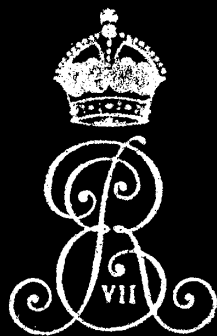


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ON THE TRAINING OF
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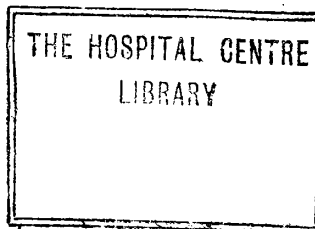
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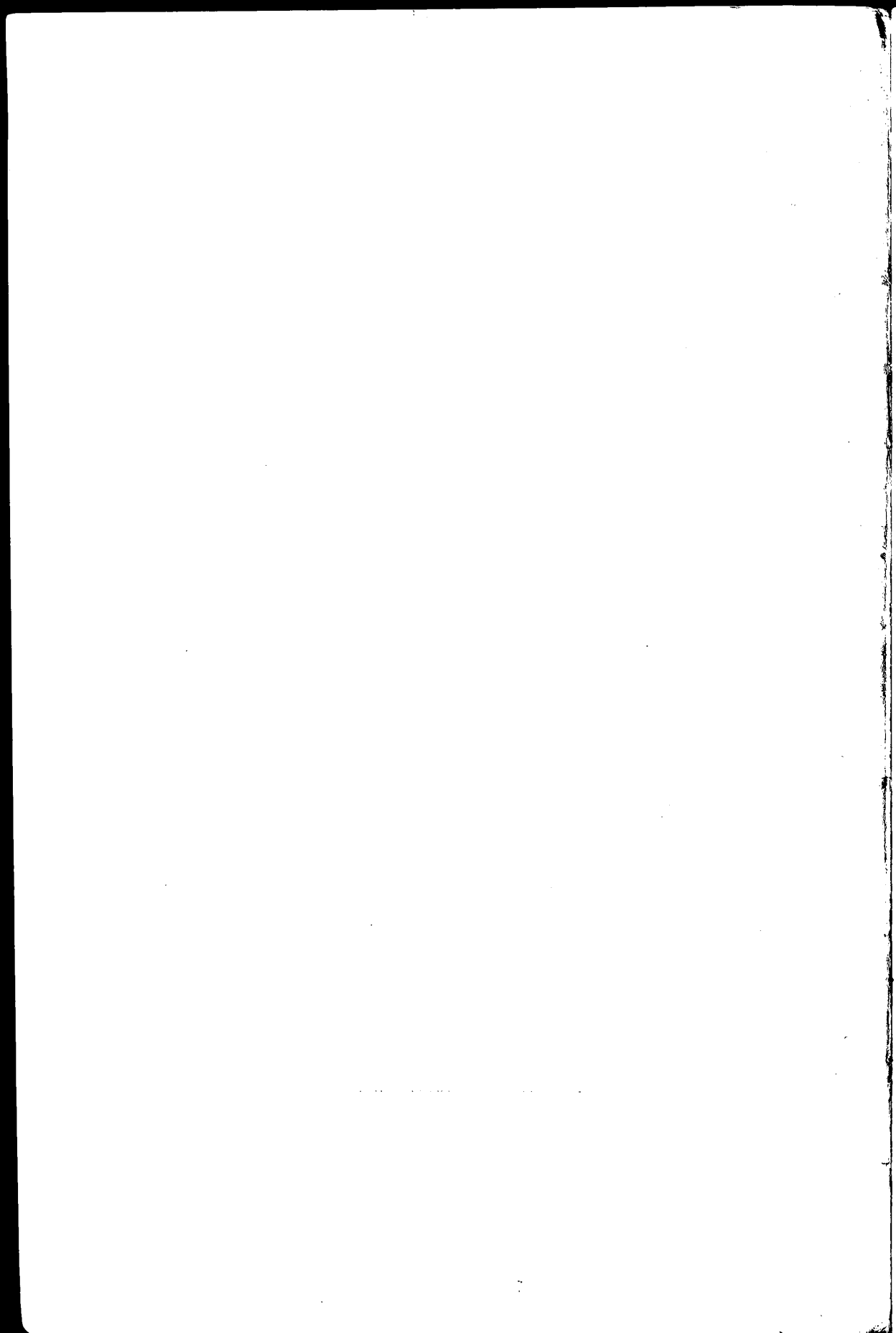


