

# National Healthcare Uniform Proposal Workforce Consultation

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# Foreword

The NHS in England is fortunate to be the employer of choice for hundreds of thousands of nurses, midwives and allied health professionals (AHPs): credible, highly skilled professionals, committed to doing their best every day.

Our professions come from a rich tapestry of backgrounds to deliver excellence in care and to serve our diverse communities. Since the NHS began in 1948, these professions have evolved to comprise many different roles across generalist, specialist and advanced areas of practice. One of our major strengths is in our diversity: of people, cultures and experiences - but when we put our uniforms on, we are all part of the same team.

Patients have told us that, for them, contact with several NHS professionals in a hospital and non-hospital setting can sometimes feel confusing, frequently due to not knowing who does which role. We want patients and the public to be able to easily identify which nursing, midwifery or care professional is providing their care. Keeping patients and staff safe is fundamental to this consultation. The past year has brought into stark focus the importance of effective infection prevention and control measures. There is much learning from this in relation to what staff wear whilst caring for patients with infections, to keep onward transmissions as low as possible.

At this time of transformation and recovery, there is a huge opportunity to truly demonstrate the key contribution to care that nurses, midwives, and AHPs make. We believe that a national, culturally sensitive uniform could potentially bring some major benefits: for patients, for staff and for the public...but your voices are critical to informing this. Please share your views, by reading and responding to this consultation, and help us ensure that we arrive at the best way forward for our professions and for our patients.

**Ruth May**  
Chief Nursing Officer for England

**Suzanne Rastrick**  
Chief Allied Health Professional Officer  
for England



# Executive Summary

The purpose of this consultation document is to present a proposal for a National Healthcare Uniform for those working in clinical roles across the NHS in England. For a full breakdown of the roles included in the scope of this project see the 'Result of Consultation' section (page 14).

This consultation will explain the case for adopting such an approach, whether a national approach should be taken and if so how? The engagement we have carried out to date has provided some indication of preferred designs and colours, as well as thoughts and insights into what is required to make the garments suitable for modern-day care delivery. For further information on these findings see the 'Consulting Organisations' section (page 13).

NHS Supply Chain currently offers a Uniform Contract. The existing contract provides a compliant framework from which local trusts dictate the design, style, and colours. This has led to significant variations of uniform and we propose to adopt a strategy which implements a National Healthcare Uniform across the NHS in England.

## **The consultation questions are broken into two areas:**

1. Whether you agree with a national uniform approach and if so, whether you think it should be made mandatory; meaning all organisations would be required to adopt it.
2. A set of questions which address the garment style and features, to help identify the key aspects you feel are necessary for a uniform to be well-designed and fit for purpose.

A case for change will be set out which focuses on patient safety, professional image and suitability, equality, diversity and inclusion, value for money and sustainability. This will be followed by the summary of results from consultations carried out to date.

## **The current position is as follows:**

- Annual spend on uniforms is approximately £23 million
  - Core garments such as scrubs, tunics, and trousers account for around 70% of the spend
  - Accessories such as fleeces, cardigans, and shoes account for the remaining 30%
- The current supply chain is complex, there are many styles, colours, embroidery, and rank identifiers in use
- There are over 30,000 product lines (SKU's) in England
  - This compares with 154 in NHS Wales and 64 in NHS Scotland, who have already implemented a National Healthcare Uniform

## **Benefits of a national approach include:**

- It is what patients want, and will support improved identification of staff
- Improved patient safety – supporting recommendations made in the 2013 Francis Inquiry
- Development of a high performing, ethical and sustainable supply chain, with a single NHS brand across the patient care pathway. Providing consistency across the whole of the NHS in England
- Offers the ability to plan for, and react to increased uniform demand such as those

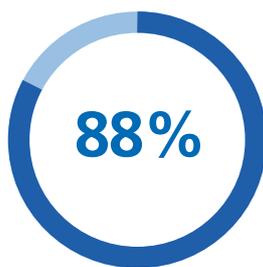
experienced during the pandemic

- Greater recognition and respect for staff from the public and media
- Improved view of professionalism in appearance by staff
- Reduction in garment cost (early indications of approx. 30%)

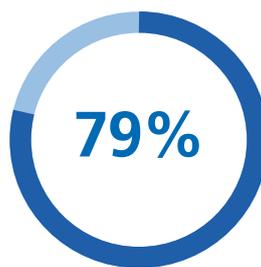
This project was launched by NHS Supply Chain: Hotel Services during the summer of 2019 with the objective of understanding the opportunities for such an approach. The case for the introduction of a national uniform appears to be strong, with positive impacts for both patients and healthcare professionals as well as cost savings.

The importance of the uniform design and the impact it will have on patients and healthcare professionals cannot be underestimated, and the challenges in capturing the thoughts, ideas, concerns and feelings of all individuals impacted are considerable, however, the benefits could be equally as significant.

