

Portering Services Standards for NHSScotland



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1. Introduction

Portering Services play a key role in underpinning clinical services in the NHS and are often the first members of staff with whom the patient and visitor has contact.

Roles and responsibilities of porters have greatly increased over recent years and the demands on the service provided by Portering Services have changed significantly to meet the new services as they are introduced as well as statutory and legislative requirements.

In order to provide advice, share best practice and take forward national initiatives to standardise and improve the provision of Portering Services, Health Facilities Scotland, in agreement with the Strategic Facilities Group (SFG) established a national Portering Services Advisory Group.

The first meeting of the group was held on 4th December 2006. The Group recognised that the demands of Portering and Portering Services have changed as a result of various factors including:

- Healthcare Associated Infection;
- changes in clinical practice;
- new development in technology and associated practice;
- the increasing size and complexity of sites and organisations, as well as the growth in multi- site establishments;
- pressure on resources and new approaches to the efficient utilisation of resources;
- meeting national targets e.g. national sickness absence targets;
- new initiatives – Agenda for Change (AfC), Knowledge and Skills Framework (KSF) and Personal Development Plans (PDPs);
- training and development for Portering staff and Supervisors;
- legislation.

To address the challenges facing Portering Services the group decided to develop standards for the service along the lines of those already developed for Domestic and Catering Services. The standards would provide a baseline around which Portering Services across Scotland could be standardised and provide a springboard for improvement.

Requirements for the Standards

- the services provided should be clearly specified and all Portering staff, Portering Management and service users must be made aware of the standards;

- policies and standards must take account of Health and Safety, national and EU legislation, professional requirements and national and local union agreements;
- policies and standards must be reviewed and updated regularly and the mechanisms for review clearly identified;
- policies and standards must be communicated clearly to all staff and there must be procedures in place to monitor staff awareness of, and compliance with, policies and standards;
- organisations should have a local Handbook on Portering Services, describing the services provided, the management, arrangements and procedures for accessing the service and agreed standards of performance. This should be available for all service users.

The work of developing these standards is now complete and the new guidance falls into three main areas as follows:

- maintaining patient safety and a safe environment through standards directly applicable to Portering;
- maintaining good communication and co-ordination of people, goods and services through agreed standards;
- providing a timely responsive service to other departments with designated staff, using standards agreed with other departments/services.

Training for Portering Services

To support these standards and continual improvements in the provision of Portering Services, the Group is also working on a Training Programme for Portering Services.

All NHS organisations must have policies and procedures in place to ensure proper training and induction for all Portering staff:

- formal induction and training programmes, in the class room and/or on the job must be a routine requirement for all staff;
- for the first two to four weeks new recruits should work under direct supervision accompanied by an experienced member of staff at all times;
- there should be a continuing training package for existing staff that reflects the competences required;
- departmental porters should receive the same basic training as general porters. This should be followed by specialised training according to the needs of each department;
- the Portering Services Manager is responsible for ensuring agreed training programmes are provided and for monitoring them.

The Future

Further work to be undertaken:

- a review of all Policies and Procedures used in Portering Services by sharing best practice;
- audit and monitoring systems.

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2. Portering Services Standards

1. Policies and procedures

Standard 1 Policies, Procedures and Instructions

2. Managing Portering Services

Standard 2 Management Capability

Standard 3 Business Continuity Planning

3. Chain of Infection and Standard Infection Control Precautions

Standard 4 Infection Control (Portering Services)

4. Health, Safety, Security and Maintaining Patient Safety and the Environment

Standard 5 Risk Management

Standard 6 Emergency Procedures

Standard 7 Use of Personal Protective Equipment (PPE)

