics to consider, 24% referred to fabrics with specific qualities (e.g. stretchy, easy maintenance, lightweight etc) and 23% referred to specific fabrics, with cotton or a cotton mix being the most frequently mentioned.

Trousers

Style was considered to be the most important factor when specifying NHS Scotland trousers, with 80% of consultees making comments relating to this. Forty-six consultees said they would like elastic/ semi-elastic waistbands. Comfort was also considered to be important and was cited by 72% of consultees. Thirty-one consultees said stretchy fabric/ flexibility is important.

Tunic Colour Schemes Clinical and Non-Clinical Staff

In terms of the most appropriate colour scheme for clinical staff, 28% were in favour of Option 1 (all clinical team in trio of blues); 22% were in favour of Option 2 (clinical team in trio of blues and AHPs in 2 shades of lilac or other colour) and 20% were in

favour of Option 3. Around a quarter (26%) noted *'None of these'*.

Question 9 asked consultees *'In your view is there a more appropriate colour scheme for clinical staff?'* In response to this question 30% were of the view that there should be different colour schemes to differentiate between professionals. This included 21 consultees who said there should be a different colour for each profession. Twenty-six percent discussed white-based colour schemes and 17% discussed colour schemes for specific groups.

In relation to colour schemes for non-clinical staff (Question 10), just over half of the consultees (54%) were in favour of Option 4 (Non-Clinical Team in 2 shades of green); 29% were in favour of Option 5 (Catering team in green and non-clinical team in yellow for example) and 14% stated *'Neither of these'*.

Question 11 asked if there is a more appropriate colour scheme for non-clinical staff. In response to this question around one in four (23%) discussed other colour schemes, which included 5 mentions of black and 5 mentions of lilac. Twelve percent discussed colour schemes to differentiate between staff groups (e.g. catering and domestic staff).

Other Clinical Staff Groups

Consultees were asked to state what needs to be considered in terms of specifying a uniform for dental and pharmacy staff (Questions 12 and 13). In relation to dental staff, consultees made comments relating to the identification/ differentiation between dental and other staff groups (18%), and 17% discussed the colour of the uniform specifically noting the colour white.

The findings relating to pharmacy staff mirrored that of dental staff with 21% making comments relating to the identification/ differentiation between pharmacy staff and other staff groups and 17% providing comments relating to the colour of the uniform.

Other Non-Clinical Staff Groups

Question 14 asked *'In your view, is the porter uniform appropriate?'* In response to this, 61% of consultees agreed the uniform is appropriate and one in five (20%) felt the uniform is inappropriate, with 13 consultees making comments relating to their dislike of the colour green.

In relation to Senior Porters (Question 15) 45% felt it is not important that senior porters are distinguished by another uniform. One third of consultees provided a range of suggestions as a means of distinction (e.g. darker shirt, badge, different colour shirt/ collar).

Around two thirds of consultees (64%) agreed the security guard uniform is appropriate (Question 16). Sixteen percent however disagreed that the uniform is appropriate and made specific reference to the black tshirt and stab vest (worn where local policy dictates) stating this looks like a police uniform and too threatening for a hospital environment.

Question 17 asked if it was important to distinguish senior security guards by means of another uniform. Around half the consultees (49%) felt that this is not important. Twenty-three percent provided a range of suggestions as a means of distinction (e.g. badge, colour, colour bands on sleeves, trim etc).

The most important consideration in terms of developing a clerical uniform is comfort (48%) followed by appearance (37%).

Question 19 went on to ask whether the proposed uniform for clerical staff is appropriate. In response to this question, 50% said the uniform is not appropriate. Key themes related to colour, fabric, lack of pockets and that it does not look smart and professional. In contrast 46% felt that the uniform is appropriate.

Agency Staff

One third (33%) of consultees thought that agency staff uniforms should be different to NHS staff uniforms. Of these 41 consultees said agency staff need to be identifiable and 18 suggested agency staff could wear a different colour. In contrast, one in four (25%) felt agency staff uniforms should be the same as NHS uniforms.

General Questions

Question 21 asked consultees if any of the proposals set out in the consultation document will raise any specific issues for any equality groups. Just over half of the consultees (54%) stated the proposals will not raise any issues. Forty-three percent said they would and mentioned gender, religion, disability and ethnicity issues.

The final question of the consultation asked consultees if they had any other comments they would like to make. Of the comments received the highest proportion related to identification/ differentiation (37%); 34% related to colour schemes and 29% to appearance and 29% to style.

1 INTRODUCTION

Background

- 1.1 The Cabinet Secretary for Health and Wellbeing has tasked the Scottish Government Uniform Working Group (SGUWG) with developing a national uniform specification, which best meets the needs of staff and patients.
- 1.2 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, over 250 different styles of tunic in over 100 different colours are purchased. A range of epaulettes, 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.
- 1.3 Independent research suggests that patients are confused by the current array of colours and styles, and find 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 in or access services across Scotland.
- 1.4 According to the Scottish Government, a national uniform for NHS Scotland will:
 - Promote a coherent corporate image for the organisation;
 - Enable the procurement of better quality garments which are more appropriate to staff's needs;
 - Make it easier for members of the public to identify NHS Scotland staff.
- 1.5 The principle objective of the Scottish Government is to procure a uniform which is fit for purpose and best value.
- 1.6 In order to achieve these key objectives and identify appropriate proposals for a new uniform set, the Scottish Government Uniform Working Group formed the NHS Scotland National Uniform Group (NHSS-NUG) (hereafter referred to as 'the Group') and invited different types of staff (nominated by Directors of Procurement from each Health Board), including those who actually wear a uniform on a day to day basis, to attend and consider the issues in detail. As part of its role, the group considered uniform samples, received reports on wearer trials and commissioned independent research on patients' views. In addition to this, the group developed a set of initial proposals which they wished to consult on more broadly.

2 THE CONSULTATION PROCESS

2.1 The consultation document sets out the recommendations (including the advantages and disadvantages of alternatives) for a national uniform, providing details of the proposed specification and colour schemes.

Timing of the Consultation

2.2 The consultation was launched on 30th May 2008 and ran until 14th July 2008.

Nature of the Consultation

2.3 The consultation document asked 22 specific questions under 9 general question headings covering:

- An NHS Scotland uniform
- The “NHS Scotland Tunic”
- Tunic Fabric
- Trousers
- Tunic Colour
- Other Clinical Staff Groups
- Other Non-clinical Staff Groups
- Agency Staff
- General Questions

Distribution of the Consultation Document

2.4 A wide range of organisations were e-mailed copies of the questionnaire and consultees were invited to respond to the consultation either by e-mail or in writing. A copy of the consultation document can be found on the Scottish Government website: <http://www.scotland.gov.uk/Publications/2008/05/30115423/13>.

3 ANALYSIS OF RESPONSES

Reporting and Analysis

- 3.1 The following chapters document the substance of the analysis and present the main issues and views expressed in the responses. These follow the ordering of questions in the consultation document.
- 3.2 Responses to the consultation questionnaire, which came mainly from individuals, were examined for themes and sub-themes, with each of these given a code number. Codes were entered into our statistical analysis package, SNAP, alongside data from the closed (tick box) questions and data tabulations were produced to show the strength and frequency of comments and which views were common to which types of respondent.
- 3.3 Appropriate verbatim comments received from Stakeholder Organisations were selected both to illustrate key themes and to provide extra detail for any specific areas of interest.

Interpretation of Findings

- 3.4 While the exercise was intended to give all those who wished to comment an opportunity to do so, views may not be representative of the Scottish population.
- 3.5 Given the primarily self-selecting nature of any consultation exercise, it should be noted that any statistics quoted here cannot be extrapolated to a wider population outwith the consultation population.

Respondents by Category

- 3.6 Submissions were received from 647 respondents:
- those responding on behalf of a group or organisation 84 (13%);
 - those responding as individuals 289 (45%);
 - those unknown who did not give their details 274 (42%)

Table 3.1 - Total number of Respondents by Category

Respondent Type	No	%
Individuals	289	45
Groups	64	10
Stakeholder Organisations	20	3
Unknown	274	42
TOTAL	647	100

4 AN NHS SCOTLAND UNIFORM

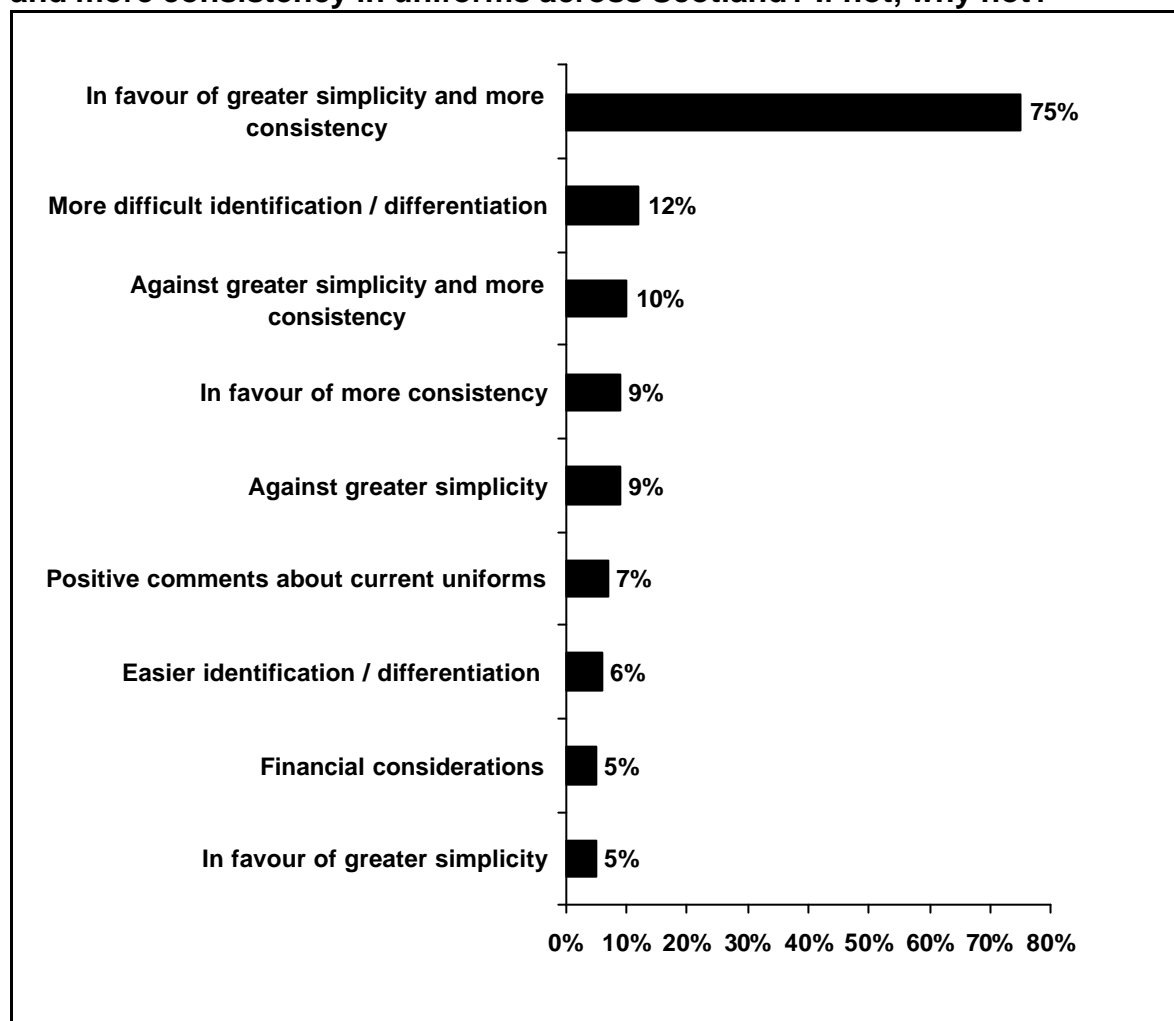
- 4.1 According to the consultation document *“There is a high level of agreement for the need for greater simplicity and more consistency in uniforms across Scotland”*. The uniforms which are currently being purchased do not meet needs and a simple set would allow better management of the contract. For example, the Group would be able to specify custom products that better meet their needs and stock a much wider range of sizes – providing improvements in fit and lead times. It is believed *“The fewer the core items, the easier it would be to secure such improvements”*.
- 4.2 Additionally, it is recognised that patients and staff are confused by the range of different uniforms currently in use. However, it is deemed essential that a set is developed that continues to differentiate staff groups and grades.

Greater Simplicity and More Consistency in Uniforms across Scotland

- 4.3 As shown in Chart 4.1, three in four consultees (75%) saw a need for greater simplicity and more consistency in uniforms across Scotland. Concerns were expressed by 12% who were of the opinion that simplicity would be confusing as it would be harder for patients and staff to distinguish between the different professions. Ten percent of consultees stated they were against greater simplicity and more consistency. Positive comments in relation to the current uniform were provided by 7% of consultees who felt that the current uniforms are simple, professional and recognisable by colour. Six percent made comments relating to easier identification/ differentiation; 5% discussed the financial implications and 5% provided comments demonstrating that they were in favour of greater simplicity.

Chart 4.1

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?



*Values below 5% not presented

Base: 445

In favour of greater simplicity and more consistency

4.4 Three hundred and thirty-five consultees were in favour of greater simplicity and more consistency in uniforms across Scotland. One stakeholder organisation was of the view that:

“The current variety of uniforms in NHS Scotland is considerable and can be confusing for patients and new staff. It is also recognised that simplification would bring economies of scale to the purchase of uniforms and a modernised corporate image to NHS Scotland. There are therefore clear advantages for patients, staff and NHS resources from a national approach to uniforms across NHS Scotland”.