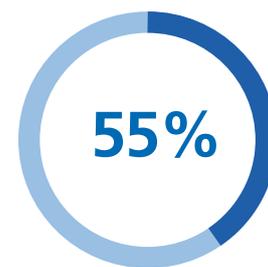
The engagement carried out so far shows that patients and visitors are in favour of a national approach. An independent survey commissioned by NHS Supply Chain: Hotel Services across several NHS trusts has shown:



of patients think that the same uniforms should be worn nationally



of patients think that a strongly defined uniform helps them to identify key workers



of patients were unable to easily identify senior members of staff via their uniforms.

The benefits to patients of a strong visual identity is clear but the recognition and understanding by patients still has some way to go. Adoption of a clear and consistent national approach will support and accelerate this understanding.

**NHS Supply Chain: Hotel Services has held numerous workshops with NHS representatives and early engagement has shown a broad consensus for this strategy. Initial findings show a preference for a smart scrub tunic together with a single colour trouser (preliminary findings indicate a preference towards navy blue). Initial discussions have been held to determine the key professional groupings, however further confirmation and agreement of these groupings is needed.**

A national approach will minimise the ability to create bespoke garments, embroidery, and local branding, all of which add cost, complexity and increase lead times on delivery of the garment and should be avoided. The uniforms must be well designed, use quality materials and be adaptable for the evolving demands of a modern, diverse, and inclusive health service. The detailed design and development of the uniform needs to be agreed, but the case for adopting a nationally standardised healthcare uniform has never been more compelling.

NHS Supply Chain: Hotel Services has developed a strategy which proposes three options for the adoption of a national uniform across the NHS in England (for a breakdown of these options see the 'Case for change - value for money' section (page 10).

The purpose of this document is to consult further on these proposed options.



**Please note: Pictures for illustrative purposes only**

## Current Situation

The annual spend on uniforms across the NHS in England is approximately £23 million, with expenditure between trusts varying enormously depending upon size, type, local uniform policy and other factors. This has led to complexity and lack of standardisation. Uniform policy is commonly decided at trust level, which has resulted in a proliferation of styles, colours, embroidery, and rank identifiers.

There are over 30,000 product codes in use across the NHS, caused by subtle variations in colour, style, material, and bespoke branding, each resulting in the development of a new product code. Hospitals often geographically close to one another adopt different uniforms for the same or similar roles, which can cause confusion for patients, visitors and other healthcare professionals when visiting or working at different trusts.

**The scope of the project set out by NHS Supply Chain: Hotel Services is limited to clinical staff only i.e. Health Care Assistants, Nurses, Midwives and Allied Health Professionals – equating to a potential wearer population in excess of 600,000.**

At present existing uniforms are generally replaced on a rolling schedule based on wear and tear. Trusts however will adopt a local uniform refresh programme either due to changes in policy, hospital mergers or local standardisation outside of the normal wear and tear replacements. The number of garments issued to each healthcare professional varies across trusts but is typically four to five sets per professional.

The response to the COVID-19 pandemic highlights how quickly situations can change within the health service, and that healthcare uniforms need to be equally as adaptable. During the pandemic there were some key changes in the way uniforms were purchased including:

- Increase in quarterly spend on scrubs in comparison to the same period last year
  - 11% of overall uniform spend on scrubs (between March – May 2019)
  - 70% of overall uniform spend on scrubs (between March – May 2020)
- Enquiries at the peak of the pandemic reached 400,000
  - High demand partly due to increases in professions that had not previously worn uniforms adapting to wearing them.

To test whether these changes were likely to remain long term, a short five question survey was carried out. Results of this survey indicated that it was unlikely these changes would remain, and many trusts were already making a return to previous uniform (outside of high risk COVID-19 positive areas). Some key themes were also identified through this feedback, for more detail on these see the 'what has changed' section (17).



# Case for Change

There is a strong case for change from the current approach to uniforms, where design is established locally, to transition to a national standard approach adopted by the whole of the NHS in England.

There are five areas which individually provide strong reasons for adopting such an approach, and taken together provide a compelling argument for the introduction of a national uniform, these are:

- Patient and Visitor Safety
- Professional Image and Suitability
- Equality, Diversity and Inclusion
- Value for Money
- Sustainability

## Patient and visitor safety

The Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC published in February 2013 made 290 recommendations to the NHS to ensure the events that occurred at Stafford Hospital could not happen again. These recommendations taken together point to the fact that the central focus of an NHS organisation must be the patient and their continued care and safety within the hospital.

**The report mentions uniforms and refers to the need to be able to identify specific roles and responsibilities, and the individuals who carry them out.**

Hospitals have acted upon these recommendations. There are clear and robust uniform policies with roles and responsibilities demarked by different colours, and posters explaining the meaning of the different colours are displayed throughout hospitals. However, an opportunity remains to develop these standards beyond the local hospital and adopt a national approach. This would provide consistency for patients and visitors allowing them to identify the roles across all trusts, and avoid the potential confusion when moving from one hospital to another.

NHS Supply Chain: Hotel Services commissioned a consultation with patients and visitors, as part of the engagement process. This consultation canvassed the public for their opinions and feedback on how they felt they could benefit if a national approach to uniforms was adopted. The trusts involved covered both community and acute settings and were located across a wide geographical area.