Standard 8 Control of Substances Hazardous to Health

Standard 9 Waste Management

Standard 10 Security/CCTV

Standard 11 Transportation and Movement of Patients

Standard 12 Transportation/Storage of Medical Gases

Standard 13 Helicopter Procedures: Arrival and Departure

5. Customer Care

Standard 14 Communication

Standard 15 Appearance, Attitude and Conduct

6. Transport and Logistics

Standard 16 Equipment

Standard 17 Transfer of Deceased Patients to the Mortuary

Standard 18 Transportation of Goods/Supplies

Standard 19	Transportation of Internal Mail/Parcels/External Mail
Standard 20	Transportation and Movement of Laundry/Linen
Standard 21	Transportation of Food
Standard 22	Transportation of Laboratory Specimens and Blood Products

7. Audit and monitoring

Standard 23	Audit and Monitoring
Standard 24	Key Performance Indicators

8. Training for Portering Staff

Standard 25	Training
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Standard 1 – Policies, Procedures and Instructions

Standard Statement	Rationale	Criteria
1. Policies, Procedures and Instructions	To ensure safe, effective Portering Services are provided.	Evidence Required
1.1 The Portering Service is supported by a comprehensive set of written policies, procedures and service instructions necessary for the safe and effective conduct of all Portering Service functions in full agreement with Corporate Management, Staff Side Organisations and the specific departments to which they refer.		<ul style="list-style-type: none"> ▪ policies, procedures or instructions are required to support all of the subsequent standards as laid down in this document; ▪ a mechanism exists involving all stakeholders, whereby the above can be agreed and/or augmented, communicated as required and reviewed according to an appropriate frequency; ▪ organisational policy on Occupational Health Screening prior to employment including a confirmation of fitness for employment; ▪ job description; ▪ training programme for Portering Services.

Standard 2 – Management Capability

Standard Statement	Rationale	Criteria
2. Management Capability		Evidence Required
2.1 Suitably qualified managers have been appointed to control Portering Services within the organisation.	To ensure safe, effective Portering Services are provided to meet the needs of the organisation, in compliance with statutory and legislative requirements.	<ul style="list-style-type: none"> ▪ job description and post outline for management and supervisory posts which have been suitably assessed.
2.2 Suitably qualified supervisors have been appointed to ensure effective operational control on a day-to-day basis within the organisation.		<ul style="list-style-type: none"> ▪ management and supervisory staff meet the provisions contained within the appropriate job descriptions; ▪ management and supervisory staff are supported in maintaining their skills and expertise through a regular programme of personal development planning and review in line with the development of the remit. Any changes in the remit are carried out in consultation with the Portering Services Manager; ▪ there is access to suitably qualified persons with specialist knowledge required to meet statutory and mandatory requirements e.g. Dangerous Goods Safety Advisor (DGSA).
2.3 The Portering Services Manager is supported in the performance of the required duties by the provision of an office, clerical support and appropriate equipment		<ul style="list-style-type: none"> ▪ a dedicated or shared office in the general area where services are being provided. Access to confidential accommodation should be available as required; ▪ a dedicated PC incorporating email and appropriate office systems; ▪ access to a phone; ▪ secure storage; ▪ an appropriate amount (time) and level (skill) of dedicated or shared clerical support.

Standard 2 – Management Capability (continued)

Standard Statement	Rationale	Criteria
2. Management Capability		Evidence Required
2.4 The Portering Services Manager is supported in the planning and delivery of Portering Services by access to information on their own service and other service areas where change/development may impact on the delivery of Portering Services		Access to accurate and timely management information provided by: <ul style="list-style-type: none"> ▪ budget statements; ▪ staff reports; ▪ service reports; ▪ procurement information; ▪ information from the wider organisation; ▪ involvement in appropriate multi-disciplinary groups including operational and project groups.