More difficult identification/ differentiation

- 4.5 Fifty-four consultees made comments relating to the identification/ differentiation of uniforms. This included 26 who were of the view that different staff groups should wear different uniforms in different colours. Twenty-one explained it would be harder for patients to identify staff. Eight were concerned there would be a loss of professional identity. One stakeholder organisation noted:

“In relation to simplicity, it was the view of our members who responded that a balance had to be obtained between simplicity and being able to distinguish different professional groups/roles. Our members considered this to be important for professional identity and for the public understanding.”

Against greater simplicity and more consistency

- 4.6 Forty-six consultees were against greater simplicity and more consistency because they felt that there was not a need for this.

5 THE “NHS SCOTLAND TUNIC”

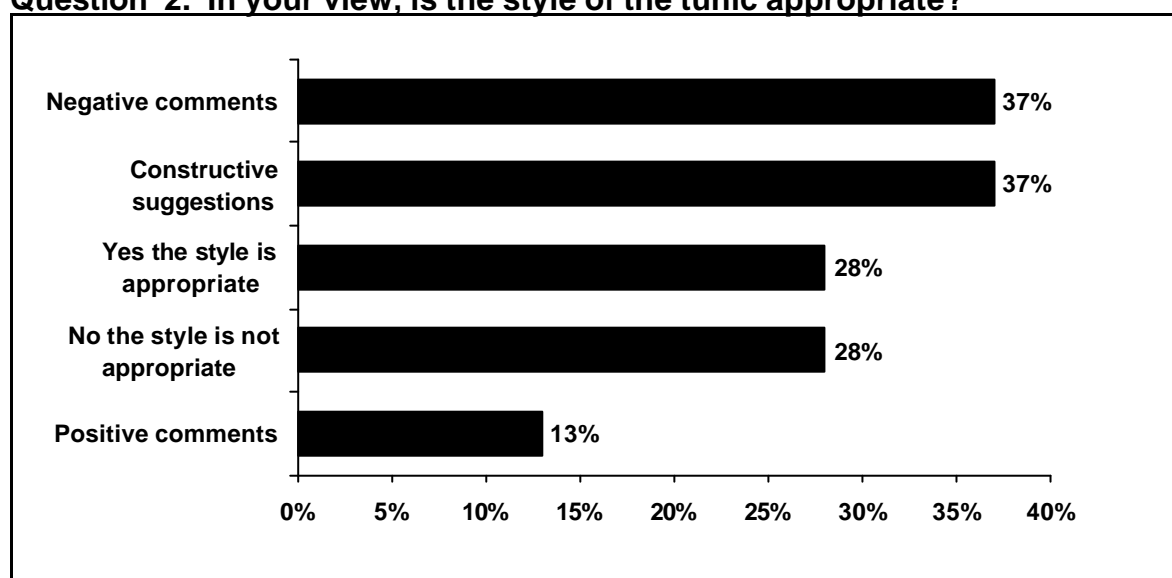
5.1 As part of the consultation, views were sought on a single unisex tunic for clinical and non-clinical staff who currently wear a tunic or tunic style dress. The consultation document included details of the proposed style of the tunic, the available sizes, the logo and customisations.

Style of Tunic

5.2 Consultees were asked the question ‘*In your view, is the style of tunic appropriate?*’ In response to this question, around one third of consultees (37%) provided negative comments although the same proportion (37%) provided constructive suggestions. Twenty-eight percent said yes the style of the tunic is appropriate and, again, the same percentage felt it inappropriate. There were positive comments from 13% of respondents (see Chart 5.1).

Chart 5.1

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



Base: 459

Negative Comments

5.3 One hundred and seventy consultees made negative comments about the tunic. Analysis of the comments received revealed consultees were mostly concerned with the look and fit of the tunic, mentioning:

- Shapeless/ baggy (58 mentions)
- Unprofessional (44 mentions)
- Scruffy/ untidy (37 mentions)
- Unflattering (25 mentions)
- Ill-fitting (18 mentions)
- Unattractive appearance (12 mentions)

5.4 The following quotes from stakeholder organisations illustrate some of these points:

“The general consensus is that it is not attractive and not smart, crisp or professional.”

“The tunic lacks a professional image due to its untailored appearance. The tunic is unflattering, baggy, looks like surgical scrubs and does not present the most professional image – but needs to balance visual impact with practicalities.”

Constructive Suggestions

5.5 When discussing the style of the tunic, 168 consultees provided constructive comments. These comments related to either the proposed tunic or were suggestions for additional requirements:

- Difficult to remove if contaminated (49 mentions, including 5 stakeholder organisations)
- Should have a zip/ buttons to make it easier to pull off and on (41 mentions)
- Should have a collar (24 mentions)
- Neckline is too low (19 mentions)
- Sleeves are too long (17 mentions)
- Problems with pockets e.g. pens could fall out of breast pockets, hip pockets interfere with mobility and handling (16 mentions)
- The tunic might restrict freedom of movement (15 mentions)
- Staff with arm or shoulder problems would find it difficult to get the tunic over their heads (15 mentions)
- Too long (10 mentions)
- Not enough pockets (10 mentions)
- Modesty issues/ too revealing (10 mentions)

Positive Comments

5.6 Sixty-one consultees provided positive comments and of these 44 gave a qualified “yes” and went onto give constructive comments. The largest single positive comments were that the tunic is practical (6 mentions) and comfortable (3 mentions).

5.7 Two stakeholder organisations noted:

“At first glance the look is ok. It looks neat, practical, comfortable and a clear way to distinguish between staff groups.”

“In general our responses indicated that the tunic style was acceptable.”

Requirements of Specific Staff

5.8 A small number of consultees (6%) made reference to the requirements of specific staff groups. Nineteen consultees maintained the tunic is not appropriate for community staff. Five consultees noted Community Staff need warmer clothing and 4 thought community staff need to look more professional. Six felt the tunic is not appropriate for other specified groups (e.g. Maternity Care Assistants, Learning Disability Nurses, Nurses in rehabilitation team etc).

Gender Issues

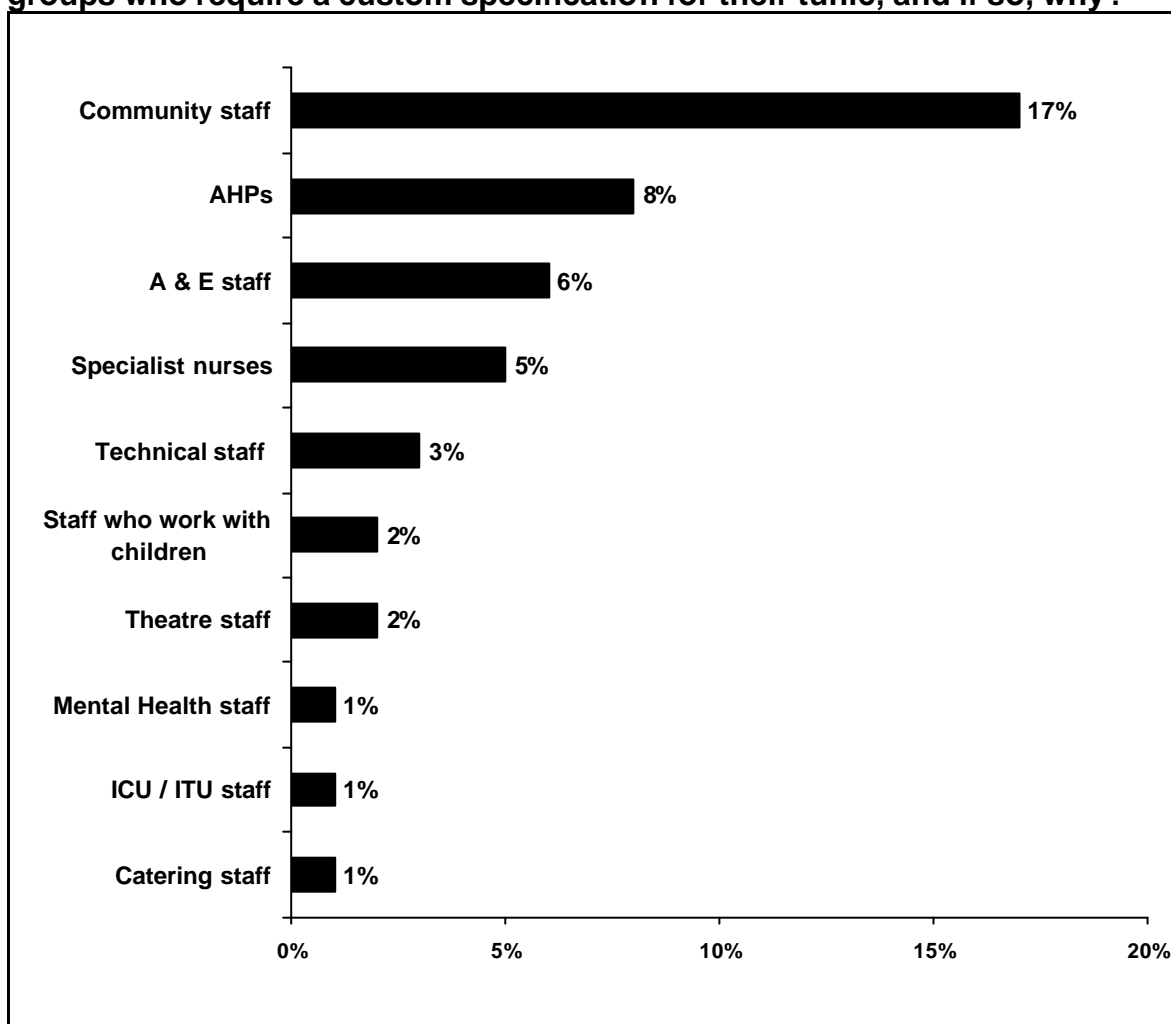
5.9 There were several comments relating to the appropriateness of the tunic in terms of its suitability for male and female staff. A total of 9 consultees indicated the unisex style will be a bad fit, and a different style is needed for men and women. Eight provided negative comments about the unisex style in general. Seven consultees stated the unisex tunic is not appropriate for women (e.g. it is not designed to fit the female shape) although in contrast, 4 consultees thought the tunic is too feminine and not appropriate for men. Four consultees indicated that they were not sure if the tunic is appropriate for male members of staff as there were no photos of men wearing the tunic to help them decide.

Groups Who Require a Custom Specification

5.10 As described in the consultation document, it is anticipated that, although staff will require various protective clothing, the tunic will meet the needs of all staff. In response to the question *'In your view, are there any groups who require a custom specification for their tunic, and if so, why?'* 17% of consultees made specific reference to Community Staff, 8% referred to Allied Health Professionals (AHPs), 6% to Accident & Emergency (A & E) staff and 5% to Specialist nurses (see Chart 5.2).

Chart 5.2

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?



Base: 350

Community Staff

5.11 Of those who made comments specifically relating to Community Staff, the general consensus was that Community Staff require something more appropriate than a tunic (24 mentions). For example, 29 consultees indicated Community Staff require additional seasonal outdoor clothing such as cardigans, fleeces, jackets etc. It is however noted in the consultation document that additional items of clothing would continue to be included as part of the contract. Nine consultees pointed out Community Staff require pockets with zips and 8 said they require collars to look more professional. One stakeholder organisation noted:

“The issue of staff going into the community was raised and their request for matching sweaters, jackets, fleeces etc.”

AHPs

5.12 Seven consultees were of the view that AHPs require uniforms that distinguish them from nurses, for example some form of colour coding. With specific reference to Physiotherapists, 13 consultees noted the need for a tunic which allows ease of movement and flexibility because their job involved bending, stretching and working on the floor. Three consultees also highlighted the fact that Radiologists have special requirements, since nurses and technicians working with radiation require long sleeves.

A & E Staff

5.13 Of those consultees referring to A & E staff, 20 mentioned there would still be a need for protective clothing such as water-repellent clothing/ long sleeves for protection against contamination (by bodily fluids). Three consultees felt it was important that A & E staff have clothing that can be easily changed if contaminated. Custom specification for A & E staff was seen as especially important by the stakeholder organisations; 3 out of the 14 commented on this issue.

Specialist Nurses

5.14 A number of consultees (7) suggested that staff/ nurses who work in paediatrics e.g. nursery nurses, could wear more colourful uniforms which are child-friendly. Four noted psychiatric nurses/ mental health workers have specific safety requirements such as front-opening tops to allow escape if grabbed, no pockets etc. In relation to midwifery/ maternity staff, 2 consultees stated they require protective clothing for protection against bodily fluids, 2 other consultees suggested that midwifery/ maternity staff should wear scrubs as these are the only option that meets all their requirements.