This consultation consisted of 14 questions and was simple to complete, with both pictorial and sight impaired versions available for use. In general, the responses were binary 'Yes / No' answers with the opportunity to provide specific comments at the end of the process. The purpose of carrying out this research was to test the themes identified during the engagement workshops, and to understand the benefits and requirements of a National Healthcare Uniform, from a patient and family's perspective.

The response to the consultation was strikingly clear. It identified as anticipated, that patients and visitors thought it was important that they be able to identify the correct member of staff to help with patient care. It also outlined that patients and visitors believed uniforms can help to do this, however at present the ability to navigate the existing uniform structure does not always allow them to do so.



of respondents stated it is important to them, to be able to identify different staff groups



stated that the wearing of a coloured uniform appropriate to that role could help with identification

Overall, it was apparent from this process that patients and visitors strongly support the adoption of a national approach and the introduction of standard and consistent colours across the NHS in England.

## Professional image and suitability



I believe that having a strong professional identity, that reflects our diverse workforce, is essential and I want to strengthen that identity. I hear from colleagues that you want to celebrate and demonstrate that we are proud to display, who we are and what we do whilst helping patients and other professions to easily identify our roles.



Ruth May, Chief Nursing Officer for England

A uniform does not achieve this alone but is a visible and tangible part of how healthcare professionals express themselves and promote the image of an organisation.

A uniform is worn every day and needs to be fit for purpose, easy to wear, smart but comfortable and able to stay in that condition during long and difficult working patterns. It needs to reflect the changing environment in hospitals and be made with materials that do not have any adverse effects on changes in body temperature such as with the menopause alongside other care environments, it needs to have appropriate pockets and storage, it needs

to be easy to care for and retain its appearance for three or four years. It must enable the wearer to present a friendly and approachable image to a wide range of different patients including in some cases children, the elderly, and those with mental health needs or learning disabilities. It must reflect the diversity of the NHS whilst maintaining the strict infection control standards demanded.

The expiry of the current contracting arrangement presents an opportunity to adopt a national approach, to design and develop a modern uniform which meets all of the above criteria. To raise the status and profile of all healthcare professionals and objective for the profession that was set as part of the 2020 Year of the Nurse and Midwife.

A uniform should make the wearer proud; it should present an image the organisation wishes to project, and it must be fit for purpose for the role the wearer needs to carry out. This year, perhaps more than any other, emphasises how a high quality, well designed, consistent approach to developing a National Healthcare Uniform can support these aims.

## Equality, Diversity and Inclusion

The NHS workforce reflects the diverse communities that they take care of across the country. We aim to create a uniform for the future that encompasses and celebrates the differences across our varied workforce, the design must meet the needs of a modern, diverse, and inclusive health service. It must be culturally sensitive and not discriminate against anybody on the grounds of age, disability, gender, pregnancy, relationships, race, religion, or beliefs. It must allow all NHS employees to thrive.

The proposed National Healthcare Uniform design will reflect the diversity of the NHS workforce and will be appropriate for all our colleagues. The uniform has not been designed yet, and the purpose of this consultation is to get direction from those who will be wearing the uniform on; what must be included, what options must be available, and what features and styles are important. This consultation process will enable us to take into consideration the needs of everybody. These findings will be used to enable suppliers to create and submit designs to meet all the requirements and following these submissions trials, evaluations, and Equality Impact Assessments will be carried out to test and verify that the supplier's designs have been successful in achieving this.

We want to hear as many views as possible from our colleagues in response to this consultation, and encourage you to express your thoughts on what you would like to see, so that your views are captured and used to inform the final design.

## Value for money

NHS Supply Chain: Hotel Services have consulted with the commercial teams in both Wales and Scotland to understand the potential commercial benefits and to learn from the approach they took during the procurement of their current National Uniforms. Both these organisations entered the tender process with a firm position in garment design, colours, and materials etc. They carried out extensive wearer trials and the final designs were amended as a result.

There are advantages to adopting a similar approach in England and engagement with trusts and NHS England has been on this basis. Final consensus has not yet been reached and this consultation document seeks further feedback from those wearing the uniform on a daily basis.

The adoption of a standardised approach can lead to a cost saving of around 30%, this has been determined based on the experiences from implementation within Scotland and Wales. The saving is subject to final garment design and market tender but is a realistic expectation based on current garment costs and the inefficiency in supply.

Each trust typically allows a wearer between four and five uniform sets dependent upon shift patterns and local policies. A 30% saving equates to over £10.8 million over a two year period; during which a national approach could be reasonably adopted and provided if all trusts adopted the same uniform. The current expenditure profile indicates that a complete cycle of uniform replacement is completed on average every three to four years.

There are different approaches to adoption available, each affecting the implementation timescales and potential savings delivery of a National Healthcare Uniform. These are outlined below:

## Option

# 1

### **Continue with the current strategy of uniform designs being set at local trust level**

Incremental savings will be negligible, trusts will buy effectively but the full buying power of the NHS will not be leveraged. We would not reduce the number of uniform designs or standardise in any way. The opportunity to contribute to patient safety and improve the quality of the design of uniforms for staff would be missed.

