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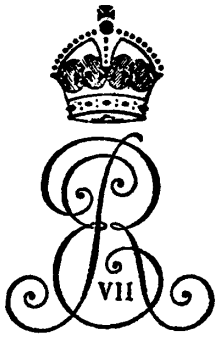

REPORT OF THE WORKING PARTY ON THE TRAINING OF DOMESTIC ADMINISTRATORS

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REPORT OF THE WORKING PARTY ON THE TRAINING OF DOMESTIC ADMINISTRATORS

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.

Mrs. B. A. Cleaver, General Secretary, Institutional Management Association.

Brigadier G. P. Hardy-Roberts, C.B., C.B.E., Secretary-Superintendent, The Middlesex Hospital.

Miss L. R. S. Titley, S.R.N., S.C.M., Matron, St. Charles' Hospital.

King Edward's Hospital Fund.

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

Mr. Irfon Roberts, Secretary to the Working Party.

CONTENTS

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.

At the moment hospital domestic services cannot be regarded as satisfactory. There is an urgent need for properly trained domestic administrators of the proper calibre. We have therefore decided to submit this report at the earliest possible moment in the hopes that steps will be taken to remedy the position.

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.

20*th November*, 1962. SIMON WHITBREAD

TERMINOLOGY

STAFF

There are divergent opinions concerning the most appropriate names for the various grades and it is difficult to find entirely suitable terms.

Domestic administrator. In this report we have called the person in charge of the cleaning service the ' domestic administrator '. This term has already been adopted by the corporate association concerned, the Hospital Domestic Administrators' Association. It has served in the context of our report as a generic term which avoids confusion with the word ' supervisor ' and which underlines the administrative function of the post.

Supervisor. The word ' supervisor ' is used in preference to ' forewoman ' for the intermediate grade between the domestic administrator and the cleaners.

Domestic staff. We have used the word ' cleaner ' as a general term to include both male and female members of the domestic administrator's staff. This is not to suggest the exclusion of other domestic duties which they may in practice be called upon to perform. Similarly the term ' cleaning service ' is not meant to define the only function of the domestic department but to stress what we regard as its major purpose especially in the context of our report.

AIDS TO SUPERVISION

Work schedule: a programme showing details of the domestic work required in the part of the premises to which it relates.
Check list: a memorandum showing the same information as a work schedule, with space allowed for recording the work done.

Housekeeping manual: a collection of documents relating to the domestic service such as standing orders, floor plans, and notes on methods of cleaning.

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 domestic administrators in order to determine the kind of training likely to produce and maintain the most efficient service.

2. The need for an effective service has frequently been discussed, and the Fund has continued to give attention to the subject since the publication in 1946 of their ' Recommendations on the Employment of Domestic Staff in Hospitals '. During the past five years there has been a renewed awareness of the risk of cross-infection, and consequently the need for clean hospitals has been re-emphasised. There has also been a greater emphasis on management efficiency and an increased need to relieve the nursing staff of domestic duties, which have led to a re-examination of domestic services.

3. Some hospitals have met their problems by employing contractors for all or part of the work required. Others have opposed this expedient, from dislike of handing over their administrative responsibilities, and on grounds of ultimate efficiency and economy. Indeed to some it appears as a challenge. They consider that what can be done well by a contractor can be done equally well by a trained domestic administrator given the same scope and the full means required.

4. In order to ascertain the duties and responsibilities now given to domestic administrators, the Working Party collected information from fifty-five hospital authorities chosen on a sample basis. As shown at Appendix 'A', all these authorities, and sixty-three hospitals, were visited by the Secretary to the Working Party, who consulted members of the administrative, nursing, domestic and other staffs. Information was obtained about existing forms of training and also on any factors which were thought to be of value in the preparation of training courses. Evidence was also obtained from other sources, as shown at Appendix 'B'.