6 TUNIC FABRIC

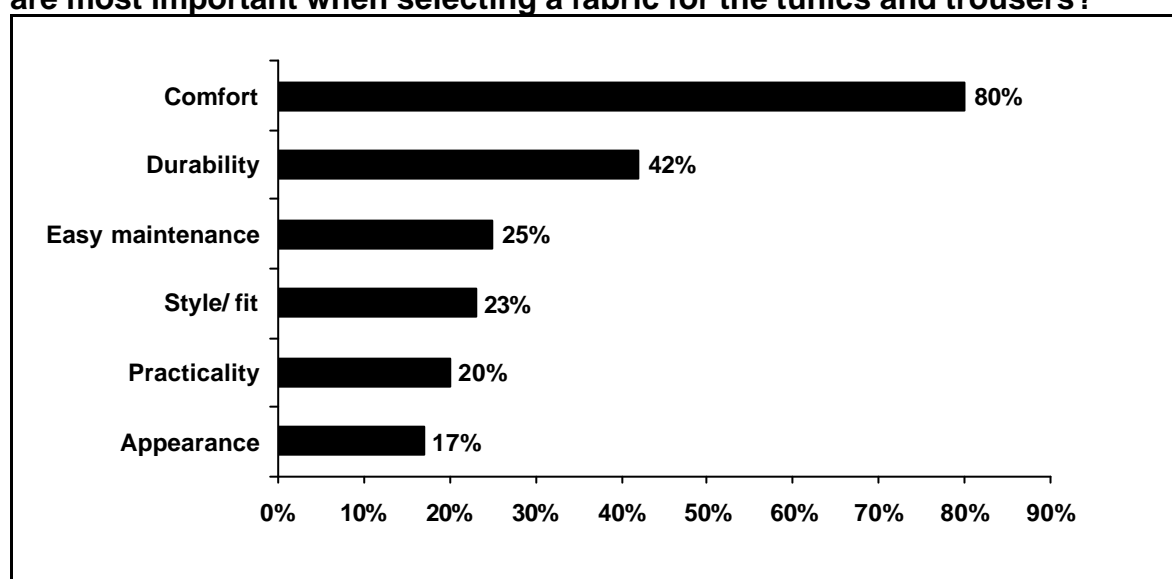
6.1 The consultation document stated “Many of the complaints made by staff about the tunics currently on contract are that the material is unsuitable”. Polyester/cotton options which meet laundering requirements have been criticised as being uncomfortable to wear and too hot for wards.

Most Important Factors When Selecting a Fabric for the Tunics and Trousers

6.2 The consultation document sought views on the most important factors in terms of selecting a fabric and Chart 6.1 presents the results.

Chart 6.1

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



Base: 411

Comfort

6.3 As illustrated in Chart 6.1, four in five consultees (80%) considered comfort to be the most important factor when selecting a fabric for tunics and trousers. The following list provides a summary of consultees' requirements in terms of comfort:

- Stretchy/ flexible fabric that allows for ease of movement (57 mentions)
- Coolness (35 mentions)
- Thermo-dynamic fabric – cool in hot conditions, warm in cool conditions (33 mentions)
- Breathable fabric – not sweat-inducing (31 mentions)
- Soft/ not rough on skin (7 mentions)
- Anti-static – does not cling to body (6 mentions)
- Absorbent fabric - absorbs sweat (6 mentions)

Durability & easy maintenance

- 6.4 One hundred and seventy-two consultees felt durability of fabric is an important factor to consider when selecting the fabric for the tunics and trousers. Of these, 133 consultees indicated the fabric had to be durable and hardwearing with some mentioning durability of trouser fabric for people who work on their knees. Twenty-four consultees felt it was important that the fabric is durable through frequent washing (at high temperatures) and should be able to withstand industrial cleaning and tumble drying etc. Thirteen were also of the view that the fabric should be able to be washed at the correct temperature for infection control (e.g. at 60 degrees). Twelve consultees felt it was important that the fabric retains its shape. One stakeholder organisation noted:

“Comfort and durability must be a priority and if the fabric is durable then the uniforms will be longer lasting and therefore more cost effective.”

- 6.5 One hundred and two consultees referred to maintenance issues, in particular ease of washing and ironing.

Practicality

- 6.6 One in five (20%) thought it is important when selecting a fabric that it is practical. Twenty-eight consultees thought the fabric should be practical/functional, fit for the purpose and easy to work in and carry out tasks without hindrance. Three specifically noted the tunic should comply with Health and Safety regulations in terms of moving and handling, infection control etc:

“In all our discussions with members the key element for staff is that any uniform they wear must be ‘fit-for-purpose’. This includes wearer comfort (temperature and movement/fit) as a top priority.”

Appearance, style and fit

- 6.7 Seventeen percent stated appearance is important when selecting a fabric for tunics and trousers. Consultees felt it was important that the uniform is of a smart/ neat appearance (34); has a professional appearance (23) and is attractive looking (16).
- 6.8 Ninety-three consultees commented on the importance of style or fit.

Silver Technology Fabric

- 6.9 Alternative textiles in the form of silver technology are currently being considered. As described in the consultation document silver technology fabric is thermo-dynamic (keeps one cooler when it is hot and warmer when it is cold and anti-bacterial to fight body odour).
- 6.10 Question 5 in the consultation document asked ‘In your view would you consider silver technology fabric to be suitable for uniforms?’ A total of 399 consultees out of 647 provided comments relating to this question, with the

majority (73%) being positive. In contrast 14% indicated this type of fabric is unsuitable and provided negative comments. Ten percent made comments relating to the suitability of silver technology and outlined a number of factors to consider.

Suitable

6.11 A number of positive comments (290) were received demonstrating consultees' support for using silver technology material. While 16 consultees said they have no experience of this type of fabric they did however state it sounds good. Ten consultees provided positive comments relating to the anti-bacterial properties of the fabric which helps combat healthcare-associated infections. Nine said they were in favour of the fabric if it is comfortable. Some consultees (7) referred specifically to the silver technology trials which have taken place in; NHS Ayrshire and Arran, NHS Lothian and NHS Greater Glasgow and Clyde; indicating that these have been successful. One stakeholder organisation said:

“Staff were very interested in ‘silver technology’ particularly its thermal properties for summer and winter, and expressed support for these garments.”

Unsuitable

6.12 Fourteen percent of consultees who provided comments to this question were of the view that silver technology fabric is unsuitable. Sixteen consultees were concerned the fabric may cause allergies and that not enough is known about silver allergies and the long-term effects. One stakeholder organisation noted *“The consultation paper presented little information on this technology and many of our members were not aware of this type of fabric”*. Seven consultees were of the opinion that there may not have been sufficient risk-assessment/microbiological involvement at a clinical level to assess risk (e.g. anti-bacterial properties can lead to mutations in bacteria).

Provisional comments

6.13 One in ten consultees (10%) provided 'provisional' comments about silver technology fabric. Eleven indicated that if the evidence is conclusive and proves it helps then it would be suitable. Ten said if it works and does what it claims then it will be suitable. Eight consultees stressed the cost must be taken into account: One stakeholder organisation noted:

“Have no strong views re the silver technology. If trials have shown that it is thermo-dynamic and comfortable then that is acceptable. Appreciate however that it is more costly”

Suggestions for Other Types of Fabric

6.14 All consultees were asked to provide suggestions for other types of fabric. A total of 303 out of 647 consultees responded to this question. Twenty-four percent provided comments about fabrics with specific qualities and a similar proportion (23%) mentioned specific fabrics.

Fabric with specific qualities

6.15 Seventy-two consultees referred to fabrics with specific qualities. Consultees used a variety of phrases to describe the type(s) of fabric which should be considered:

- Stretchy/ flexible fabric/ Lycra content (for ease of movement) (20 mentions)
- Easy maintenance fabric/ easy to wash (14 mentions)
- Lightweight fabric (12 mentions)
- Stretchy cotton fabric (8 mentions)
- Cool fabric (8 mentions)
- Durable/ hardwearing fabric (5 mentions)
- Comfortable fabric (5 mentions)
- Breathable fabric (5 mentions)

6.16 A stakeholder organisation noted:

“There were no suggestions for type of fabric but comfort was seen as the key to a uniform that is worn for up to 12 hours.”

Specific fabric

6.17 Seventy-one consultees referred to other types of fabrics with cotton or a cotton mix being the most frequently mentioned:

- Cotton/ pure cotton (34 mentions)
- Cotton polyester mix (10 mentions)
- Cotton viscose mixture (6 mentions)
- Natural fibres (6 mentions)

6.18 In relation to the current uniform, one stakeholder organisation stressed *“The high polyester content in current uniforms is universally disliked”*.

7 TROUSERS

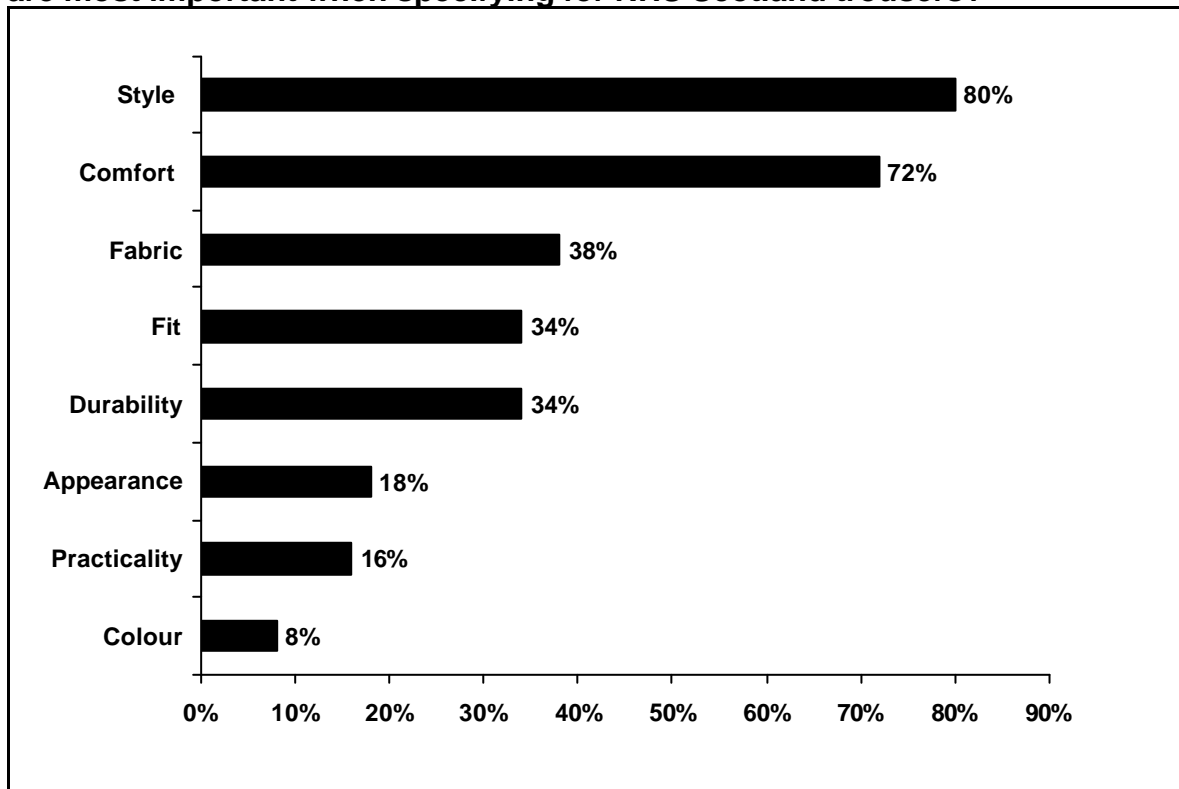
7.1 The consultation document proposed that all staff would wear navy trousers and recognised that there is a great deal of dissatisfaction with trousers currently on contract in terms of fit, style and material.

Most Important Factors When Specifying for NHS Scotland Trousers

7.2 A total of 404 consultees (out of 647) provided comments to the question *'In your view, what factors, including comfort, durability, cost etc are the most important when specifying for NHS Scotland trousers?'*. As shown in Chart 7.1, in response to this question, style was deemed the most important factor with four in five consultees mentioning this. Around seven in ten (72%) felt that comfort was an important issue. Thirty-eight percent indicated fabric is important; 34% the fit; 34% durability; 18% the appearance; 16% practicality and 8% the colour.

Chart 7.1

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



Base: 404

7.3 The highest proportion of consultees who provided comments in relation to this question (243) felt the most important factor when specifying for NHS Scotland trousers is comfort/ comfortable style.

Style

7.4 Of those consultees who thought style of trousers was an important factor

(322), 46 had a preference for elastic/ semi-elastic waistbands; 30 were in favour of lots of pockets; 16 referred to a more comfortable waistband and 9 noted a good cut/ shape is important. Eight consultees were not in favour of an elastic waistband.

Comfort

7.5 A total of 290 consultees felt that comfort was an important factor when specifying NHS Scotland trowsers. Thirty-one consultees said stretchy fabric/ flexibility is important. Other important factors suggested by consultees included cool fabric (19); breathable fabric (18) and thermo-dynamic fabric (9).

Fabric

7.6 Of those consultees who felt fabric was an important factor (153), 44 stated the fabric had to be easy maintenance/ easy to launder. Ten consultees felt it was important to have good quality fabric and 9 had a preference for lightweight fabric.

Fit

7.7 One hundred and thirty-eight consultees were of the opinion that the fit is an important factor when specifying for NHS Scotland trousers. Of these, 75 noted a good fit is important. Thirty-four said sizing is important e.g. should not be a "one-size fits all" variety and 29 said there should be the option of different leg lengths e.g. tall and short. Fifteen were against unisex style trousers and maintained there should be separate fits for men and women. One stakeholder organisation suggested "*Consideration should be given to waist length, height, elastic waist bands and width of leg*" a different stakeholder organisation noted "*Fit is the most important [factor].*"

Durability

7.8 A total of 137 consultees considered durability to be an important factor when specifying for NHS Scotland trousers. Of these, 105 maintained the trousers have to be durable and hardwearing. Twenty-five noted the fabric had to be durable e.g. no bobbling and be able to withstand frequent washing. Seven were also of the view that the fabric must retain its shape. In relation to trousers per se, 9 out of the 15 stakeholder organisations who commented mentioned durability; 2 of them made the following comments:

"The staff also felt the trousers should be washable at home, crease resistant, and comfortable in different temperatures."

"Durability, stretch and two options of light and heavy-weight trousers to deal with differing weather conditions."

Appearance

7.9 Seventy-two consultees felt appearance is an important factor. Of these 48 said the trousers had to look smart/ attractive. Fourteen thought the trousers must

have a professional appearance and 8 consultees said they had to look flattering. One stakeholder organisation said the uniform should have a *“tailored professional appearance”*.

Practicality

7.10 Sixty-six consultees remarked that the trousers had to be practical with 36 who thought it is important that the trousers allow for ease of movement and handling. Eight consultees stated the trousers have to be practical, functional and fit for the purpose.