## Option

# 2

### **Source a standard uniform design, but allow trusts to opt in if they choose if the project was not fully adopted on a national basis**

In this case the national uniform would be adopted by trusts as they choose to opt in. It will take time for the national uniform to become widespread across the NHS in England – we estimate four or five years and not all trusts will switch to the National Healthcare Uniform quickly. There are more likely to be local variations and a mix of styles within trusts. There are benefits to this approach and value for money will be enhanced. Savings projected for this approach are up to £3 million over a four to five-year period.

## Option

# 3

### **Source a standard uniform design which is implemented across the NHS in England for all trusts**

This approach maximises the benefits of a national uniform. The benefits to patients and staff are universally delivered in a period of around two years, during which the uniform would be rolled out across the NHS in England. Complete adoption of a National Healthcare Uniform would save the NHS £10.8 million over the two years it would take to implement. A typical uniform will last three or four years, therefore causing limited purchasing of uniforms in year three delivering long term value for money.

NHS Supply Chain: Hotel Services propose the adoption of 'Option 3' and has submitted a category and sourcing strategy on this basis. This option would implement a standard design across the NHS in England, to be rolled out over a two-year period. It is acknowledged that the success of the implementation in NHS Scotland and NHS Wales was enhanced by the availability of central funding for the initial implementation programme.

Adoption of a national approach to the design, contracting, and supply of healthcare uniforms is also in line with the Lord Carter Report on procurement transformation efficiency published in 2016. It provides an opportunity for more effective bulk purchasing power, resulting in significant savings, improved lead times, enhanced service levels, improved visibility of spend, reduced stock holding or duplication, and a reduction in demand over time as there will be less wastage. The adoption of a central approach will provide the NHS in England with a chance to develop a more sustainable and ethical supply chain.

## Sustainability

A key aspect of the approach to procuring a standardised national uniform is an increased level of contract management, ensuring service level delivery, and crucially the increased focus on the environmental impact and sustainability of the supply chain. This will focus on the areas below:

### Improved sustainability and reduced carbon footprint

- At present products are supplied and packaged individually in a plastic bag with over 2 million bags being supplied each year. A national approach will seek to identify alternative packaging materials or remove some packaging altogether.
- An increase in the use of recycled polyester obtainable from recycled bottles or ocean recovered plastics mixed with man-made fibres will be encouraged.
- The delivery and logistics will be reviewed with the objective of increasing bulk rather than individual deliveries where possible.

### Ethical sourcing

- All potential suppliers will undergo a rigorous assessment to ensure they meet high levels of labour standards and ethical buying.
- Compliance with international standards such as the Ethical Trading Initiative will be mandatory.

### Recycling and end of use

- The opportunities for product recycling, end of line product disposal, and the potential to release revenue from old uniforms in a sustainable and ethical way will be evaluated.
- Engagement with WRAP (Waste and Resources Action Programme) will be encouraged to produce more accurate statistics and more sustainable end uses for textile waste.
- The potential to supply shredded fibre for use in products with applications in the automotive, insulation, drainage and packaging industries will be evaluated.

# Consulting Organisations

It is recognised that there is a need for extensive engagement with a broad and diverse range of individuals and groups that would be affected by the implementation of this strategy.

NHS Supply Chain: Hotel Services has published a project charter to provide project governance and has commenced a comprehensive engagement programme to seek views and consult with all interested parties. This consultation paper is a key component of the stakeholder engagement.

Consultation with numerous key stakeholders was carried out during 2019 throughout 2020 as much as possible. These conversations and engagement sessions continued through the forming of the following groups:

- A Customer Board
- Project Consultation Groups
- A Steering Board

Alongside these groups a number a workshops have also been held, including:

- Five customer workshops
- Two procurement workshops

Overall, stakeholders attending both the consultation groups and workshops have been supportive of the national uniform approach. A full summary of the organisations engaged with the project to date is shown below:

- Allied Health Professionals (11 Representatives)
- Chief Allied Health Professions Officer – NHS England
- Chief Midwifery Officer – NHS England
- Chief Nursing Officer – NHS England
- Department of Health and Social Care
- Department of Health and Social Care – Social Partnership Forum
- NHS Scotland
- NHS Supply Chain – SCCL management team and customer board
- NHS trusts (23 Representatives)
- NHS Wales
- Patients and Visitors
- Royal College of Midwives
- Royal College of Nursing
- Uniform Suppliers

A series of workshops has taken place with these groups over the last 6 months with the objective of testing the principle of adopting a national uniform, working towards reaching a consensus on design style, professional groups, and associated colourways.

# Results of the Consultation

The focus has been to complete a robust and comprehensive stakeholder engagement programme, consulting with a large and diverse group of representatives; the results of which are summarised in this document. You, as a respondent to this consultation are being asked whether you agree or disagree with these initial findings.