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FOR LONDON

REPORT OF THE WORKING PARTY
ON THE TRAINING OF
HEAD PORTERS

34 KING STREET, LONDON, E.C.2
JANUARY 1963

MEMBERSHIP OF THE WORKING PARTY

Chairman: Major Simon Whitbread, J.P., member of the Hospital Development Committee, King Edward's Hospital Fund, and Chairman, Bedford Group Hospital Management Committee.

Mr. C. H. Beckett, Secretary, Staff Side, Ancillary Staffs Council, Whitley Councils for the Health Services.

Mr. D. J. McCarthy, Secretary, Whittington Hospital.

The Hon. J. L. C. Scarlett, House Governor, The London Hospital.

King Edward's Hospital Fund.

Mr. K. Osborne, Tutor, Hospital Administrative Staff College.

Mr. Irfon Roberts, Secretary to the Working Party.

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PREFACE

BY THE CHAIRMAN OF THE WORKING PARTY

I should like to thank all the members of the Working Party who have given so much of their valuable time in preparing this report. Their support and advice have been invaluable.

Head Porters and their staffs would benefit from training planned to fit them for the wide variety of duties which they are called upon to perform in hospitals. The amount of training given at present is for the most part quite inadequate. We hope that in presenting our report at the earliest possible opportunity we may stimulate some action to remedy this situation.

Our recommendations must necessarily be considered experimental and the position might well be reviewed in a few years' time. There are, of course, other factors, such as rates of pay. These, however, are not within the scope of our report.

Finally, I should like to express my own thanks and those of the members of the Working Party to Mr. Irfon Roberts, our Secretary. He has been a continual source of help and has had to travel far and wide. We are most grateful to him.

20th November, 1962.

SIMON WHITBREAD.

ORIGIN AND NATURE OF THE ENQUIRIES

1. In 1961 the King's Fund decided to set up a working party to enquire into the duties and training of head porters, in order to determine the kind of training likely to produce and maintain the most efficient service.

2. With the object of ascertaining the duties and responsibilities which are now given to head porters, the Working Party collected information from sixty-six hospital authorities and a hundred and eleven hospitals, chosen on a sample basis. As shown at Appendix 'A', fifty-three hospital authorities and fifty-eight hospitals were visited by the Secretary to the Working Party, who consulted members of the administrative, nursing, portering and other staffs. Other sources of information are shown at Appendix 'B'.

3. Information was sought on any training which might already be given and on factors which might be of value in the preparation of training courses. Evidence was also obtained on methods of supervision already in practice and on the circumstances which govern the work of head porters and their staffs.

4. The importance of proper supervision as a means of ensuring an efficient portering service has been underlined by accounts of work study enquiries. Yet head porters are rarely given training in the art of supervision. This defect has become particularly noticeable during the past two years when some hospital authorities have given closer attention to training in general. Some reports have stressed the difficulties encountered in the recruitment of head porters and deputies. Rates of pay and lack of adequate differentials have often been cited as reasons for this.

RECOMMENDATIONS

HOW THE PORTERING SERVICE FITS INTO THE ORGANISATION OF THE HOSPITAL: LINE OF CONTROL

5. Having considered the detailed information which was provided by the participating hospitals, we would not in present circumstances suggest any radical change either in the line of control which generally prevails, or in the number and type of the supervisory grades. Some members of the staff usually controlled by the head porter are, however, engaged in duties which show a tendency to increase in complexity, and this factor should be borne in mind for the future.

6. It is customary for the head porter to be responsible direct to the administrator of the hospital. This proves to be a satisfactory means of administrative control, but the need must be stressed for the head porter to be kept fully informed and his advice sought on matters affecting the portering service. He should be provided with an office conveniently situated for the control of his staff where he himself will be readily accessible. There are occasions when the head porter should be able to call upon clerical help.