Standard 3 – Business Continuity Planning

Standard Statement	Rationale	Criteria
<p>3. Business Continuity Planning</p>	<p>To ensure continuity of Portering Services through prioritising of services.</p>	<p>Evidence Required</p>
<p>3.1 Portering Services Management has categorised and prioritised Portering Services tasks and functions and uses this information to plan staff shortages/meet emergencies.</p>		<ul style="list-style-type: none"> ▪ the Portering Services Manager should categorise tasks and functions performed by the service, placing them in order of priority and using these priorities to inform arrangements to cover staff shortages, draw up schedules, rosters and routines and develop plans to meet emergencies; ▪ category 1 – action without delay e.g. Emergency collection and delivery of bloods; ▪ category 2 – daily scheduled tasks e.g. Collection and delivery of linen; ▪ category 3 – action within a week or according to regular arrangements; ▪ category 4 –planned moves following consultation with the Portering Department e.g. planned movement of ward equipment; ▪ ad-hoc tasks should also be categorised using this method.

Standard 4 – Infection Control (Portering Services)

Standard Statement	Rationale	Criteria
4. Infection Control – Portering Services	<p>To maintain a safe environment for patient care and a safe working environment for staff in hospitals and other health care settings.</p>	Evidence Required
<p>4.1 The reduction of Healthcare Acquired Infection (HAI) is a priority for NHSScotland, both in terms of the safety and wellbeing of patients and staff and of the resources consumed by avoidable infections.</p>		<ul style="list-style-type: none"> ▪ infection control procedures; ▪ hand hygiene training.
<p>4.2 Portering Services are an essential part of the multi disciplinary team in improving patient, staff and public safety. For prevention and control of infection to work effectively, critical activities such as cleaning and hand hygiene must be embedded in every day practice.</p>		<ul style="list-style-type: none"> ▪ an Infection Control Handbook for Portering staff – provided for all staff: <ul style="list-style-type: none"> - use of alcohol gel; - the use of protective clothing; - routine cleaning; - cleaning materials – COSSH; - spillage kits – disinfectants and dealing with spillages; - sharps injury; - Hepatitis B immunisation is advised for staff who may come into contact with blood or body fluids as part of their work. ▪ standard Infection Control procedures.
<p>4.3 NHSScotland’s Infection Control Policies and Procedures are designed to prevent and control infection.</p>		

Standard 5 – Risk Management

Standard Statement	Rationale	Rationale
5. Risk Management		Evidence Required
5.1 A Risk Management process is applied to Portering Services.	To ensure risk management in Portering Services is integrated within the overall organisation.	<ul style="list-style-type: none"> ▪ The risks associated with the management of Portering Services are systematically identified using a number of approaches including for example: <ul style="list-style-type: none"> - review of incidents and near misses; - review of reports of inspections/monitoring/assessments of services; - review of services; - review of audit reports; - workshops with Supervisors/staff; - consultation with users. ▪ The following risk management elements are in place: <ul style="list-style-type: none"> - all risks are documented as part of a 'risk register' and are systematically assessed and prioritised; - risk management plans are developed for Portering Services and are prioritised and implemented alongside other risk management plans which are necessary to deal with the wider risks faced by the organisation; - risk and effectiveness of implemented risk management are monitored and reviewed on a continuous basis; - all staff and other relevant stakeholders are made aware of systems in place to minimise risks; - appropriate staff training is undertaken; - accurate and up to date records are maintained at all times.