During the consultation with healthcare professionals, NHS Supply Chain: Hotel Services facilitated discussions covering the key user requirements of a high-quality and fit for purpose healthcare uniform. This was specifically carried out during five stakeholder workshops which took place on the following dates:

- 20 August 2019
- 19 September 2019
- 1 October 2019
- 24 October 2019
- 16 January 2020
- 7 October 2020
- 17 December 2020
- 19 March 2021

The attendees were drawn from 23 different NHS trusts from around the UK representing acute, community and mental health. In addition, there was attendance from the RCN and NHS England. The final workshop which took place in January was attended by representatives from the Allied Health Professions. For full details of attendees over the five workshops see 'Annex 1' (page 21).

A presentation was also made to the NHS Social Partnership Forum on the 11th September 2019 – this forum consists of NHS employer and employee representative organisations and the Department of Health and Social Care. The presentation introduced the project to these organisations, outlined its aims and objectives, and requested feedback and comments. The organisations involved agreed to consult their members and provide any comments to the forum.

The aim of the workshops was to seek opinions from the NHS community as to the desire for a national approach, to begin identifying the possible professional groupings who could adopt a similar uniform colourway, the preferred uniform colourways for each group, the preference for styles, and whether bespoke embroidery would be required. Attendees were asked to vote for their preferences during these sessions using an online voting application. This allowed the results to be captured and reported back to the group in real time.

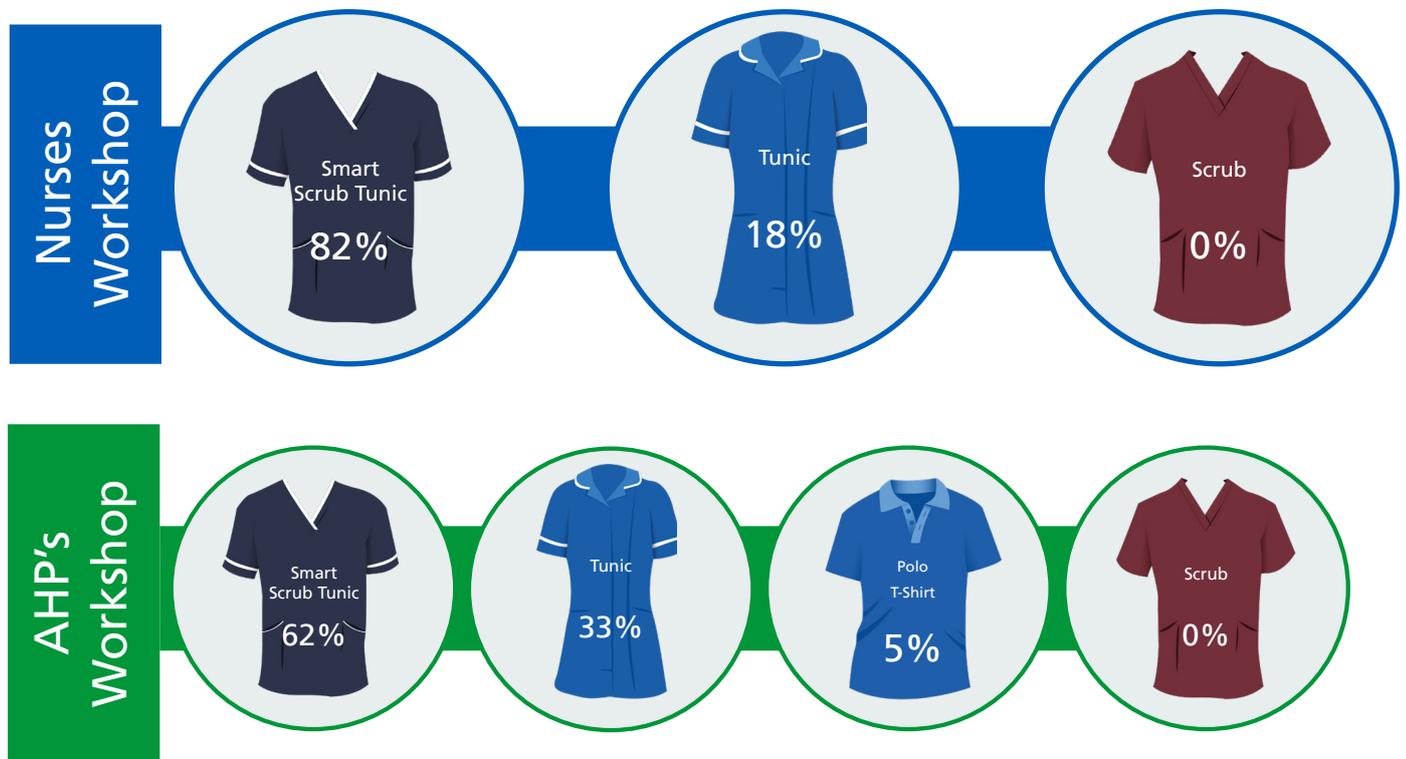
The professional groupings and preferred colourways are shown in the table below:

Proposed Grouping	Comments	Colourway Preference
Student	Funded by Universities – sometimes include logos	White or Pale Grey
Support Worker/ Healthcare Assistant	Unregistered healthcare workers	Consensus amongst the workshop attendees that Blue is the primary colour to denote membership of the Nursing or Midwifery profession.  The colour grade from pale to dark as you progress through the profession.
Nursing Associate	New role – needs to be a clearly defined profession	
Registered Nurse and Midwives	All registered – Acute, Community and Mental Health	
Senior Nurse and Midwives	For example, sister, prison nurse, deputy ward leader, general practice nurses	
Ward/ Team Leader	Requirement to clearly identify Team Leaders	
Allied Health Professional	Four professional groupings each with a distinct colour	Burgandy, Green, White, Grey. Support workers identified by paler shade of the sub group colour.
Clinical Nurse – Specialist	To include outreach, critical care, TVN's, Sepsis	Dark Red, Purple, Dark Pink
Matron/ Modern Matron	Must be a clearly defined role	Purple or Red
Advanced Clinical Practitioner	Advanced Paramedic, Critical care, consultant clinician	Mid Grey, Dark Pink or Dark Red
Corporate / Heads of Nursing and Midwifery	Senior leadership roles	Black, Mid Grey or Red

**Please note: these groupings and colours are not intended to be definitive at this stage. Further opportunities to consult on colours will be available later in the process.**

It is however an indication of the preferences drawn from a wide range of clinical professionals. This consultation has been devised to further test these preferences with a wider group of clinical professionals.

The group was also asked to indicate any preference for styles and were offered the most purchased options currently to choose between. Please note the following illustrations are simply examples of the styles and are not the proposed or final design:



There was a strong consensus that bespoke embroidery should not be added to a national uniform design, but the NHS lozenge would be sufficient. It was suggested this approach would add benefit as it would allow clinical professionals to move freely between settings without the need to be provided a new uniform.

It was also discussed that identification is of high importance and further discussions are required to determine the method in which this is done, the overwhelming preference established during the workshops is via name badges rather than embroidery on the uniform.



We need a national NHS version, with local add-ons to remain interchangeable. There should be no permanent add-ons to the actual uniforms.

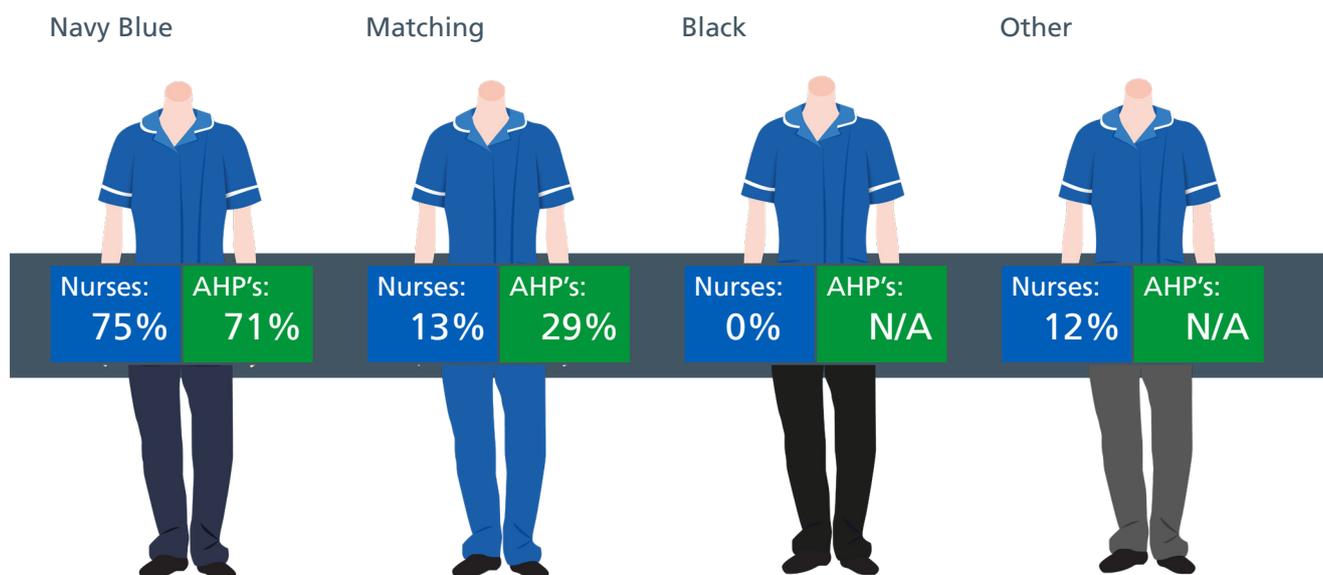
No embroidery, but what about brand? The NHS Lozenge would be okay or even NHS England Logo?"

We should use badges instead of embroidery, no need for removal if the staff member moves, maybe the design specification could include a welt, to better support an attached badge?

We need to distinguish between various roles and the seniority of staff.