Colour

7.11 Thirty-three consultees saw colour as important. Of these, 13 said the colour is especially important in terms of complementing the colour of the tunic/ polo shirt. Twelve said it is important that the colour of the trousers doesn't fade.

7.12 The following two quotes represent typical responses received from stakeholder organisations:

“Important factors are comfort, durability and cost plus availability of full range of sizes.”

“Comfort, ability to move and undertake tasks without hindrance, durability and ease of laundering.”

8 TUNIC COLOUR SCHEMES - CLINICAL & NON-CLINICAL STAFF

8.1 The consultation document stated “*Tunic colour has proved the most contentious and difficult issue to develop consensus around*”. Views were sought on a simplified colour scheme based around the concept of a clear clinical team, who would be distinguishable from the non-clinical team by tunic colour.

Clinical Staff

8.2 The consultation paper presented three options for consultees to consider in terms of which is the most appropriate colour scheme for tunics of clinical staff. The options were as follows:

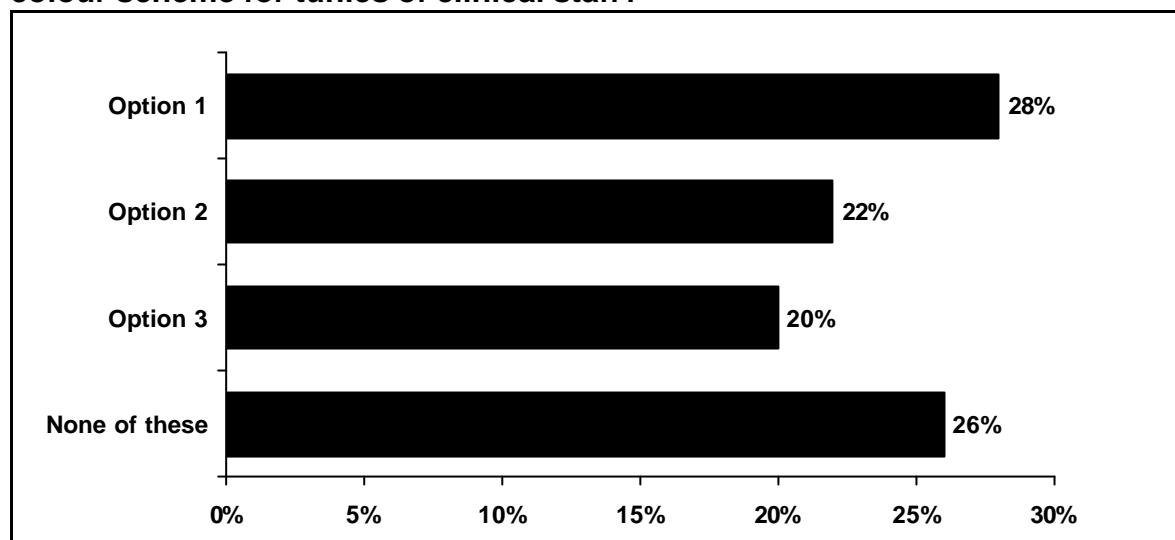
- **Option 1: Group’s recommendation** – All the clinical team in a trio of blues
- **Option 2: Alternative A** – Clinical Team in trio of blues and AHPs in 2 shades of lilac (or other colour)
- **Option 3: Alternative B** – All the Clinical Team in trio of blues, but AHPs have different colour trims
- **None of these**

8.3 As Chart 8.1 shows, 28% of consultees were of the view that Option 1 is the most appropriate colour scheme for tunics of clinical staff. Option 2 was favoured by 22%; Option 3 by 20%; and 26% did not prefer any of the stated options.

8.4 When we compare the data in terms of sub-groups, the highest proportion of AHPs (7 groups or 50% of the AHP groups who commented) indicated ‘*None of these*’, nursing staff groups were split between Option 2 (4 groups or 36%) and Option 4 (4 groups or 36%); the highest proportion of Pharmacy staff (2 groups or 67%) indicated ‘*None of these*’ and the only dental group who commented was in favour of Option 1.

Chart 8.1

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



Base: 333

8.5 Two hundred and ninety consultees provided a variety of comments in relation to all of the options. The key themes emerging were as follows:

- Identification/ differentiation of professional groups (207 mentions)
- Need for different colour schemes (120 mentions)
- Identification/ differentiation of grades (55 mentions)
- Coloured trims (40 mentions)

Option 1

8.6 Looking at those consultees who commented on Option 1, many discussed the blue/ blue-based colour schemes. Of these, 10 consultees felt that it is appropriate for all clinical staff to be in the three shades of blue. Ten also acknowledged that trained and untrained staff should be in different colours and not just different shades e.g. untrained staff should not be in blue. Two stakeholder organisations in support of Option 1 noted:

“Option 1, as this clearly defines the different grades of staff, but also donors and patients can identify who is the senior person on duty.”

“There is a general consensus that the most appropriate colour scheme for all clinical staff is of a trio of blue i.e. Option 1. The different professional groups albeit happy to wear the same colour/type of tunic, consider that differentiation between professionals is important and, therefore, recommend that professional group is identified by title and professional association emblem embroidered, not heatsealed into the fabric e.g. physiotherapists would have their Chartered Society of Physiotherapy emblem embroidered onto the tunic top with the words Physiotherapist shown above.”

Option 2 and Option 3

8.7 Eight out of the 17 stakeholder organisations voiced support for Option 2; 5 favoured Option 1 and only 1 chose Option 3.

8.8 The majority of all those who commented on Option 2 or Option 3 discussed the importance of identification/ differentiation of different professional groups. The main points raised by consultees were as follows:

- Need a clear way of identifying different professional groups e.g. a need to differentiate nurses from others (clinical staff)/ between nurses and AHPs (72 mentions)
- Harder for patients to identify the different professional groups if all uniforms are the same (52 mentions)
- AHPs' uniforms should be a different colour from nurses' uniforms – there should be different colours for different professions (39 mentions)
- Harder for staff to identify the different professional groups if all uniforms are the same (28 mentions)

8.9 In relation to Option 2, one stakeholder organisation commented *“Nurses and AHPs should be easily distinguishable”*. While acknowledging that it is important for AHPs to be in a different colour two stakeholder organisations were of the view that:

“Lilac will not provide enough of a contrast and this will be a barrier to those with a visual impairment... We also feel that lilac is not a unisex colour and would not be welcomed by male members of staff.”

“Lilac could potentially be unacceptable for males.”

8.10 Of those stakeholder organisations who discussed Option 3 one noted *“Option 3 ensures that there is a clearly defined split between nursing and AHP staff”*. In relation to the trim, one stakeholder organisation said *“Did not feel that using the trim would be a good solution.”* A different stakeholder organisation noted *“A thin coloured trim will not suffice”*.

More Appropriate Colour Scheme for Clinical Staff

8.11 All consultees were then asked *‘In your view, is there a more appropriate colour scheme for clinical staff?’* In answer to this question 294 consultees responded. 30% suggested there should be colour schemes that differentiate between professionals; 26% mentioned white-based colour schemes should be used and 17% discussed colour schemes for specific groups.

8.12 When we compare the data in terms of sub-groups, the highest proportion of AHPs (5 groups or 36% of the AHP groups who commented), Nursing staff (3 groups or 27%) and both of the Pharmacy staff groups who commented were in favour of colour schemes that differentiate between professionals.

Colour schemes that differentiate between professionals

8.13 Eighty-seven consultees gave comments relating to colour schemes. Of these 21 suggested there should be a different colour for each profession. Eight consultees recommended that AHPs should wear a different colour from nurses e.g. blue or a trio of blues for nurses and a different colour for AHPs. One stakeholder organisation however warned *“Blue seemed a popular choice for clinical staff but it was felt that the varying shades of blue would be confusing for the public”*. Seven consultees felt there should be different colours for nurses and each individual AHP group. Six consultees suggested blue uniforms for nurses but white with different colour trims for AHPs.

White-based colour schemes

8.14 Seventy-seven consultees provided comments relating to white-based colour schemes. Of these (19) suggested white tunics with appropriate colour trims (and coloured trousers) for each individual group of AHPs. Fourteen consultees also suggested white uniforms with different colour trims for different professions/ clinical areas (e.g. midwifery, nursery nurse, audiologist etc).

Colour schemes for specific groups

8.15 Fifty consultees discussed colour schemes specifically relating to different groups. Of these 7 were of the view that the colour lilac should not be used for AHPs and 4 consultees recommended using bright colours/ patterns for paediatricians and those who work with children.

Non-Clinical Staff

8.16 The consultation paper presented two options for consultees to consider in terms of which is the most appropriate colour scheme for tunics of non-clinical staff. The options were as follows:

- **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.
- **Neither of these**

8.17 Just over half of the respondents (54%) considered Option 4 to be the most appropriate colour scheme for tunics of non-clinical staff; this figure rose to 85% amongst stakeholder organisations. Twenty-nine percent favoured Option 5 and 14% stated *“Neither of these”*.

8.18 When we compare the data in terms of sub-groups, the highest proportion of AHPs (5 groups or 56% of the AHP groups who commented), Pharmacy staff (2 groups or 67% of the pharmacy staff groups) and the only Dental staff group to comment, indicated Option 4. Alternatively, the highest proportion of Nursing staff (6 groups or 50% of nursing staff groups) was in favour of Option 5.

8.19 One hundred and eighty-one consultees provided comments relating to all of the options. The key themes emerging were as follows:

- Identification/ differentiation of different staff groups (50 mentions)
- Need for different colour schemes (48 mentions)
- Differentiation between clinical and non-clinical staff (24 mentions)
- Other colour schemes (23 mentions)
- Any comments about green-based colour schemes (22 mentions)
- Simplicity (10 mentions)
- No need for different colour schemes (6 mentions)
- Identification/ differentiation of grades (3 mentions)

Option 4

8.20 The highest proportion of consultees who made comments relating to Option 4 discussed simplicity in terms of the colour scheme for non-clinical staff. Indeed, 5 noted the colour scheme for tunics should be clear and simple. Four remarked that the colour scheme should be easy for the public to recognise. While in favour of Option 4 one stakeholder organisation said that their staff felt *“That they do not feel that green looks professional”*. In relation to catering and cleaning staff, 2 stakeholder organisations noted:

“Catering staff should be a different colour, especially if providing service to wards.”

“Cleaning staff and food handling staff should wear completely different colours.”

Option 5

8.21 The highest proportion of consultees who made comments about Option 5 discussed identification/ differentiation of different staff groups and the need for different colour schemes. Thirty-eight thought it should be possible to differentiate between domestic and catering staff e.g. by the use of different colour schemes. Five consultees maintained each non-clinical staff group needs its own colour as a method of differentiating these groups. In relation to Option 5, one stakeholder organisation was of the view that:

“There should be a clear demarcation line between catering and housekeeping staff uniforms so that service users do not feel that staff involved in cleaning toilets could be serving them food.”

8.22 A different stakeholder organisation said:

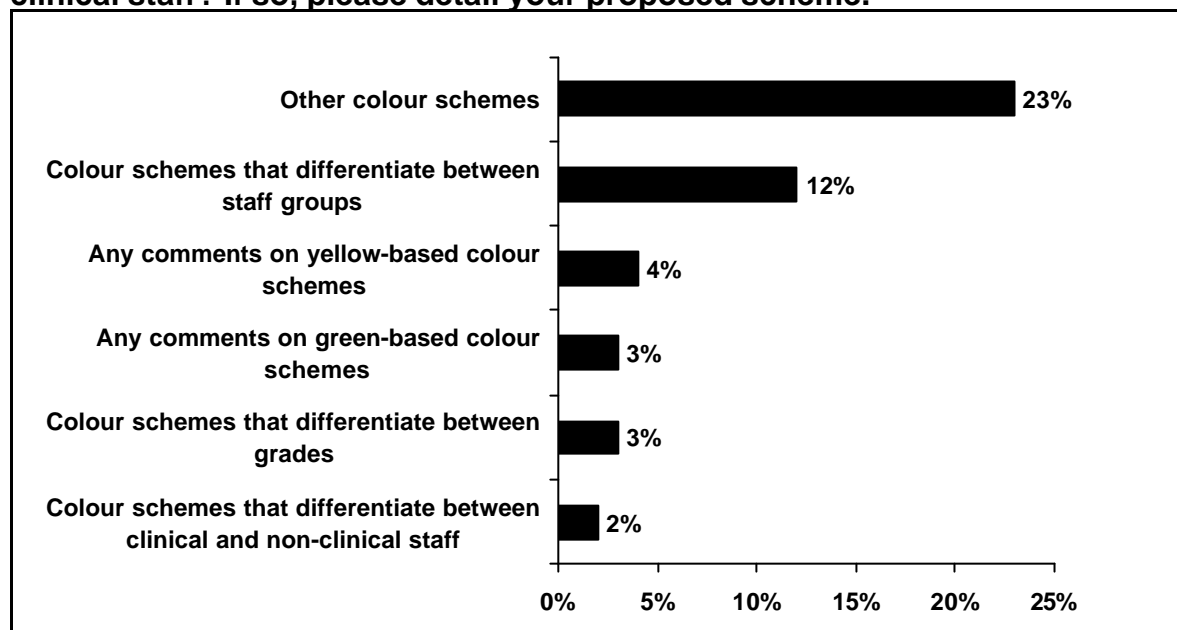
“There was a lot of concern raised about the colour for non-clinical staff, it was felt to be very ‘wishy-washy’ and the quality of the material on the photo did not look good it appeared to be see-through.”

More Appropriate Colour Scheme for Non-Clinical Staff

8.23 All consultees were asked 'In your view, is there a more appropriate colour scheme for non-clinical staff?'. As illustrated in Chart 8.2, around one in four consultees (23%) discussed other colour schemes and 12% made comments relating to colour schemes which differentiated between staff groups.