5. It is significant that despite a sharp increase in the past few years, there are fewer than two hundred domestic administrators

at present in post in England and Wales, though there are nearly four hundred groups of hospitals. Many employing authorities are apparently unable to fill existing vacancies, and few of the domestic administrators employed are given full scope and the means by which to provide the most effective cleaning service.

INTRODUCTION

BACKGROUND

6. In the past it was customary for the recruitment and control of domestic staff to be entirely in the hands of the matron. In general this system still prevailed at the beginning of the National Health Service. Even in those hospitals where a domestic ' supervisor ' was appointed as recommended by the King's Fund in 1946, the domestic staff remained under the immediate supervision of the ward and departmental sisters. The idea of a distinct service, incorporating its own supervision throughout, was not at that time suggested by the Fund; nor was the possibility of employing men in the supervisory posts.

SUBSEQUENT COURSE OF EVENTS

Lack of a balanced supervisory staff structure

7. The subsequent recommendations of the Whitley Council conformed to the prevailing pattern, even when in 1952 the term 'domestic superintendent' was officially used to describe the person in charge. There were usually no ward or departmental supervisors in the domestic administrator's establishment, since supervision was still left almost entirely to the nursing staff.

8. Domestic administrators have tended to become so immersed in the details of recruiting and deploying their staff that little or no

time has been left for the organisation, induction, training and supervision which are essential for ensuring an effective and less transitory staff. One way of remedying this situation is the employment of supervisors at the intermediate level.

Lack of specialised training schemes

9. Training on a syllabus such as that of the Institutional Management Association is given at colleges of domestic science and similar institutions. This has proved its value as a comprehensive preparation for all the main aspects of institutional management. There is, however, an urgent need for training courses specifically devised for those wishing to become hospital domestic administrators. So far the amount of specialised training given for this purpose either within the hospital service or elsewhere has been negligible in relation to the need.

10. Similarly, the training of supervisors and of the domestic staff themselves has received relatively little attention. The Department of Health for Scotland led the way towards improvement by starting training courses for this purpose in 1954, and by establishing posts in the grade later designated as that of forewoman. Regional Boards in England and Wales have recently been asked by the Ministry of Health to begin similar training based on a pilot course which was run in London by the Ministry in October 1961. Training organisations such as the National Institute of Houseworkers have a part to play in training of this sort by providing tutorial help and advice.

Administrative relationship of domestic administrator with matron

11. Of the domestic administrators in post, more than half are held responsible to the matron, and the remainder to the chief administrative officer. Fewer than a third have deputies, despite the need for a continuous service. When there are no deputies on the establishment, responsibility is liable to devolve onto the Matron if urgent problems arise at times when the domestic administrator is off duty.

RECOMMENDATIONS

LINE OF CONTROL

12. Full responsibility for the cleaning service should rest with the domestic administrator who should as a general rule be under the authority of the chief administrative officer. The line of control should run within the cleaning staff establishment itself. Each cleaner should receive instructions and supervision from one of the supervisory staff in the cleaning service. This is not meant to exclude entirely instructions from ward sisters and heads of departments made direct to the cleaner to meet occasional immediate needs. Domestic staff cannot, however, be expected to give of their best if they are constantly at the beck and call of all types of staff throughout the hospital. At the same time it is essential that there should be the closest consultation at all levels between the supervisory staff of the cleaning service and members of the nursing and other staffs. These proposals, which are based on a rational structure of management with clear lines of responsibility, were in fact endorsed by practically everyone consulted during the enquiries.

13. Each employing authority should decide whether any advantage, such as uniformity of training and provision of reliefs, might be derived from organising the service partly or wholly on a group basis. Where the hospital premises are too small to justify the appointment of a domestic administrator or supervisor, the service should be given jointly at two or more hospitals, with an assistant domestic administrator or a supervisor in charge of the sub-group. In a small isolated hospital, one or more senior cleaners would have to be appointed to supervise the others and to be responsible to the matron, if the general administration of the hospital has been delegated to her. Whatever establishment is required, the same principle of control should apply, and the line of responsibility should follow the same course as in the general administration of the hospital and group.