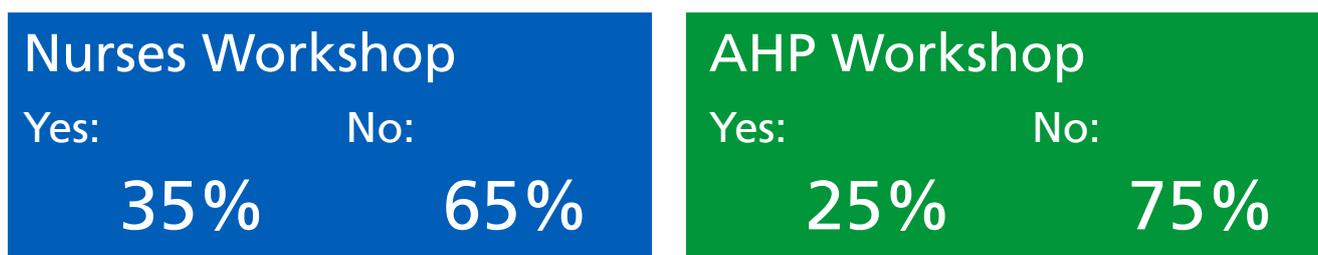


The workshop attendees were asked to discuss the pros and cons of different colourways for trousers and indicate their preference for either a single colour (worn with all tunics / scrubs no matter their colour) or multiple colour options (matching the tunic / scrub colour).



Tunics, scrubs, and trousers account for most of the garments currently being purchased, however, dresses are still worn widely and account for 12% of the demand (figure established on normal buying patterns pre-covid). The position as to whether a National Healthcare Uniform range should include an option to wear a dress or be restricted to a two-piece design of a top and trousers would need to be agreed. A dress has not been included in the range for either NHS Scotland or NHS Wales. If a dress does not form part of the standard range it is under consideration as to whether it should be included as part of ceremonial uniforms, to be worn at formal occasions.

The engagement workshops held provided some views on whether a dress should be available, the following responses were given:



## What has changed

To establish if there have been any changes as a direct result of Covid-19, an online survey was distributed to the key stakeholder group involved in the engagement workshops. The survey consisted of 5 simple questions to determine what has changed in terms of uniforms and uniform policy during this time and whether these changes were likely to remain long term.

The survey was very well responded and common themes included:

- Most trusts had made a move towards the use of scrubs, however in many cases this was

not all clinical staff and was just implemented in specific high risk covid positive areas.

- The majority of respondents would still prefer a smart scrub tunic style uniform.
- Comments mentioned changes to or reinforcing of the uniform policy, specifically around the wearing of uniforms outside of the hospital settings and during the commute.
- Many people reiterated the need to distinguish between roles as staff and service users found it difficult to determine the role when all were wearing the same colour scrubs.

There are 11 Allied Health Professions in scope, and throughout early engagement the question was raised as to whether having a single uniform across all professions within the AHP would be viable.

When the initial testing of this option was carried out the results were inconclusive, with a near 50% split. Further engagement was carried out which resulted in the proposed solution to group professions that are less likely to work together as an MDT or in a clinical setting, as shown below. This solution offers the best potential to meet the objectives of this project.

- Physiotherapists and Orthoptists
- Radiographers, Dietitians, and Prosthetists and Orthotists
- Occupational Therapists and Osteopaths
- Podiatrists, Speech and Language Therapists, Operating Department Practitioners, and Art, Drama and Music Therapists.

To test this a short presentation and survey was issued jointly by The Office of the Chief Allied Health Professions Officer and NHS Supply Chain.

Responses were received from 4,266 Allied Health Professionals. Overall, the results were conclusively in support of this proposal, as shown below:



felt that the clustered professions will meet the project objectives



agreed that the proposed professional groupings are suitable



believe support workforce need own shade of uniform

The specific colours for each of the professions are yet to be agreed, but engagement to date has suggested maintaining the most commonly used colour nationally of White, Burgandy, Green and Grey. Further consultation on colours will take place in due course.

*\* respondents to this question were those who agreed that the clustering of professions would meet the project objectives.*

## Summary

In all sessions the groups agreed with the principle and objectives of the project, appreciated the introduction of a National Healthcare Uniform would be of benefit to patients, visitors, and healthcare professionals, and would provide better value for money.

A survey by the Nursing Standard in 2019 supports this position as 82% of respondents supported the principle of adopting a standardised national uniform.

Common topics of discussion included the need to reaffirm the NHS brand and create a concise national identity, and the importance of being able to differentiate between roles. It is not recommended that bespoke embroidery be used for this purpose as it is an uneconomic method, and limits the flexibility for clinicians to work across multiple sites and trusts without multiple uniforms.

A broad consensus was reached on style. The preference expressed is for a two-piece uniform, based on the scrub but with added style features and improved fitting – in this document we refer to this as a ‘smart scrub tunic’. The trousers should be a single colour – probably a navy blue based on the feedback to date. Allied Health Professionals raised several concerns about the fit and style of many of the current trousers available and requested that alternative designs such as cargo trousers be explored further.

**Please note: the results of this engagement are only intended to show an indication of the uniform preference of those already consulted with. The purpose of this consultation is to test these findings more broadly with Clinical Professionals wearing the uniforms daily.**

# The Consultation Process

All organisations involved in the project to date have stated that a broad and comprehensive consultation needs to take place with NHS staff and associated professional bodies.

This consultation document invites those organisations and their members to respond to the following questions. It is requested that this document is widely circulated within your organisation to allow everyone the opportunity to reply as individuals or as part of a group.