DUTIES OF THE HEAD PORTER

7. The head porter's duties are:

i. *Planning*

a. Organising the work of the porters and allocating men to this work.

ii. *Supervision*

a. Co-ordinating the work and supervising and controlling the staff.

b. Maintaining standards of conduct, appearance and morale.

iii. *Reception*

Responsibility for the proper reception of patients and visitors immediately on arrival particularly at the main entrance.

iv. *Working with the chief administrative officer or his assistant in*

a. Selection and recruitment of all grades of porter,

REPORT OF THE WORKING PARTY

b. Induction, training and welfare of porters.

v. *Records*

Keeping primary staff records, particularly of hours worked, for pay purposes, and duty rosters and holiday lists.

8. Of these duties, the first two deserve to be stressed because of the wide variety of jobs performed by porters. It is essential that these tasks should be co-ordinated to achieve the most effective service with the staff and equipment available. This co-ordination is one of the main responsibilities of the head porter. He should be trained in planning the work and in allocating the men to it, both on a routine basis and by re-arrangement to meet unexpected needs as they arise.

CO-ORDINATION OF THE DUTIES OF THE PORTERS

9. The work of hospital porters generally falls into eight main categories.

1. Helping in reception of out-patients and visitors and in the admission of in-patients.
2. Lifting and moving patients.
3. Transporting goods, including meals and linen, to all parts of the hospital premises.
4. Collecting and delivering, and assembling and dismantling equipment.
5. Collection and disposal of refuse, and some cleaning duties.
6. Messenger service, sometimes on a group basis; collection and delivery of pathological specimens and laboratory and X-ray reports.
7. Helping to maintain security against theft and fire.
8. Work in special departments such as the operating theatres, pharmacy, mortuary, and clinical departments.

10. These duties, especially items 1, 2, 5 and 7, are shared with other types of staff to varying degrees.

TRAINING OF HEAD PORTERS

11. The deployment of porters is partly determined by factors for which the head porter is not responsible, such as the layout of the buildings or the type of staff call system in use. The standard of service is influenced by the degree of co-ordination throughout the hospital: for example, advance notice of demands from wards and departments will help the head porter to meet them promptly. The head porter for his part should arrange routine duties in such a way as to avoid undue fluctuations in the volume of the work. He can be helped in this if he is consulted over any proposed work study investigation or administrative change which might affect the portering service.

RECRUITMENT OF HEAD PORTERS AND DEPUTIES

12. Ability to deal with people is of crucial importance in any supervisory appointment. It is essential that these posts are filled by men of adequate calibre who should be given training to fit them for their duties. If this training were given to senior porters, it is likely that more head porters could be recruited from within the service than at present. If, however, men of the required type are not available, then recourse may be had to recruitment from elsewhere such as among men leaving the Armed Forces.

TRAINING

PLANNING AND ORGANISING TRAINING COURSES

13. The recommendations contained in the Report of the Ministry of Labour Committee on the Selection and Training of Supervisors* could with advantage be studied by those responsible for the training of head porters. The following points, based on these recommendations, deserve emphasis.

Responsibility for the Provision of Training

14. It seems to us that the Regional Hospital Board should be responsible for organising training courses for head porters and deputies already in post and for men selected for appointment. Training might be given at a Regional centre which could be either a permanent training establishment or any hospital which happens to be conveniently situated for a specific course.

* H.M.S.O. 1962 S.O. Code No. 36-268.

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15. We consider that each group secretary should remain responsible for seeing that the training requirements of the hospital group are adequately met. This should include a periodic review of training needs, and an attempt to assess the value of the training given. Specialist advice to help in meeting these responsibilities may be sought from within the hospital service, from the Ministry of Labour and from independent organisations such as those shown at Appendix B to the Report on the Selection and Training of Supervisors.

Planning and Preparation

Need for co-operation of heads of departments

16. If these courses are to secure the maximum benefit, it will be necessary to gain the subsequent co-operation of the heads of departments. Before each course begins, its objects and scope should therefore be explained to them as well as to the head porter or deputy due to attend.