Chart 8.2

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



Base: 208

Other colour schemes

8.24 Other suggested *colour* schemes noted by small numbers of consultees include the following:

- Black (5 mentions)
- Lilac (5 mentions)
- White or (pale) blue (4 mentions)

Colour schemes that differentiate between staff groups

8.25 Six consultees were of the view that catering and domestic staff should wear different colours, this was mainly because of the public's perceptions about hygiene and catering e.g. the colour should be exclusive to that environment. Two consultees noted domestic staff should be in shades of green and catering in shades of yellow. One stakeholder organisation suggested that domestic staff wear darker colours "owing to more frequent exposure to materials which may mark or stain uniforms".

9 OTHER CLINICAL STAFF GROUPS

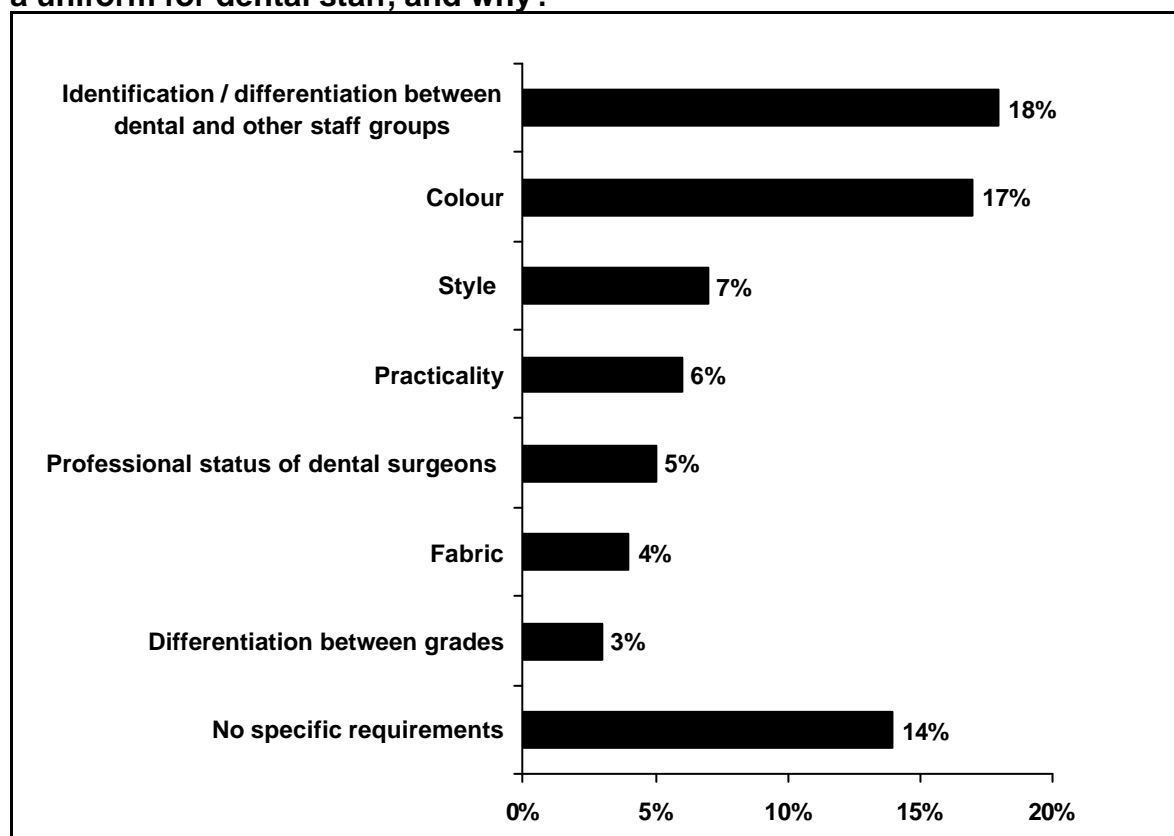
9.1 Consultees were also asked what needs to be considered in terms of specifying a uniform for dental and pharmacy staff. The Group originally envisaged that these groups (dentists, dental hygienists, dental nurses, pharmacists, pharmacist assistants etc) would wear the same tunic style in the trio of blue, although it was thought that, if a more complex colour scheme is selected, they become a less obvious choice.

Dental Staff

9.2 Chart 9.1 presents the results in relation to dental staff. As the chart reveals, the factors which need to be considered in terms of specifying a uniform for dental staff were identification/ differentiation between dental and other staff groups (18%); colour (17%); style (7%); practicality (6%); professional status of dental surgeons (5%); fabric (4%) and differentiation between grades (3%). Fourteen percent stated there were no specific requirements for dental staff e.g. the same requirements as other clinical staff apply.

Chart 9.1

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



Base: 254

Identification/ differentiation between dental and other staff groups

9.3 Forty-five consultees discussed this point. Of these, 10 suggested the uniform could be the same as AHPs but incorporate a different colour trim. Nine thought

there should be a clear distinction from other clinical staff and 8 highlighted the fact that dentists should not be classified alongside nursing and AHP staff and wear the proposed trio of blues. Seven noted dentists should be easily identifiable as dental staff.

Colour

- 9.4 A total of 42 consultees provided comments relating to colour. Twenty thought that dental staff should wear a white uniform because it looks clean and professional; also people associate white with dentistry.

“White uniforms were seen as a popular choice for all dental staff as this would fit with the public perception of an all-white environment.”

- 9.5 Five suggested dentists could wear blue surgical scrubs for clinical intervention work.

Style

- 9.6 Seventeen consultees made comments about the style of the uniform with 3 stating the style is appropriate and 2 who felt that dentists should wear a suit or polo shirt and smart trousers protected by a white coat for consultation work.

Practicality

- 9.7 Fifteen consultees discussed practicality with 6 stating the uniform should be functional and fit for purpose.

Professional status of dental surgeons

- 9.8 Comments relating to this issue were made by 13 consultees. The main focus was that dentists are independent professionals with an equivalent status to doctors and the clinical dress appropriate for doctors would also be appropriate for dentists (6). Four consultees noted that the appropriate dress for dentists is one that makes their independent professional status clear to patients. One stakeholder organisation felt:

“The dress appropriate for Dental Surgeons is something which is smart, professional, inspiring of confidence for patients and practical...The clinical dress appropriate for Doctors for consultation and interventional procedures is what is also appropriate for Dentists.”

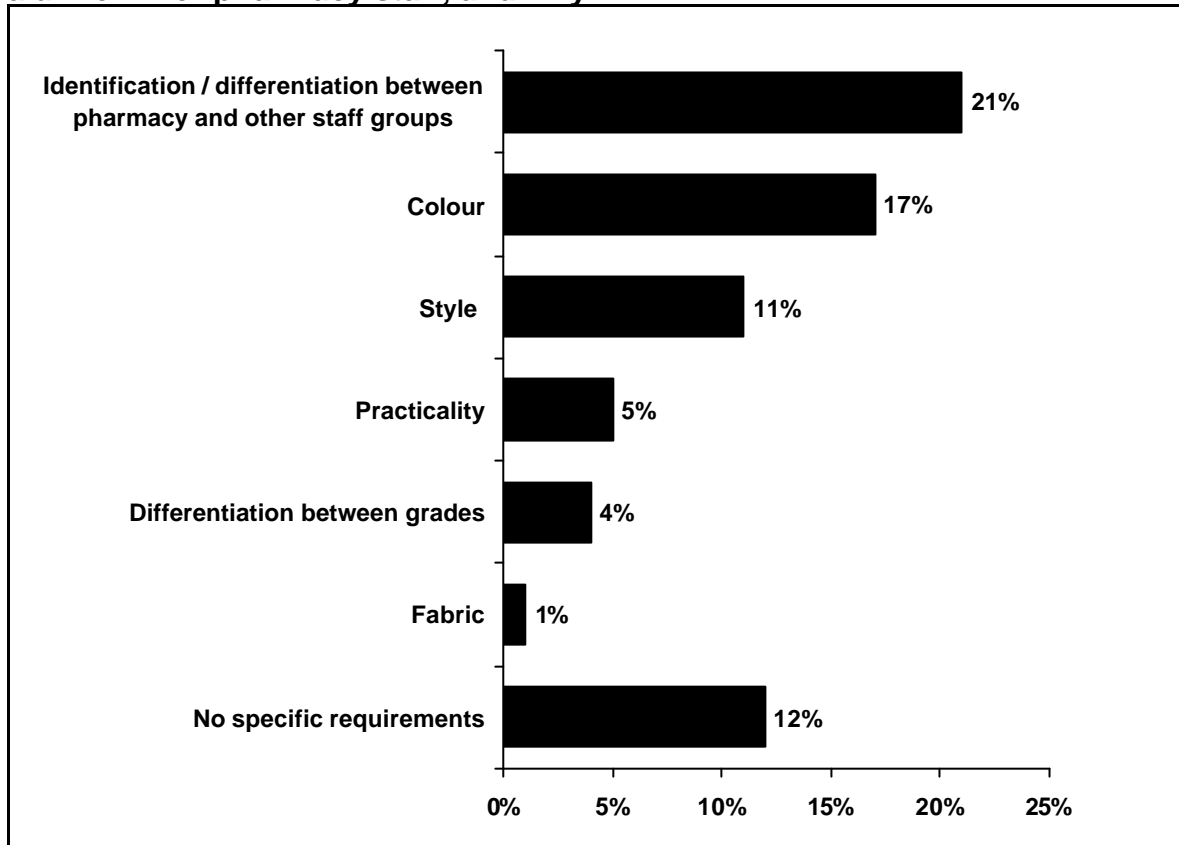
Pharmacy Staff

- 9.9 The same question was asked in relation to pharmacy staff and Chart 9.2 illustrates the findings. As Chart 9.2 shows, the top two themes mirrored those identified in relation to dental staff with one in five (21%) stating that identification/ differentiation between pharmacy and other staff groups needs to be considered in terms of specifying a uniform; 17% stated colour should be considered. Eleven percent stated style should be considered in terms of specifying a uniform for pharmacy staff; 5% noted practicality and 4% noted there should be differentiation between grades. Twelve percent said they had

no specific requirements for pharmacy staff, of which some stated the requirements should be the same as other clinical staff.

Chart 9.2

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



Base: 247

Identification/ differentiation between pharmacy and other staff groups

9.10 Fifty-three comments relating to this issue were received. Of these, the highest proportion (14) felt it was important that pharmacy staff are easily identifiable by the public, patients and other members of staff. One stakeholder organisation said *“Pharmacy staff, particularly those who spend time in wards, should be distinguishable from nurses and AHPs. It was agreed Pharmacy staff are more visible in wards and community settings now and should be easily identifiable”*. Twelve noted pharmacy staff uniforms should be the same as AHPs but with a different colour trim. Eleven however stressed there should be a clear distinction from other clinical staff (especially on the wards). Six felt it was important that pharmacy staff are identifiable as clinical staff and 5 wanted the uniform of pharmacy staff to be a different colour from that of other clinical staff.

Colour

9.11 Forty-three consultees discussed the colour of the uniform. Of these 19 felt that a white uniform should be considered because this looks clean and professional and people associate white with pharmacy staff. Two consultees

discussed using three shades of blue to identify qualified pharmacists, technicians and assistants. A stakeholder organisation suggested:

“That because these staff have an increasing presence in the wards and other clinical areas, therefore the same principles could apply i.e. the trio of blue tunics but with their professional group clearly identifiable.”

Style

9.12 Twenty-six consultees made comments relating to style with 2 stating there should be no breast pocket for pens (safety risk); 2 stating there should be short sleeves and 2 who were of the opinion that there should be a polo shirt option.

Practicality

9.13 Twelve consultees were of the view that practicality should be considered. Of these 7 made reference to ease of movement and 4 noted the uniform must comply with regulations/ meet ISO standards e.g. health and safety, moving and handling, infection control. One stakeholder organisation noted:

“The uniform should comply with moving & handling, infection control and health & safety regulations, also meets any ISO standards.”

Differentiation between grades

9.14 Of the 11 consultees who discussed this point, 5 felt it was important to distinguish between pharmacists/ technicians and qualified/ unqualified pharmacy staff. Three also noted differentiation of more senior qualified pharmacists needs to be considered.