## Consultation questions

### Questions include:

- Do you think that a National Healthcare Uniform should be adopted across the NHS in England?
- If yes, in your opinion should the implementation be mandatory across the NHS in England or optional at trust level?
- Has your opinion been influenced as a result of the COVID-19 pandemic?
- In your experience can patients and visitors be confused by the variety of different uniforms currently in use across the NHS in England?
- Would the safety and care of patients and visitors be improved if a National Healthcare Uniform were adopted?
- Do you think that a uniform helps patients, visitors, and colleagues to identify the roles of healthcare professionals?
- In your opinion would healthcare professionals see a positive impact if a National Healthcare Uniform was adopted across the NHS in England?
- Do you think it would be beneficial for the Health Service to have a formal uniform available?
- Considering how you feel as a wearer, which of the following styles do you prefer?
  - Tunic
  - Scrub
  - Smart Scrub Tunic
- Should a choice of dress be offered?
- What is the importance of the following key design attributes to you?
  - Appropriate pockets
  - Fabric suitable for changing environments such a natural, breathable material, such as cotton, linen, or bamboo, rather than fabrics which can trap heat and odours which will be more comfortable for colleagues experiencing hot flushes etc (e.g. during the menopause or for other reasons)
  - Easy care
  - Sizing
  - Modesty
  - Flexible fabric to allow for full range of movement
  - Any other attributes?

- It has been suggested that the best way to distinguish between roles would be to have different colour uniforms for each role grouping, please tell us if you agree or disagree?
- Segmentation questions regarding:
  - Gender
  - Age
  - Job role
  - Ethnic group

There is a final section which will give you the opportunity to add any further comments you have about the specific questions asked, or anything you think has not been covered. We welcome all comments to ensure opinions and feedback are considered as part of the decision process.

## Responding to the consultation

This document launches a consultation on options related to NHS Supply Chain: Hotel Services strategy for the introduction of a National Healthcare Uniform across the NHS in England (those worn by clinical staff only e.g. healthcare assistants, nurses, midwives and allied health professionals).

To take part in the consultation [click here](#).

Hyperlink not working? Go to: <https://www.smartsurvey.co.uk/s/NationalHealthcareUniform/>

**The consultation will close at 5pm on Monday 31st May 2021.**

Alternatively, to respond via email, please send your response to:  
[nationaluniforms@supplychain.nhs.uk](mailto:nationaluniforms@supplychain.nhs.uk)

To respond to the consultation via post, please send responses to:  
National Healthcare Uniforms  
NHS Supply Chain: Hotel Services (NOE CPC)  
3rd Floor - Don Valley House  
Savile Street East  
Sheffield  
S4 7UQ

It will help us to analyse the responses if respondents fill in the online consultation response document but responses that do not follow the structure of the questionnaire will be considered equally.

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act

2000 (FOIA), the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR), and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential please be aware that under the FOIA there is a statutory Code of Practice for public authorities. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, as well as any exemptions that may apply in relation to the information provided, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

NHS Supply Chain: Hotel Services will process any personal data collected in accordance with the DPA and in most circumstances, this will mean that your personal data will not be disclosed to third parties.

An anonymised summary of the responses to this consultation will be made available before or alongside any further action. It is the intention of NHS Supply Chain: Hotel Services to commence some preparatory tendering and contracting activity in parallel with this consultation but no commitments or final decisions regarding the preferred approach or design will be made until the results of this consultation are known.



# Annex 1: Organisations Engaged

Please note: the following list of organisations have had varied levels of engagement to date. Activity could have involved attendance at one or multiple workshops, attending individual meeting, taking part in group webinars or simply providing comments and feedback via correspondence.

## National organisations and representative bodies

- British and Irish Orthoptic Society
- British Dietetics Association
- Chartered Society of Physiotherapy
- College of Operating Department Practitioners
- College of Paramedics
- Department of Health and Social Care
- Institute of Osteopathy
- NHS England & Improvement
  - Chief Allied Health Professions Officer (AHP)
  - Chief Midwifery Officer
  - Chief Nursing Officer (CNO)
- NHS Scotland
- NHS Wales
- Royal College of Midwives
- Royal College of Nursing
- Royal College of Occupational Therapists
- Royal College of Speech and Language Therapy
- Society of Radiographers

## NHS Trusts

- Ashford and St Peter's Hospitals NHS Foundation Trust
- Bedford Hospital NHS Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- Imperial College Healthcare NHS Trust
- James Paget University Hospital NHS Foundation Trust

- Kettering General Hospital NHS Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Leicestershire Partnership NHS Trust
- Luton and Dunstable University Hospital NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Midlands Partnership NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Northern Care Alliance NHS Group
- Northumbria Healthcare NHS Foundation Trust
- Nottingham University Hospital NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Royal Surrey NHS Foundation Trust (Royal Surrey County Hospital)
- Sheffield Teaching Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- Taunton and Somerset NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- University College London Hospitals NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- University Hospitals of North Midlands NHS Trust
- Whittington Health NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Worcestershire Health and Care NHS Trust