Sequence of Courses

17. Training should first be given to head porters and deputies already in post. The best time for training others is immediately before they take up their appointments. Brief refresher courses should be given within the following six months: these would serve to consolidate what has been learnt and also help in assessing its value.

Preliminary Experience

18. Before attending a formal training course, a porter due for promotion should be given the opportunity to understudy a trained head porter or deputy. Preliminary training of this sort, based on the duties of the post, should be suited to the needs of each individual.

Length of Courses

19. All courses should be kept as short as is consistent with satisfactory results.

External Courses

20. The value of sending the more experienced head porters and deputies to brief training courses outside the National Health Service should not be overlooked.

TRAINING OF HEAD PORTERS

SYLLABUS

21. The head porter should be so trained that he himself has the knowledge and competence demanded of his general porters, understands what is required of departmental porters, and is an effective supervisor.

The following training is therefore required.

A. The knowledge and competence demanded of all general porters.

22. If the head porter is to take an effective part in planning the training of his porters and giving instruction to them, he himself should first have a working knowledge of the following subjects. The extent to which they apply will of course vary according to local circumstances. Much of the instruction can be given locally but some may need to be given on a Regional basis.

1. Background to hospital work

- a. Outline of the working of the National Health Service.
- b. Organisation of the hospital and group.
- c. The functions of each department and their relation to each other.
- d. How the work of the porter contributes to the running of the hospital.
- e. The need to observe the confidential nature of hospital work.

2. Reception

- a. The correct approach to patients, visitors, bereaved relatives, and members of the staff. Maintaining standards of personal appearance.
- b. Telephone switchboard duties.
- c. Keeping records of messages received and conveyed.

3. Techniques of lifting and moving patients

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4. *Transporting goods and meals*
 - a. Points to be observed in collecting, conveying, and delivering goods.
 - b. Techniques of lifting and handling.
 - c. Operating the types of vehicle in use.
5. *Hygiene*
 - a. The dangers of infection.
 - b. Personal hygiene with particular reference to contact with patients and to handling food, laundry, swill and refuse.
6. *Basic cleaning methods*
7. *The use, care and storage of equipment*

with special reference where appropriate to

 - a. Identifying equipment and containers.
 - b. Fitting orthopaedic equipment.
 - c. The use of oxygen equipment.
 - d. Sterilising processes.
 - e. Assembling beds and attachments.
 - f. Fumigation.
8. *Security*

Helping to maintain the security of

 - a. information.
 - b. property of hospital, patients and staff.
 - c. premises, especially during night.
9. *Control of noise*

Observing the recommendations made by the Ministry of Health and the King's Fund.
10. *Safety*
 - a. Fire precautions and fire drill.
 - b. Prevention of accidents.
 - c. Use and care of protective clothing.

TRAINING OF HEAD PORTERS

11. *Emergency Situations*

12. *Conditions of Service*

B. *Appreciation of what is required of departmental porters.*

23. The head porter should be given whatever instruction he needs in order to understand what is required of each departmental porter. The departmental porters themselves should first receive the same basic training as general porters. This should be followed by specialised training according to the needs of each department. The programme for this should be prepared by the hospital administrator in consultation with the head porter and the head of the department. They should also decide which, if any, of this specialised training should be given by the head porter and which by the head of the department.

C. *The art of supervision.*

24. The head porter should be trained in the art of supervising his staff in such a way that they give of their best and so provide the most efficient service.

1. *The role of the head porter*

- a. The extent of the head porter's responsibility.
- b. The intermediary role of a head porter in the organisation of a hospital, and especially what is expected of him by
 - i. his seniors,
 - ii. heads of departments,
 - iii. his own staff.
- c. Helping to set work standards.
- d. Assessing degree of priority of requests for porters' services.
- e. Staff relationships and the need to take account of each individual porter in allocating duties.
- f. Initial dealing with complaints from patients and staff and informing the administrator.