Fabric

9.15 Two consultees felt it was important that the uniform is easy to launder.

10 OTHER NON-CLINICAL STAFF GROUPS

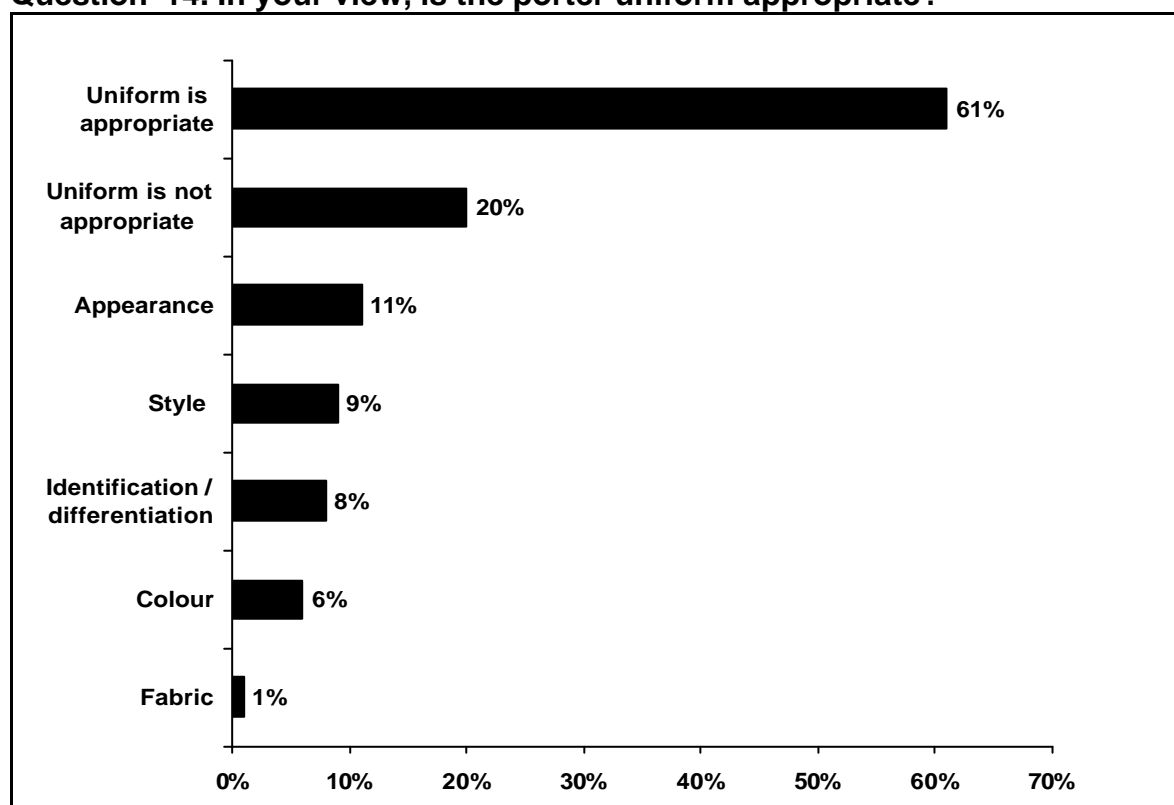
10.1 The consultation document set out descriptions of the proposed uniforms for porters, security staff, chefs and clerical staff and asked consultees whether these were appropriate.

Porters

10.2 As shown in Chart 10.1, around two thirds of consultees (61%) agreed that the uniform for porters is appropriate. In contrast, one in five consultees (20%) thought it inappropriate. Eleven percent made comments relating to the appearance of the uniform; 9% the style; 8% identification/ differentiation; 6% the colour and 1% the fabric.

Chart 10.1

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



Base: 300

Uniform is appropriate

10.3 Of the 300 consultees who provided comments relating to porter uniform, 183 agreed the proposed uniform is appropriate e.g. the green (eau-de-nil) polo shirt and navy trousers with a NHS logo in navy blue. Two stakeholder organisations said there should be the “*option to wear a shirt and tie as per clerical staff in areas where professional image is important*”.

Uniform is inappropriate

10.4 Fifty-nine consultees however said the uniform is inappropriate. Thirteen consultees made comments relating to the dislike of the colour green saying this could be confused with occupational therapists and domestic staff. Ten said the uniform polo shirt does not look smart and 7 felt the polo shirt does not look professional/ project a professional image. Seven noted the uniform does not look smart or professional enough for frontline staff e.g. who escort patients. One stakeholder organisation stated:

“The porters’ uniform is a bit casual for some areas.”

Senior Porters

10.5 All consultees were asked *‘In your view, is it important to distinguish senior porters by means of another uniform?’* In response to this question 45% thought that it was not important. Sixteen percent noted it is important and there were a range of suggestions from 33% of consultees on how, if needed, the senior porter uniform could be distinguished.

It is not important

10.6 Of the 302 consultees who provided comments relating to this question, 135 made comments stating that it is not important to distinguish/ differentiate between senior porters. One stakeholder organisation said *“It was not felt that the public would need to differentiate between a porter and a senior porter.”*

Means of distinction

10.7 Ninety-nine consultees highlighted different means of distinction of how seniority could be *denoted* and included:

- Darker colour of shirt e.g. darker green (24 mentions)
- Wearing a badge (23 mentions)
- Different colour shirt (19 mentions)
- Different colour collar/ trim (13 mentions)
- Wearing a shirt e.g. not polo shirt (7 mentions)
- Wearing an armband (6 mentions)
- Bands on polo shirts (4 mentions)
- Wearing white (2 mentions)

10.8 In relation to uniforms for senior porters, one stakeholder organisation said:

“Senior porters to be identified by wearing darker colour of green. Important to identify as sometimes working out of normal hours especially in Community Hospitals, play a significant role in managing operations.”

It is important

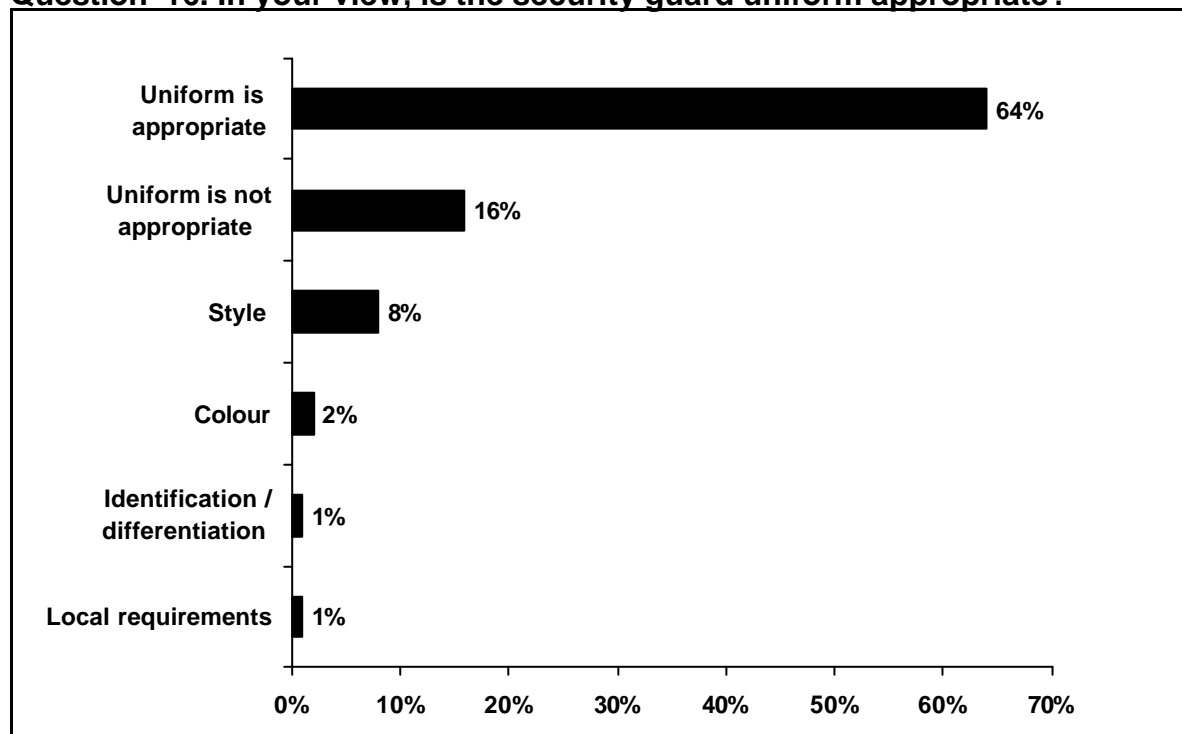
10.9 Forty-eight consultees considered it important to be able to distinguish senior porters by means of another uniform. Eight consultees were of the view that senior staff in other occupations are distinguished, so porters should be no different e.g. be shown the same respect as seniors in other groups. Three consultees said it is important that the public know who to approach with an initial enquiry and 3 considered this to be important if the porters think it is necessary.

Security Guards

10.10 All consultees were asked 'In your view, is the security guard uniform appropriate.' In response to this question, almost two thirds (64%) indicated that a uniform is appropriate. Sixteen percent however stated that a uniform is not appropriate. Eight percent discussed the style and 2% the colour (see Chart 10.2).

Chart 10.2

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



Base: 306

Uniform is appropriate

10.11 A total of 197 consultees agreed that the security guard uniform; of 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; is appropriate:

“Uniform supported generally as it was felt that it portrayed the correct image... Should have stab vests and black is a sensible colour and associated with Police – seems a logical choice for this group.”

Uniform is inappropriate

10.12 Forty-nine consultees provided comments suggesting the uniform consisting of black t-shirt and stab vest (worn where local policy dictates) is inappropriate. It should be pointed out however that 17 consultees thought this uniform looked too threatening for a hospital environment. Fourteen said the uniform looks like a police uniform and 11 felt it looked too military/ paramilitary. Six consultees suggested the uniform would encourage violence/ increase confrontation and 4 said the uniform is too black. Two stakeholder organisations noted:

“There was widespread agreement that the proposed uniform for the security guard looks extremely threatening and somewhat ‘paramilitary’. We have reservations about the ability of anyone wearing this uniform to de-escalate a confrontational incident.”

“A less military/police style would be more appropriate.”

Style

10.13 Consultees discussed the style of the uniform (8%) with 5 saying the vest and t-shirt are appropriate but the tie is not and 2 being of the view that the trousers in the photo are not the right length.

Senior Security Guards

10.14 Question 17 asked *‘In your view, is it important to distinguish senior security guards by means of another uniform?’* In response to this question, half of the consultees (49%) who answered this question indicated it is not important; 12% thought it is important and there were a range of suggestions from 23% of consultees on how, if needed, the senior security guards’ uniform could be distinguished. One percent referred to the needs of local requirements e.g. the appropriateness in larger hospitals.

It is unimportant

10.15 Of the 278 consultees who responded to this question, 137 felt it was unimportant that senior security guards are distinguished by means of another uniform. One stakeholder organisation said “we feel this should be left to local policy”.

Means of distinction

10.16 Sixty-four consultees highlighted different means of distinction of how seniority could be denoted including:

- A badge/ badge colour (20 mentions)
- A different colour shirt (17 mentions)
- Different coloured bands on sleeves (14 mentions)
- Different colour trim (7 mentions)
- Epaulettes (5 mentions)
- A logo/ emblem (4 mentions)

It is important

10.17 Thirty-two consultees felt it was important that senior security guards are distinguished by means of another uniform. Three said this was important in order for the public to identify a senior security guard if necessary:

“Yes, so that visitors, the public and other users of the NHS know who is the most senior member of this staff group.”

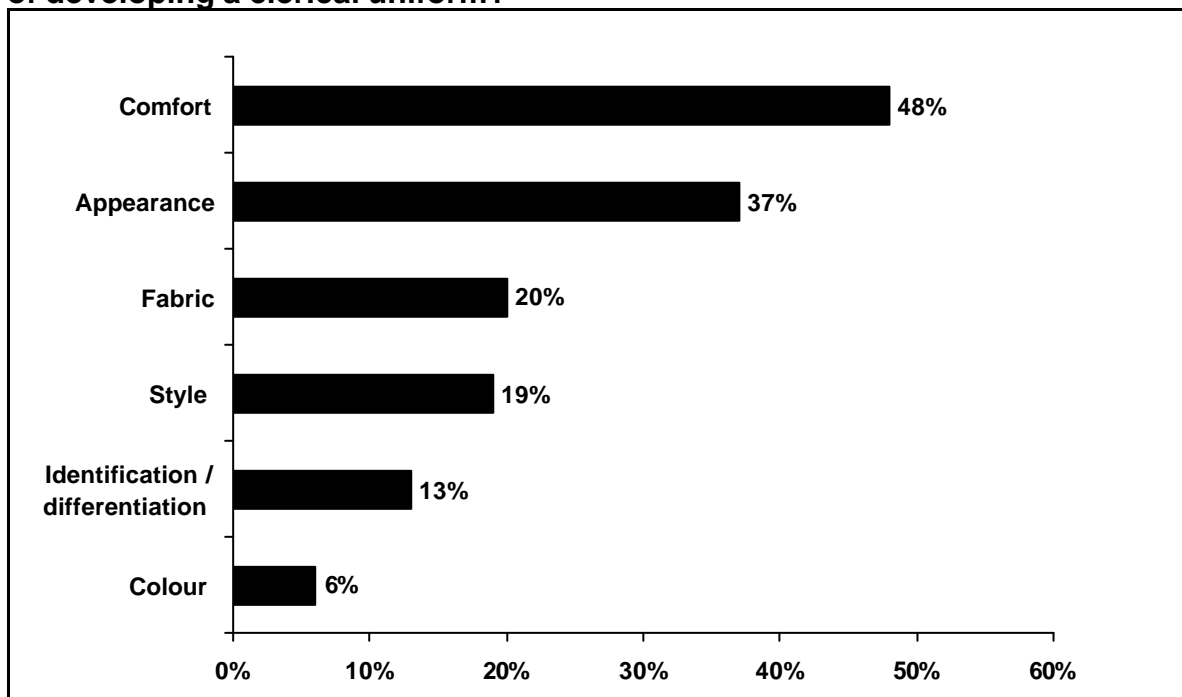
Clerical Staff

10.18 The consultation document stated the options for an NHS Scotland clerical uniform are still being developed, however it is clear that it should convey a smart corporate image for the organisation and 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.

10.19 All consultees were asked ‘*In your view, what are the most important considerations in terms of developing a clerical uniform?*’ As Chart 10.3 shows, 48% felt the most important consideration in developing a clerical uniform is comfort; 37% said appearance, 20% discussed fabric; 19% commented on the style; 13% gave comments relating to identification/ differentiation and 6% talked about colour.

Chart 10.3

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



Base: 342

Comfort

10.20 Almost half (164) of those consultees commenting on this question saw comfort as the most important consideration; few expanded on this subject; the majority simply said 'comfort'.