RESPONSIBILITIES AND DUTIES OF THE DOMESTIC ADMINISTRATOR.

14. The domestic administrator should be given full responsibility and the corresponding authority for achieving the following objects.

To agree, in consultation with those concerned, standards of cleanliness throughout the hospital premises.

To provide the service required to maintain these agreed standards in the most efficient and economical way, fully integrated with the general running of the hospital.

15. The domestic administrator will therefore need to carry out the following duties.

i. Work programmes

Preparation and revision of work schedules and check lists to meet the particular needs and circumstances of each ward and department.

ii. Control of domestic staff

a. *Establishment*
   i. Periodic assessment of numbers and grades required.
   ii. Selection and recruitment.

b. *Training*
   i. Induction,
   ii. Basic,
   iii. Progressive.

c. *Deployment*
   i. Allocation of duties.
   ii. Control of working hours.

d. *Work methods and standards*
   i. Establishing safe, quiet and efficient methods of working.
   ii. Maintaining work standards by means of supervision.

e. *Discipline*
   Maintaining standards of conduct, appearance and morale.

f. *Welfare*
   i. Welfare in personal matters affecting work.
   ii. Arrangements for safeguarding the health of staff, and for medical examinations on appointment and subsequently as a routine.

iii. Departmental management

a. Control of expenditure.

b. Staff records.

iv. Materials and equipment

a. Advising on the most suitable types to be obtained.

b. Ensuring the correct use of equipment and the economical use of materials.

v. Integration

Giving advice, information, and instruction, as required on all aspects of hospital management and development from the point of view of the cleaning service.

CONSULTATION AND FACILITIES

16. The domestic administrator should be consulted from the earliest stages concerning the cleaning service in relation to such matters as the control of infection, and capital development when this arises, and should promptly receive all relevant reports. There should also be full consultation between the domestic administrator and the heads of other services such as engineering and supplies. As the head of an important service the domestic administrator should have the right of direct approach to the chief administrative officer. There may also be occasions when a committee wishes to receive a report at first hand from the domestic administrator.

17. The domestic administrator cannot give an effective service with inadequate supporting facilities. Both the nature of the work and the responsibilities of the post make a private office and adequate clerical help essential.

SUPERVISION

18. Good supervision is essential in domestic work to ensure that the staff, equipment and materials are employed to the best advantage. Each domestic administrator should normally have a deputy, and the establishment should be adequate to ensure that someone in a supervisory grade is on duty at any time when there

are cleaners at work. These conditions do not at present exist except in the largest establishments. Adequate supervision should result in the more efficient use of cleaners and this in turn can lead to a reduction in numbers. However, the present method of fixing the domestic administrator's salary according to the number of staff on the establishment is a positive discouragement to the domestic administrator from reducing the staff, and should be changed.

19. It would be misleading to declare a fixed ratio of supervisors to cleaners; this should be determined according to local circumstances, which vary widely.

20. Some supervisors may be given greater responsibilities and hence more seniority than others in the same establishment. Senior cleaners may also be employed as working chargehands in some circumstances such as where cleaning teams are used.

21. The domestic administrator must retain overall responsibility for the continuous service required. Some duties may, however, be delegated not only to the deputy or assistant but also to the supervisors, as a means of ensuring that the work required is satisfactorily performed. Delegation of this kind would have the added advantage of testing the abilities of subordinates and of showing which are suitable for promotion.

SYSTEMS OF WORK CONTROL

22. Cleaning methods and standards should be generally consistent for comparable parts of the hospital and they should be based on such factors as the control of infection, the upkeep of the fabric and fittings, and the daily programme in the ward or department. Work schedules should be prepared on this basis for every part of the premises, showing the frequency of cleaning required. They should give enough detail to serve as an effective guide both to the cleaners and to the supervisors. Check lists showing the same information should be prepared for the use of the supervisors. Some other methods of maintaining standards, such as the use of housekeeping manuals, are said to have been found of value abroad.