4

REPORT OF THE WORKING PARTY

2. *Recruitment and retention of staff*
 - a. Keeping in touch with the local labour situation as it relates to various age-groups including juveniles.
 - b. Taking full advantage of what each post has to offer.
 - c. How to interview.
3. *Direct Supervision*
 - a. Checking porters' work and time-keeping.
 - b. Methods of correcting faults.
 - c. Discipline: maintaining standards of conduct, appearance and morale.
4. *Training*
 - a. Instruction in the art of teaching and explaining the need for proper working methods.
 - b. Induction of new entrants.
 - c. How to train the porters to maintain agreed standards of work.
5. *Work Study*
 - a. General appreciation.
 - b. Application of method study: routines—devising and introducing improved methods, and subsequent review.
6. *Communication*
 - a. How to complete forms and make reports orally and in writing.
 - b. Drawing upon the ideas of the porters and helping to keep the administrator informed of these.
 - c. Helping to keep the staff informed and to foster a favourable reception to proposed improvements in method.
7. *Routine office procedures*
 - a. Keeping primary staff records, including training records.

TRAINING OF HEAD PORTERS

- b. How to make the best use of clerical help available.
- 8. *Welfare, and maintenance of good staff relations*
 - a. How to help porters over minor personal problems affecting their work and when to bring others to the notice of the administrator.
 - b. Explaining terms and conditions of service.

CONCLUSION

25. The work of general porters may not usually be regarded as 'skilled', but nevertheless its importance, and that of proper training, should not be under-rated. Both the general and departmental porters will do their work better if given thorough training based on the analysis of their duties. Similarly the head porter should receive training to develop the art of obtaining the best results from his staff. The syllabus which we have suggested is prepared on this basis. The evidence obtained shows an acute lack of training either for the head porter or his staff, to the marked detriment of the hospitals. This is a serious defect which should be remedied without delay.

APPENDICES

SOURCES OF EVIDENCE

We should like to thank all those who provided information and opinions, either by completing questionnaires or in other ways. Their help was indispensable to us.

APPENDIX A

Hospitals and Hospital Authorities from which information and opinions were obtained.

Where the name of the hospital authority is the same as that of the participating hospital, this should be taken to refer to both.

*Visited by the Secretary to the Working Party.

1. ENGLAND

a. **Boards of Governors of Teaching Hospitals**

i. **Metropolitan**

- *Guy's Hospital
- *King's College Hospital
- *The London Hospital
- *The Middlesex Hospital
- Queen Charlotte's and Chelsea Hospitals
- *The Hospital for Sick Children
- *St. George's Hospital
- *St. Peter's, St. Paul's & St. Philip's Hospitals

ii. **Provincial**

- The United Cambridge Hospitals
- Addenbrooke's Hospital
- Chesterton Hospital
- Maternity Hospital
- *The United Leeds Hospitals
- *General Infirmary at Leeds
- Hospital for Women

APPENDICES

- *The United Sheffield Hospitals
Jessop Hospital for Women
- *Royal Hospital
Royal Infirmary

b. **Hospital Management Committees**

i. **Metropolitan**

- *Bromley Group
Bromley Hospital
- *Farnborough Hospital
- *Central Middlesex Group
Acton General Hospital
- *Central Middlesex Hospital
Neasden Hospital
Willesden General Hospital
- *The Central Group
Bethnal Green Hospital
Metropolitan Hospital
- *St. Leonard's Hospital
- *Harefield and Northwood Group
Harefield Hospital
Harrow Hospital
- *Mount Vernon Hospital
Wembley Hospital
- Netherne
- *Northern Group
City of London Maternity Hospital
Highlands Hospital
- *Royal Northern Hospital
- *Redhill Group
*Crawley Hospital
- St. Helier Group
Cumberland Hospital
St. Helier Hospital
Sutton and Cheam Hospital
- Woking and Chertsey
*St. Peter's Hospital

APPENDICES

- *St. Charles' Hospital (Paddington Group H.M.C.)
- *Pathological Laboratory, St. Andrew's Hospital
(Bow Group H.M.C.)