Appearance

10.21 One hundred and twenty-seven consultees made comments relating to the appearance of the uniform. This included 104 who felt the most important consideration in terms of developing a clerical uniform is that it is of a smart appearance/ presentation. Nineteen said it should be of a professional appearance and 17 said it should be of a corporate appearance and promote the corporate image. Nine out of the 15 stakeholder organisations who commented made various comments about the importance of appearance, with 7 mentioning a smart appearance, 4 citing the need for a corporate image and 3 a professional appearance.

Fabric

10.22 A number of consultees (70) discussed the fabric of the uniform with 20 stating this must be easy to care for e.g. easy to wash, dry and iron. Some consultees specified that the fabric should not be see-through (12), should be of good quality (12) and that the material is cool to wear (12). Eight said the fabric should be breathable and five thought it should be durable.

Style

10.23 A total of 66 consultees referred to the style of the uniform. This included 28 who specified that pockets/ extra pockets are essential with some making reference to pen holders. Seven said that the top should be long. Four indicated that a blouse/ shirt option rather than a tunic is fine.

Identification/ differentiation

10.24 Comments relating to this issue were received from 43 consultees. Of these 32 indicated that a uniform which distinguishes clerical staff from clinical staff/ those involved in patient care is important. Four suggested the use of a scarf or tie with an NHS logo or badge.

10.25 A variety of comments were received from stakeholder groups in respect of the clerical uniform. The following quotes provide by stakeholder organisations illustrate some of the above mentioned points:

"There was general agreement that there should be a clerical uniform which gives a corporate identity. Many clerical colleagues are the first point of contact with the public, therefore, any uniform needs to be smart, comfortable, durable and enable a full range of movement for moving and handing purposes."

"[it must] look smart and professional, must not be see-through material and tight fitting shirts."

“Professional and corporate image. Fabric, fit, flexibility of shape to accommodate range of sizes, consistency between male and females styles (i.e. colour, basics of design).”

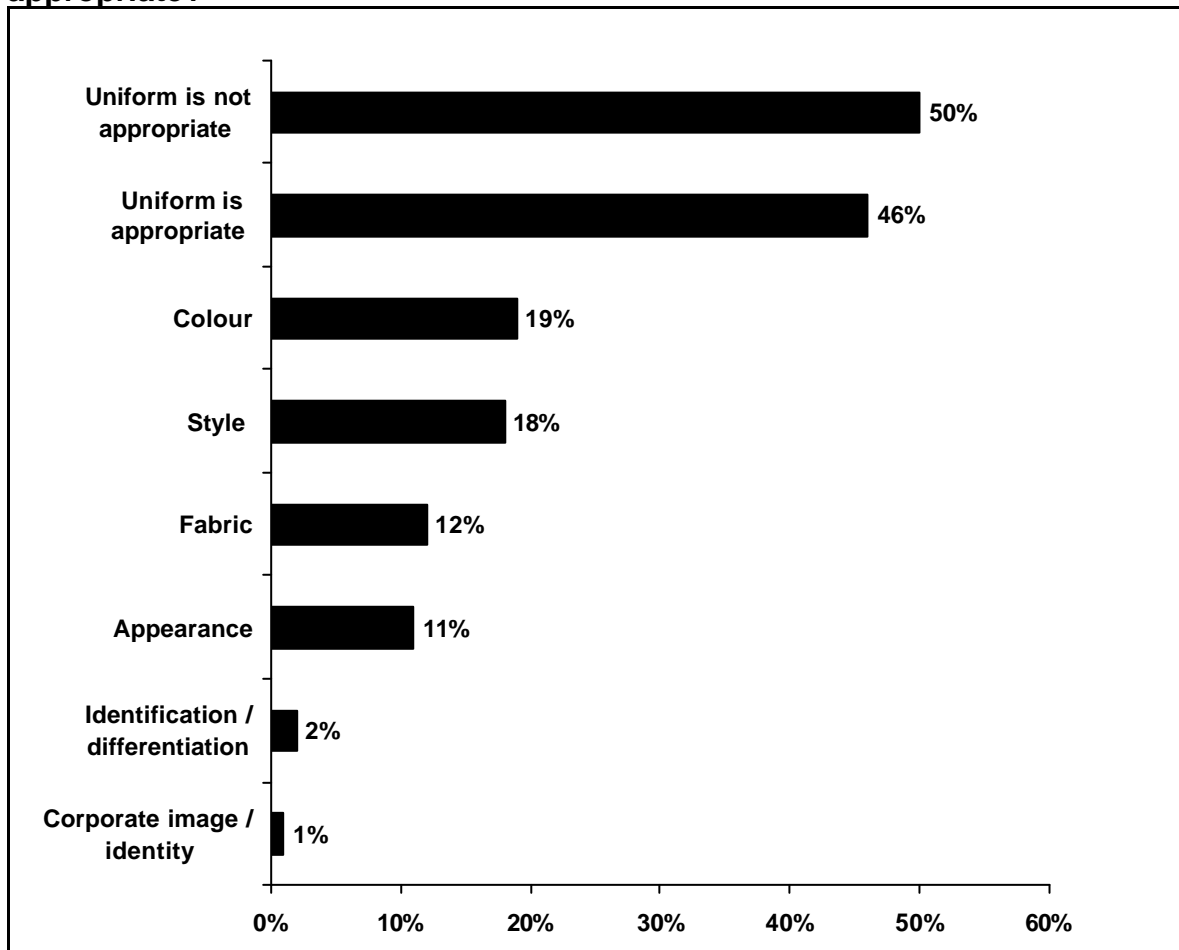
“Smart easy washed and professional looking.”

Whether Proposed Uniform for Clerical Staff is Appropriate

10.26 Question 19 asked consultees ‘In your view is the proposed uniform for clerical staff appropriate?’ (see Chart 10.4). As illustrated in Chart 10.4, the views of consultees were polarised with 50% indicating that the uniform is inappropriate and 46% stating the uniform is appropriate. Around one in five (19%) discussed the colour of the uniform; 18% referred to the style; 12% the fabric; 11% the appearance; 2% gave comments relating to identification/ differentiation and 1% discussed corporate image/ identity.

Chart 10.4

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



Base: 384

Uniform is inappropriate

10.27 One hundred and ninety-two consultees were of the view that the uniform for clerical staff is inappropriate. A number of key themes relating to aspects of the proposed uniform have been identified and these are presented as follows:

- Colour is too pale, need darker colour shade (29 mentions)
- Fabric is see-through (29 mentions)
- No pockets (24 mentions)
- Does not look smart/ professional (23 mentions)
- Blouse/ shirt is too short, to maintain modesty (20 mentions)
- Colour is inappropriate/ impractical (17 mentions)
- Not practical/ fit for purpose (17 mentions)
- Preference for other colour/ colour scheme (e.g. black and white, lilac, blue and white, pale blue, cream) (16 mentions)
- Colour is awful, horrible, unattractive (15 mentions)
- Fabric (of blouse) is too thin (12 mentions)
- Unattractive appearance (11 mentions)
- Fabric (of blouse) is cheap, poor quality (9 mentions)
- Tunic would be better than blouse (9 mentions)

10.28 One stakeholder organisation noted *“Clerical staff are often the first line of contact, their uniform should be much smarter. A polo shirt was not seen as appropriate.”* A different stakeholder organisation noted:

“There was unanimous dislike for the proposed uniform. Colleagues felt the colour looked unattractive, drab and unwelcoming. Our preferred option would be for a pale blue blouse or shirt, again of sufficient quality to prevent “see-through” and available in the full range of sizes proposed for clinical staff.”

Uniform is appropriate

10.29 In contrast, 175 consultees agreed that the uniform is appropriate and this included 9 out of the 15 stakeholder organisations who commented at this question. Of these consultees, most simply stated “yes” (162) and did not elaborate further.

11 AGENCY STAFF

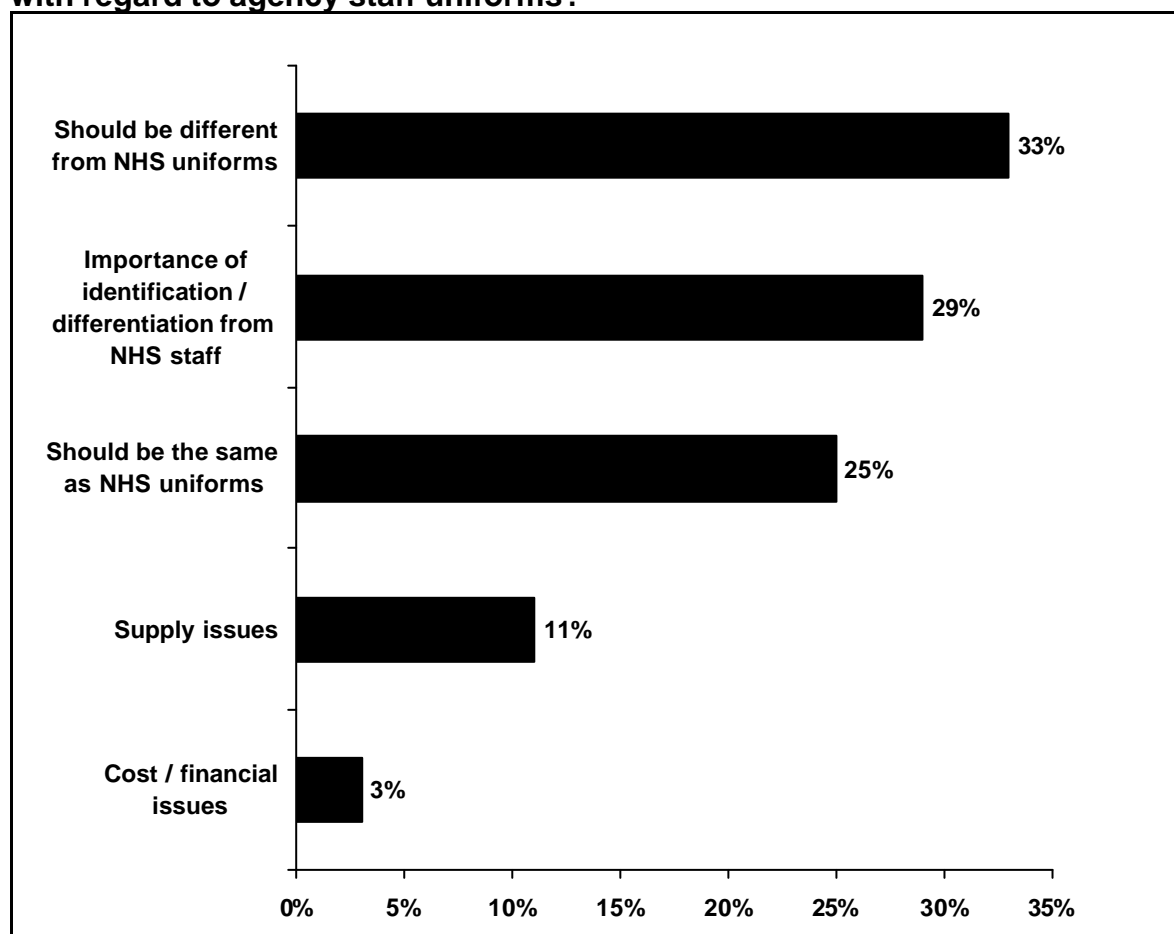
11.1 The consultation document noted the new uniforms will apply to NHS Scotland staff who currently wear a uniform; it is however recognised that in many healthcare settings, agency staff work alongside these staff. The Group are concerned that with various local uniform arrangements in place, this could undermine some of the benefits of national standardisation.

Practical Considerations with Regard to Agency Staff Uniforms

11.2 Question 20 of the consultation asked *'In your view, what practical considerations need to be addressed with regard to agency staff uniforms?'* Chart 11.1 presents the findings from this question and shows that one third (33%) were of the view that agency staff uniforms should be different from NHS uniforms. Twenty-nine percent discussed issues relating to identification/differentiation. One in four consultees (25%) felt that the agency staff uniforms should be the same as NHS uniforms; 11% discussed supply issues and 3% referred to cost and financial issues.

Chart 11.1

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



Base: 267

Should be different from NHS uniforms

11.3 Of the total responses received (267) 89 felt that agency staff uniforms should be different from NHS uniforms. Indeed, 41 consultees indicated that agency staff need to be identifiable from NHS staff. Twenty said it should be different from those of NHS staff. Eighteen suggested agency staff could wear a different colour and 11 said they should wear their own uniforms. Seven felt it was important that patients and staff are able to identify agency staff. Four suggested that agency staff could wear a different colour trim. One stakeholder organisation was of the view that *“It should be clear to the public that they are agency staff and not permanent staff”*. A different stakeholder organisation noted:

“Agency staff wearing different uniforms could add to confusion for patients, however equally many staff felt it was good that agency staff would not be wearing same uniform as permanent staff otherwise there may be increased expectation on agency staff in relation to local knowledge.”

Importance of identification/ differentiation from NHS staff

11.4 Seventy-eight consultees made comments relating to the identification and differentiation of agency uniforms. For example, there were 14 comments which mentioned agency staff could be distinguished by a badge, logo or agency logo. Six were of the opinion that it is important to be able to identify agency staff (especially in an emergency) as they may not be familiar with the environment or procedures. In relation to differentiation one stakeholder organisation noted:

“The group felt strongly that agency staff should be differentiated from NHS staff [they] could use same style and colours but not have an NHS logo, although this may not be sufficient differentiation.”

Should be the same as NHS uniforms

11.5 A number of comments were received (68) demonstrating support for agency staff having the same uniforms as NHS staff and this included half (7) of the 14 stakeholder organisations who commented. Of these, 42 specifically stated that agency staff should wear the same uniforms as NHS staff. As a way of ensuring standardisation 10 consultees suggested that the hospital should supply/ have uniforms ready when agency staff come onto a shift. Seven were of the view that agency staff should wear the same uniform as NHS staff but with a different logo. Seven also suggested that agencies who have contracts with NHS suppliers should supply NHS uniforms for their staff. The following quotes were received from stakeholder organisations:

“There is a requirement for agency staff to look as if they are part of the team when a national uniform is introduced. Practically and financially it may not be possible to supply uniforms for the duration of their contract but perhaps some kind of identity/ corporate badge/ polo shirt etc should be worn.”