RECRUITMENT

Domestic administrators

23. Although practically all domestic administrators at present in post are women, success has been achieved at one or two hospitals by male domestic administrators, and men as well as women should be encouraged to take up these appointments. The personal qualities required are similar to those for any administrative post, and the ability to instruct others is an advantage.

Possible sources of recruitment

From within the hospital service

24. If the domestic staff establishment is evenly graduated in seniority, a ladder of promotion is thereby provided. This ladder should be formed from the posts of supervisor and of deputy and assistant domestic administrator, with various degrees of seniority in each grade. A post in the grade of housekeeper-caterer may similarly provide an avenue of promotion, and it should also be possible, with the appropriate training, for someone from another section of the hospital staff to transfer to the cleaning service, perhaps with a view to promotion within it.

From existing training institutions

25. Despite the many courses in institutional management which are run at colleges of domestic science and similar institutions, very few of those so trained apply for posts as hospital domestic administrators. These training institutions should, however, form a major source of recruitment and this should be possible if the specialised training required were given there.

Entrants with analogous experience

26. In the present situation, there is an acute need for domestic administrators. There should be some means by which posts might be filled by men or women who have not taken an existing course of training in institutional management, but who by general ability and experience would be capable, after a relatively short training, of entering this field. These posts should, for instance, attract men and women leaving the Armed Forces after service as

commissioned or warrant officers or senior non-commissioned officers. Similarly training might well be given to women faced in middle age with the need to find a new occupation.

Present obstacles to recruitment

27. Apart from the lack of specialised training, the main obstacles to recruitment are widely held to be the poor salary, status, and conditions of service compared with those for other posts open to trained persons. Opinions vary on which of these is the most decisive factor, but there is little doubt that, taken together, they form the greatest bar to satisfactory recruitment from any source.

28. If the recommendations made in this report were adopted, there should be a marked improvement in the status and scope offered to domestic administrators. The questions of salary and terms of service are beyond the range of our enquiry. It is, however, evident that prompt attention should be given to this crucial aspect of the problem in the light of the duties and responsibilities recommended in this report.

Supervisors

29. Opinions vary on whether it is possible to attract enough supervisors from among the basic grades already employed in hospitals. Whether they are recruited from within the service or from outside, much depends on the fostering of potential ability by means of training and by personal encouragement from the domestic administrator, the nursing and other staffs. It should be possible for a supervisor of marked ability to be promoted, with training, to a post as domestic administrator or deputy.

TRAINING

Total needs

30. The service which we advocate can only be given by the employment of domestic administrators of appropriate calibre and training. Once the present shortage of domestic administrators is overcome, it is possible that by careful recruitment more pro-

motion could be stimulated from within the hospital service. This points to the need for brief training courses at various stages, in preparation for promotion. At the same time there should be full-time institutional training for aspirants to the post of domestic administrator who have had no previous experience, in preparation for appointment direct to a senior post.

31. There should therefore be two main levels of training, one in supervisory duties and the other in administrative. Training for the supervisor should have a high practical content, whilst that for the domestic administrator should be based on a comprehensive syllabus related to the duties and responsibilities which we recommend.

32. While the present shortage of domestic administrators exists, there is a need for brief training courses, preferably for men and women with suitable experience, personal qualities, and standard of education which would fit them for these management posts.

33. For domestic administrators already in post who have not received formal training, brief courses should also be provided. As it will seldom be practical for them to be absent from their duties for any length of time, it may be necessary for the course to be taken in several parts, each of, say, two weeks duration.

34. Encouragement should be given to trained domestic administrators to attend refresher courses and conferences at which they can keep their knowledge up to date.

Suggested syllabus

35. Whatever the source of recruitment and the form in which training is given, the subjects in which a domestic administrator should be trained are:—

1. *Background to hospital work*

a. Outline of the National Health Service.

b. The functions of each department and its relation to others.