ii. **Provincial**

- Bedford Group
 - Bedford General Hospital, South Wing
- Bradford (A)
 - Children's Hospital
 - Royal Eye and Ear Hospital
 - Royal Infirmary
- *Central Wirral
 - *Clatterbridge Hospital
 - Cleaver Hospital
- Derby Area No. 1
 - Derby City Hospital
 - Derbyshire Royal Infirmary
- Ipswich
 - Foxhall Hospital
 - Hartismere Hospital
 - Ipswich and East Suffolk Hospital
- *Leeds (A) Group
 - Chapel Allerton Hospital
 - *St. James's Hospital
- Mansfield
 - King's Mill Hospital
 - Mansfield General Hospital
- *Moorhaven
- *Plymouth and District
 - *Scott Hospital
 - *South Devon and East Cornwall Hospital
- *Portsmouth Group
 - *Queen Alexandra Hospital
 - *Royal Portsmouth Hospital
 - *St. Mary's Hospital
- *Reading and District
 - Battle Hospital
 - Royal Berkshire Hospital

APPENDICES

*Salford

- *Ladywell Hospital
- Salford Royal Hospital

*South Liverpool

- *Mossley Hill Hospital
- *Sefton General Hospital

South Shields District

- Ingham Infirmary
- South Shields General Hospital

Swindon and District

- Princess Margaret Hospital
- St. Margaret's Hospital
- Swindon and North Wilts Hospital

*West Cumberland

- *West Cumberland Hospital
- *Whitehaven Hospital
- *Workington Infirmary

*Winchester Group

- *Basingstoke Hospital
- *Royal Hampshire County Hospital
- *St. Paul's Hospital

*Wolverhampton

- Eye Infirmary
- New Cross Hospital
- *The Royal Hospital
- St. John's and Manor House
- St. John's Hospital

c. **Regional Boards**

- *Leeds
- *Liverpool
- *Manchester
- *North East Metropolitan
- *North West Metropolitan
- *Sheffield
- *Wessex

d. ***Ministry of Health**

APPENDICES

2. WALES

a. **Board of Governors of Teaching Hospitals**

- *The United Cardiff Hospitals
Cardiff Maternity Hospital
- *Cardiff Royal Infirmary
Llandough Hospital

b. **Hospital Management Committees**

- *Newport and East Monmouthshire
*Royal Gwent Hospital
St. Woolos Hospital
- *West Wales
Pembroke County War Memorial Hospital
St. Thomas's Hospital
- *West Wales General Hospital

*New Hospital, Singleton Park,
Swansea (Glantawe H.M.C.)

c. **Welsh Hospital Board**

3. SCOTLAND

a. **Boards of Management**

- *Aberdeen General Hospitals
*Royal Infirmary
- *Dundee General Hospitals
*Maryfield Hospital
*Royal Infirmary
- *Dundee Mental Hospitals
*Royal Mental Hospital
- *Edinburgh Northern Hospitals
Northern General Hospital
*Western General Hospital
- *Royal Edinburgh Hospital for Mental and Nervous
Disorders
Craig House
*West House
- *Royal Infirmary of Edinburgh and Associated Hos-
pitals
*Royal Infirmary

APPENDICES

- b. **Regional Boards**
 - *Eastern, Dundee
 - *South-Eastern, Edinburgh
 - c. ***Scottish Home and Health Department**
4. **NORTHERN IRELAND**
- a. **Hospital Management Committees**
 - *Belfast
 - *Royal Maternity Hospital
 - *Royal Victoria Hospital
 - *Londonderry
 - *Altnagelvin Hospital
 - *North Down
 - *Ards Hospital
 - *Bangor Hospital
 - *Purdysburn
 - *South Belfast
 - *Belfast City Hospital
 - *Musgrave Park Hospital
 - b. ***Northern Ireland Hospitals Authority**

APPENDIX B

Other sources of information and opinions.

*Visited by the Secretary to the Working Party.