“Practical considerations requiring addressing are the uniforms should complement the permanent staff in colour, style and branding. Additionally, the uniforms should also comply with moving & handling, infection control and health & safety regulations, also meets any ISO standards.”

12 GENERAL QUESTIONS

Specific Issues for Equality Groups

12.1 A further question included in the consultation document was ‘*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)?*’ Just over half (54%) believed the proposals will not raise any specific issues for any of the equality groups. Alternatively, 43% felt the proposals will raise specific issues and of these, 23% talked about gender issues; 7% religious issues; 7% disability/health issues and 6% racial/ethnicity issues. Stakeholder organisations were most likely to comment on possible equality issues; 13 out of the 14 who commented felt that the proposals would raise specific issues and 8 commented specifically on religious issues.

Gender Issues

12.2 Sixty-seven *comments* were received relating to gender. The specific issues consultees were concerned about are listed as follows:

- Some people (women) may not want to wear trousers e.g. should be an option for a dress or skirt (14 mentions)
- The chosen colours (lilac or pastel colours) may raise an awareness of gender bias e.g. will not encourage male AHPs to enter an already female-dominated profession (13 mentions)
- The tunic style is inappropriate for men e.g. looks too feminine with low neckline (9 mentions)
- Female AHPs not allowed to wear polo shirts (7 mentions)

Religious Issues

12.3 There were 22 comments received relating to religious issues. The main concerns are detailed as follows:

- Muslims have to wear long sleeves for religious reasons (8 mentions)
- Headgear issues for certain religious groups (6 mentions, including 4 stakeholder organisations)
- Some women prefer a dress or a skirt for religious reasons (4 mentions)

Disability/ Health Issues

12.4 Twenty-one consultees provided comments relating to disability/ health issues. Of these, the highest proportion (16) were of the view that the pull-on style tunic is not suitable for disabled people e.g. it is difficult to get the tunic over the head for those with arm, shoulder and joint problems. One stakeholder organisation referred to problems associated with a number of different disabilities:

“The pull-over tunic could be a problem for those with upper arm problems, there should be an option for dress/ skirt, length of tunic

could be problematic for wheelchair users, those with visual problems may not be able to read name badges.”

Racial/ Ethnicity Issues

12.5 Nineteen consultees discussed racial/ ethnicity issues. This included 9 who noted some ethnic/ cultural groups have to wear long sleeves. Three consultees mentioned there could be headgear issues for certain ethnic/ cultural groups:

“The uniform may need to be available in long sleeves, need to consider various headwear (burkhas, turbans etc) worn by various ethnic/ religious groups.”

“There is a need to have more “cover-up” for female Muslim staff.”

12.6 In terms of equality issues per se, two stakeholder organisations noted *“It would be of vital importance that these proposals are impact assessed in relation to any potential impact on diversity and equality matters.”*

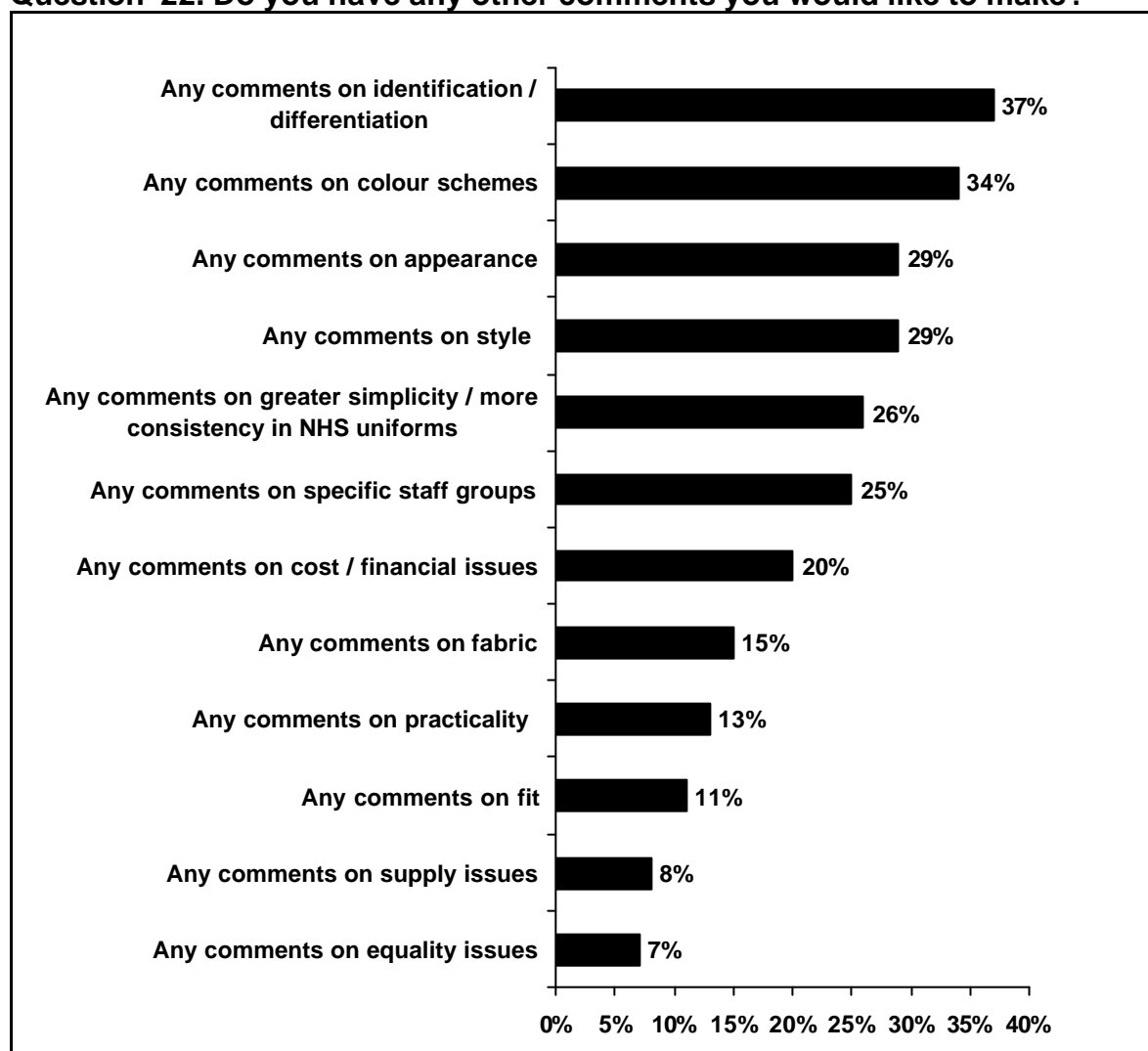
Any Other Comments

12.7 The final question of the consultation asked *‘Do you have any other comments you would like to make?’* A large number of other comments were received from consultees (424) and as Chart 12.1 illustrates, these have been categorised into a number of themes.

12.8 The highest proportion of comments received related to identification or differentiation (37%); 34% discussed the colour schemes of uniforms; 29% the appearance of uniforms and 29% the style. Around one in four (26%) were about greater simplicity/ more consistency in NHS uniforms and 25% concerned specific staff groups. One in five (20%) commented on cost/ financial issues; 15% the fabric of uniforms; 13% the practicality of uniforms and 11% on the fit. Eight percent were in relation to supply issues and 7% equality issues.

Chart 12.1

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



Base: 424

12.9 Most of these issues have already been discussed earlier in the report and answers to this question were mostly a reiteration of what consultees had already said. The following sections discuss the points made by 20% or more of consultees.

Identification/ Differentiation

12.10 One hundred and fifty seven comments were received in relation to this issue. Analysis of these comments revealed the main concern (highlighted by 62 consultees) was that it would be harder to identify different professions if all the uniforms were the same style and colour e.g. this would be confusing for patients, staff and the public. Twenty-five consultees were of the view that there would be a loss of professional identity/ pride in one's own profession if all the uniforms were the same style and/ or colour. Twenty-one suggested keeping the current uniforms which are easy to identify and will save money. Other comments received related to support for the standardisation of NHS uniforms

across Scotland (20); nurses and AHPs and the fact that they should wear different colours (20) and the need for clear differentiation between grades (17).

Colour Schemes

12.11 One hundred and forty-three comments relating to colour schemes were received. The main issue as highlighted by 46 consultees was that each staff group needs to be distinct.

Appearance

12.12 A total of 124 comments were received in relation to the appearance of the uniforms. Of these 89 were negative about the appearance with consultees stating this looks 'awful', 'unprofessional' and not smart. Twenty-six consultees stressed it is important that the appearance is professional and smart. Thirteen consultees felt an unprofessional appearance has a negative impact on the public perception of NHS staff.

Style

12.13 One hundred and twenty-two comments were received concerning the style of the uniform(s). Forty-one consultees thought the style of the tunic is inappropriate e.g. it is a bad design; 25 described it as shapeless or baggy; 21 said the tunic requires zips, buttons etc and should not have to be pulled over the head. Seventeen said the uniform must have plenty of pockets e.g. pen pockets, zipped pockets, inside pockets etc.

Greater Simplicity/ More Consistency in NHS Uniforms

12.14 A total of 112 consultees, including 9 of the 17 stakeholder organisations who commented, mentioned the need for greater simplicity and more consistency. Of these 18 consultees stressed it was important to have a corporate identity.

Specific Staff Groups

12.15 One hundred and four consultees (including 12 of the 17 stakeholder organisations who commented) referred to specific staff groups with 21 (including 7 stakeholders) making reference to doctors and stating that they should also have to wear uniforms e.g. for infection control and to look more professional. Fifteen said the uniforms are not appropriate for community staff/ health visitors and 14 were of the view that the clerical staff uniform is not appropriate.

Cost/ Financial Issues

12.16 Eighty-three consultees discussed the cost and financial implications of the new uniforms; this issue arose in 10 of the 17 stakeholder responses to this question. Eighteen consultees said it was a waste of money and resources and the money would be better spent elsewhere.

13 CONCLUSIONS

- 13.1 As one of the stakeholder organisations commented, *“The proposal to have a national uniform is a positive step”* and in fact three quarters of those responding (75%) saw the need for greater simplicity and more consistency.
- 13.2 In relation to the proposed NHS Scotland Tunic, 37% of consultees provided constructive suggestions on changes they felt would improve the Tunic. There were negative comments from 37% who described the tunic as shapeless, unprofessional or scruffy. While 28% of consultees felt that the Tunic would suit all staff groups, 17% were of the view that Community Staff require a custom specification for their tunic such as additional seasonal outdoor clothing.
- 13.3 Comfort was cited by 80% of consultees as the most important factor to consider when selecting a fabric for tunics and trousers. The general consensus was that silver technology fabric is suitable for uniforms with around three in four (73%) who felt this to be the case. One in four (24%) provided suggestions relating to specific qualities of fabric (e.g. stretchy, easy maintenance, lightweight). Twenty-three percent discussed specific fabric, with cotton or a cotton mix, being the most frequently mentioned.
- 13.4 Style of trousers was perceived to be important when specifying for NHS Scotland trousers; this was cited by 80% of consultees. Seventy-two percent also stated comfort is important.
- 13.5 Of the options outlined in terms of which is the most appropriate colour scheme for tunics for clinical staff, 28% noted Option 1; 22% were in favour of Option 2 and 20% were in favour of Option 3. Around one in 4 (26%) noted *‘None of these’*. When consultees were asked *“is there a more appropriate colour scheme for clinical staff?”*, 30% were of the view that there should be different colour schemes to differentiate between professionals. Around one in 4 (26%) discussed variations of white-based uniforms. In relation to colour schemes for non-clinical staff, just over half of the consultees (54%) were in favour of Option 4; 29% were in favour of Option 5 and 14% stated *‘Neither of these’*. Twenty-three percent of consultees discussed other colour schemes with mentions of black, lilac and white uniforms.
- 13.6 In relation to dental staff, 18% thought that identification/ differentiation between dental and other staff groups should be considered. Seventeen percent maintained the colour of the uniform should be considered. These same considerations were noted in relation to pharmacy staff.
- 13.7 Around 3 in 5 consultees (61%) saw the porter uniform as appropriate. Forty-five percent felt it is not important that there is a senior porter uniform. Around two thirds (64%) thought that the security guard uniform is appropriate. Forty-nine percent felt it is not important that there is a senior security guard uniform. Forty-eight percent were of the view that comfort is important when developing a clerical uniform and 50% thought that the proposed uniform is not appropriate. One third of consultees (33%) stated the agency staff uniform should be different from the NHS staff uniform.

13.8 While 54% stated the proposals set out in the consultation document will not raise any specific issues, 43% said that they will and specified issues relating to gender, religion, disability and ethnicity.

13.9 A variety of other comments were received with the highest proportion relating to identification/ differentiation of uniforms (37%). Thirty-four percent made comments relating to colour.

APPENDIX

Appendix 1: List of Stakeholder Respondents

Childsmile

Allied Health Professions and Leads Scotland Group

Allied Health Professions Forum Scotland

British and Irish Orthoptic Society

British Dental Association (Scotland)

British Dietetic Association

NHS Dumfries and Galloway

NHS Fife Supplies Service

NHS Greater Glasgow & Clyde

NHS Highland

NHS Lothian

NHS National Services Scotland

NHS Tayside

Nursing and Healthcare, University of Glasgow

Royal College of Nursing

Royal College of Physicians and Surgeons of Glasgow

Royal Society of Chartered Physiotherapists

Society and College of Radiographers (Scotland)

State Hospital

UNISON