2. *The role of the domestic administrator in the hospital*
Appreciating the need for:—

a. Co-ordination of services.

b. Dynamic leadership of the cleaning service.

c. Co-operation with other heads of services and departments.

3. *Personnel management*

a. Recruitment
   i. Recruitment of staff including techniques of interviewing and selection.
   ii. Assessing sources of recruitment including housewives and juveniles.

b. Training
   i. Developing the art of teaching, for use both in formal training and in teaching informally.
   ii. Induction and training of new entrants in different grades.
   iii. How to plan training programmes and decide on the accommodation and equipment required.

c. Staff management
   i. Relationship with employees, and working with the hospital secretary in relation to trades unions.
   ii. Terms of employment, and how to explain these to the domestic staff.
   iii. Assessing needs and planning work and methods.
   iv. Preparation of duty rotas.
   v. Placing each member of the staff in the most suitable job available: transfer and promotion procedures.
   vi. Understanding the role of the supervisor in:—
      a. The intermediary task of interpreting management policy and action to the staff and helping to keep the domestic administrator informed of the views of the staff.

b. Responsibilities in helping to train and control the staff and maintain agreed standards of work.

c. Helping to encourage the staff to give of their best.

vii. Arrangements for ensuring the health and welfare of the staff, and providing amenities.

d. Work study appreciation

4. *Departmental management*
   a. Routine office procedures.
   b. Controlling costs.
   c. Keeping staff records.

5. *Cleaning procedures, materials and equipment*
   a. Cleaning procedures.
   b. Cleaning materials and their use.
   c. Mechanical and other cleaning equipment and its care.

6. *Communications*
   a. Expressing ideas orally.
   b. Writing reports for committees etc.
   c. Consultation.

7. *Hygiene*
   a. Public Health requirements.
   b. Hygiene and personal health.
   c. Prevention and control of infection.
   d. Washing up.

8. *Service to patients*
   a. Encouraging high standards of conduct and appearance.
   b. Service of meals.
   c. Control of noise.

9. *General safety precautions*
   a. Legislation.
   b. Security of staff and their property.
   c. Cleaning procedures and equipment.
   d. Fire.
   e. First aid.
   f. Use and care of protective clothing.

10. *Buildings*
   a. Existing
      Giving advice in building maintenance problems in order to simplify cleaning and maintenance procedures.

   b. New
      Giving advice on layout, finishes, and fabrics and furniture, from the aspect of cleaning and maintenance.

Length of courses

36. Several proposals have been brought to our notice concerning the length of training required, but we consider that it would be misleading to lay down a specified time for any of the various courses required. This is a matter which still needs to be determined in the light of experience.

37. Those responsible for inaugurating training should keep the courses as brief as possible consistent with satisfactory results, especially in view of the urgent need for domestic administrators.

CONCLUSIONS

To sum up; we consider that the main requirements are:—

TRAINING OF DOMESTIC ADMINISTRATORS

38. 1. Comprehensive courses for persons wishing to take up the career of hospital domestic administrator.

2. Shorter courses, possibly taken in stages, for domestic administrators in post who have not previously received an appropriate systematic training.

3. At a later date, brief refresher courses for domestic administrators who have already completed one of these specialised courses of training. The purpose of these refresher courses would be to consolidate what has been learnt, to keep the domestic administrator up-to-date, and to help in the assessment of the specialised training.

39. Several modified forms of each main type of course may be needed to meet all requirements. The exact content of each course should be determined, after experiment, by training institutions, examining bodies and hospital authorities together.

TRAINING OF SUPERVISORS

40. In addition, we consider that there should be courses with a high practical content for the training of supervisors.

ORGANISATION OF THE SERVICE

41. No amount of training will be of any value unless the domestic service is organised on a sound basis. We have therefore also recommended:—

1. A clear line of control within a distinct service department soundly integrated into the general administration.

2. Full scope and authority for the domestic administrator with staff and facilities adequate to fulfil the responsibilities involved.