GREAT BRITAIN

- *Belfast College of Technology
- Essex Education Committee
- Industrial Training Council, Training Advisory Service
- Industrial Welfare Society
- Institute of Industrial Supervisors
- *Messrs. J. Lyons & Co. Ltd.,
Training and Research Service
- *Ministry of Labour and National Insurance, Northern Ireland
- *Ministry of Labour, London
- *National Union of General and Municipal Workers
- *South Devon Technical College

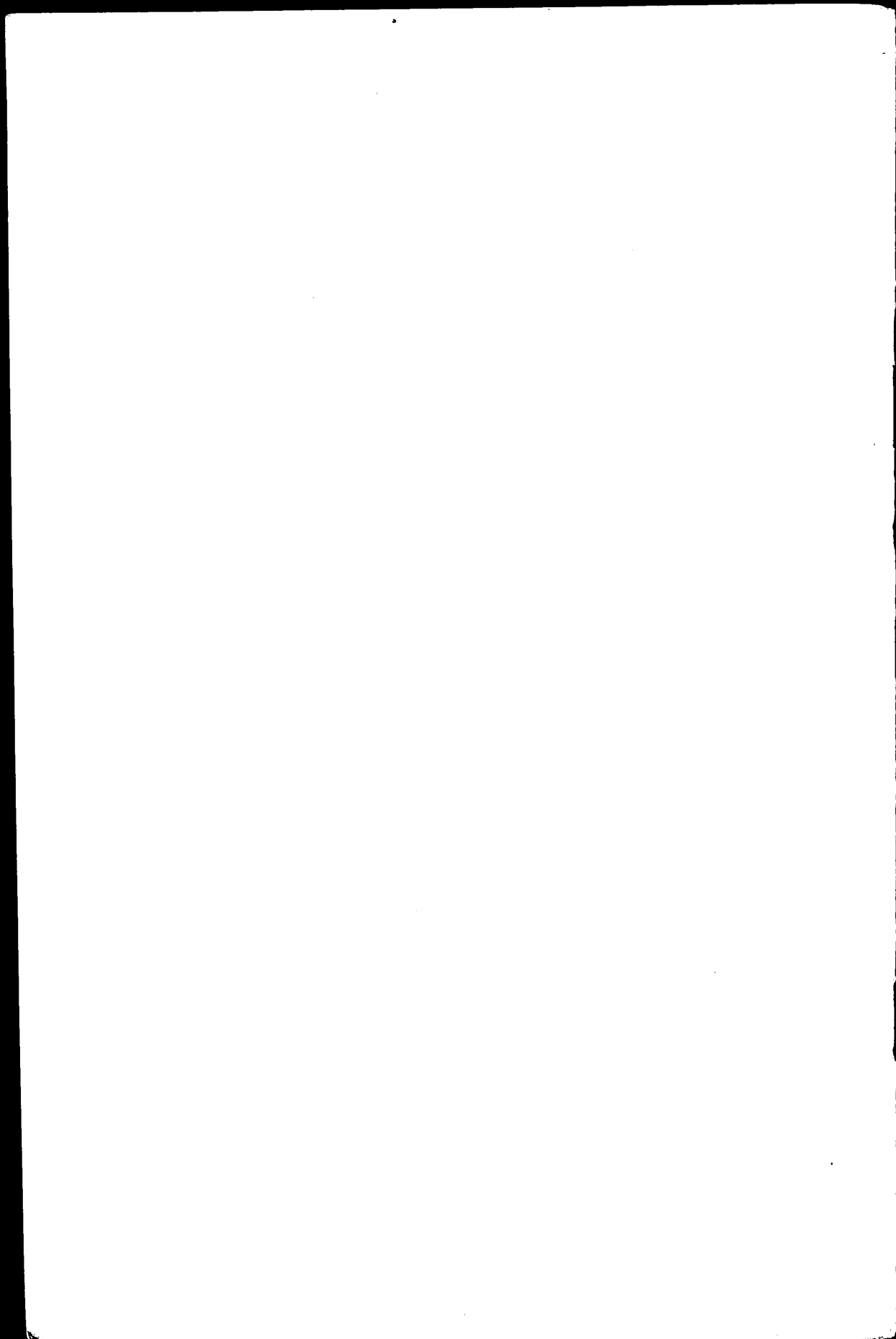
NEW ZEALAND

Auckland Hospital Board

UNITED STATES OF AMERICA

American Hotel Association Educational Institute
Johns Hopkins Hospital
National Executive Housekeepers Association, Inc.

Evidence and opinions were also given by various interested persons including research workers, individual members of hospital staffs, and representatives of commercial organisations.



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