Each of these requirements in organisation and training is dependent upon the others. All must be met if a good service is to be given.

APPENDICES
SOURCES OF EVIDENCE

We should like to express our thanks to all those who provided information and opinions for us to consider, and who thus played an indispensable part in our enquiry.

APPENDIX A

Hospitals and Hospital Authorities which were visited by the Secretary to the Working Party.

Representatives of several hospitals were present at some of the discussions held in management committee offices, but only those hospitals which were visited are shown.

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

1. ENGLAND
   - a. **Boards of Governors of Teaching Hospitals**
     - i. **Metropolitan**
       - The Bethlem Royal Hospital and The Maudsley Hospital
         - The Maudsley Hospital
       - Guy's Hospital
       - King's College Hospital
       - The London Hospital
       - The Middlesex Hospital
       - St. Mary's Hospital
       - St. Peter's, St. Paul's and St. Philip's Hospitals
     - ii. **Provincial**
       - The United Leeds Hospitals
         - General Infirmary at Leeds
       - The United Sheffield Hospitals
         - Royal Hospital
   - b. **Hospital Management Committees**
     - i. **Metropolitan**
       - Bromley Group
         - Farnborough Hospital
       - Central Middlesex Group
         - Central Middlesex Hospital

The Central Group
Bethnal Green Hospital
St. Leonard's Hospital
Harefield and Northwood Group
Mount Vernon Hospital
Northern Group
Royal Northern Hospital
Redhill Group
Crawley Hospital
Woking and Chertsey
St. Peter's Hospital, Chertsey

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

ii. **Provincial**

Central Wirral
Clatterbridge Hospital
Leeds (A) Group
St. James's 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
Salford
Ladywell Hospital
Salisbury Group
Salisbury General Hospital, General Infirmary and Odstock Branches

South Liverpool
- Mossley Hill Hospital
- Sefton General Hospital

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

Winchester Group
- Basingstoke Hospital
- Royal Hampshire County Hospital
- St. Paul's Hospital

Wolverhampton
- The Royal Hospital

c. **Regional Boards**
- Leeds
- Liverpool
- Manchester
- North East Metropolitan
- North West Metropolitan
- Sheffield
- Wessex

d. **Ministry of Health**

2. WALES

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

The United Cardiff Hospitals
- Cardiff Royal Infirmary

b. **Hospital Management Committees**

Newport and East Monmouthshire
- Royal Gwent Hospital

West Wales
- West Wales General Hospital

Morriston 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
- Woodend General Hospital

Edinburgh Northern Hospitals
- Western General Hospital

Dundee General Hospitals
- Maryfield Hospital
- Royal Infirmary

Dundee Mental Hospitals
- Royal Mental Hospital

Royal Edinburgh Hospital for Mental and Nervous Disorders
- West House

Royal Infirmary of Edinburgh and Associated Hospitals
- Royal Infirmary

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

Association of Hospital Management Committees, Wessex Branch
Belfast College of Domestic Science
*Belfast College of Technology
Essex Education Committee
Hospital Domestic Administrators' Association
Industrial Training Council, Training and Advisory Service
Industrial Welfare Society
Institute of Industrial Supervisors
*Institutional Management Association
*Messrs. J. Lyons & Co. Ltd., Training and Research Service
*Ministry of Labour and National Insurance, Northern Ireland
*Ministry of Labour, London
*National Institute of Houseworkers
*National Union of General and Municipal Workers
*Northern Polytechnic, London
National Training College of Domestic Subjects (founded 1873) Trust
*Officers' Association, Resettlement and Employment Department
*Scottish Association for Homecraft Training
*South Devon Technical College

NEW ZEALAND

Auckland Hospital Board

SWEDEN

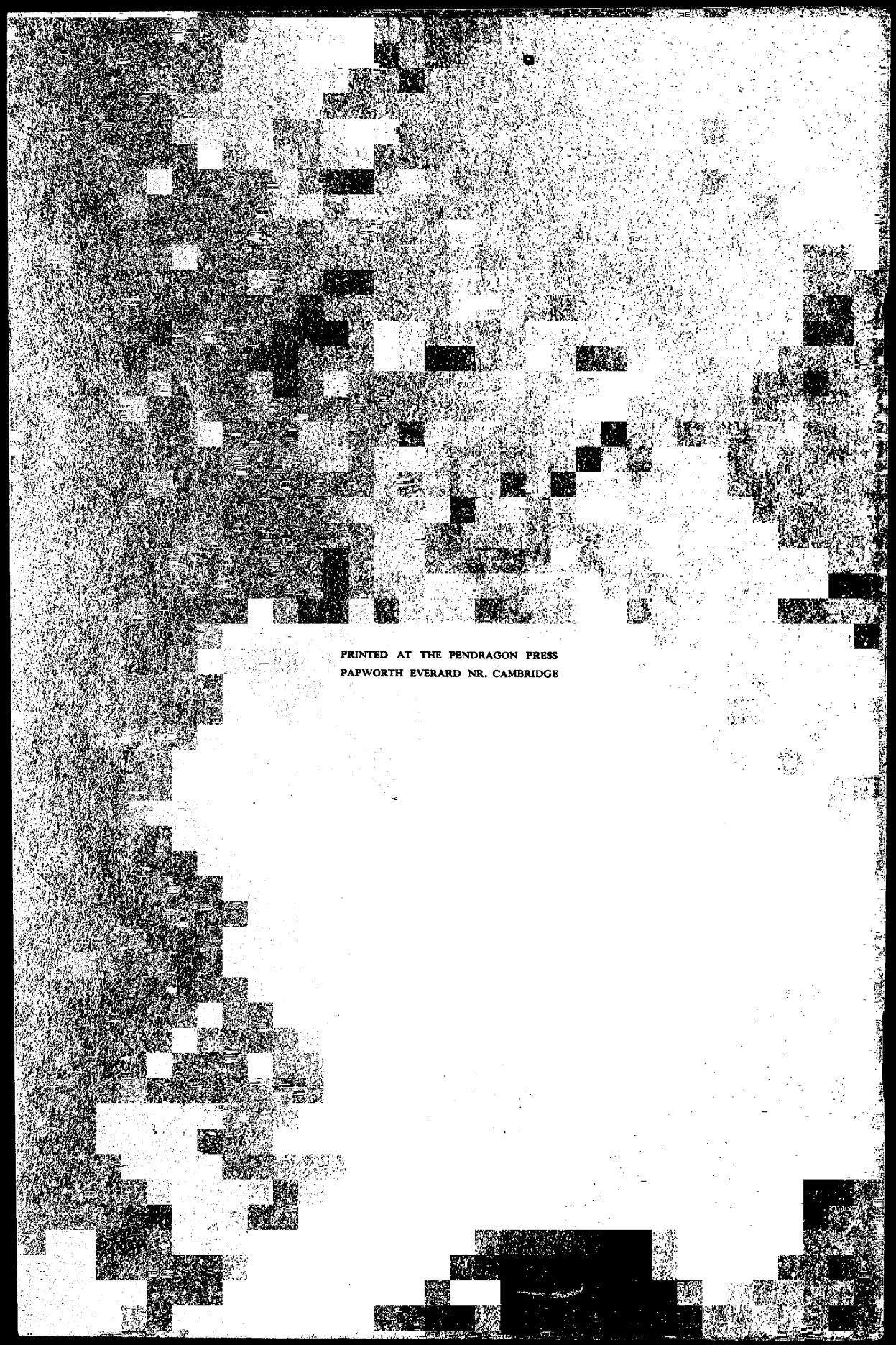
Central Board of Hospital Planning

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.

JRP



PRINTED AT THE PENDRAGON PRESS
PAPWORTH EVERARD NR. CAMBRIDGE