Standard 6 – Emergency Procedures

Standard Statement	Rationale	Criteria
6. Emergency Procedures		Evidence Required
6.1 Organisation has a written policy on emergency procedures and follows a training programme for Portering Staff which includes annual refresher training.	To ensure that Portering staff are trained to respond appropriately within the recognised timescales for emergency incidents.	An operational policy/procedure is in place for major incidents and other emergencies such as: <ul style="list-style-type: none"> ▪ cardiac arrest; ▪ baby abduction; ▪ bomb threat; ▪ adverse weather; ▪ chemical Incident; ▪ failure of telephone/pager system; ▪ fire safety; ▪ missing patients; ▪ fuel shortages; ▪ postal strikes.
6.2 Equipment used for emergency procedures is regularly maintained.		<ul style="list-style-type: none"> ▪ cleaning and maintenance log sheets.
6.3 Portering staff have been trained on the use of the correct equipment and have knowledge of the area/site in relation to the particular emergency.		<ul style="list-style-type: none"> ▪ designated trainer(s); ▪ ensure appropriate PPE is available.
6.4 Portering staff receive 'Action Cards' for key roles they have been trained for in a particular emergency.		<ul style="list-style-type: none"> ▪ training programme for all emergency procedures which include instructions and practical demonstration.
6.5 Designated member of staff with overall responsibility (i.e. this may be a different person responsible for each individual emergency or each shift).		<ul style="list-style-type: none"> ▪ where appropriate, there must be clear definitions of all Portering traffic control duties in relation to any of the above; ▪ emergency procedures reviewed annually.

Standard 7 – Personal Protective Equipment (PPE)

Standard Statement	Rationale	Criteria
7. Personal Protective Equipment (PPE)	For the protection of staff and patients and to ensure compliance with the PPE at Work Regulations 1992. PPE is worn to guard and protect against infection or injury.	Evidence Required
<i>The Employer will:</i> 7.1 Using local risk assessment procedures ensure that Portering staff have access to and use of PPE.		<ul style="list-style-type: none"> ▪ operational procedures are in place for PPE, assessing the risk to ensure that the correct personal protection is adopted for a particular task eliminating and/or reducing risk; ▪ record keeping where appropriate; ▪ use British Standard recommendation i.e. BS EN 471 PPE.
7.2 Provide and maintain any PPE needed for the job, free of charge, to any employee who may be exposed to significant risks to their safety.		<ul style="list-style-type: none"> ▪ monitor the performance of the requirements for PPE i.e.: <ul style="list-style-type: none"> - effectiveness and suitability; - infection outbreaks; - incidents; - spillages.
7.3 Provide storage facilities for PPE when not in use.		
7.4 Provide adequate information, instruction and training to enable employees to use PPE correctly. This should include an explanation of the risks, why the clothing is needed, how and when it should be worn.		<ul style="list-style-type: none"> ▪ a training programme is in place to ensure correct use of PPE.
7.5 Ensure that staff use PPE correctly, whenever it is needed and for the task for which it is required.		
<i>Employees should:</i> 7.6 Wear the PPE provided as instructed. Check and report any damage or defects to your employer. Use the storage facilities provided when the clothing is not in use.		<ul style="list-style-type: none"> ▪ monitor staff use and correct storage of PPE.

Standard 8 – Control of Substances Hazardous to Health

Standard Statement	Rationale	Criteria
8. Control of Substances Hazardous to Health		Evidence Required
8.1 The organisation has written policies/procedures giving guidance to ensure compliance with The Control of Substances Hazardous to Health Regulations (COSHH)(2002).	Protection of patients, visitors and staff. Promote a safe working environment. Compliance with Health & Safety legislation, Control of Substances Hazardous to	<ul style="list-style-type: none"> ▪ an organisational policy is in place for Health and Safety, including COSHH; ▪ procedures for handling various types of products which fall within the scope of the COSHH regulations are in place and in use, including the use of PPE, routes and methods of transfer and storage if appropriate and spillage or other incident.
8.2 Portering staff collect, store and deliver products which fall into the above category according to agreed safe and effective procedures. These procedures are reviewed for efficacy.	Health Regulations (2002) to protect staff and others against risks to their health. They apply to hazardous substances, which arise in connection with work under our control or carried out on our behalf.	<ul style="list-style-type: none"> ▪ the department is responsible for identifying products being handled by its staff falling into this category and for conducting risk assessments and holding COSHH data sheets in this regard; ▪ the department has a clearly defined minimum level of training required.

Standard 9 – Waste Management

Standard Statement	Rationale	Criteria
9. Waste Management		Evidence Required
9.1 The organisation has a written waste management policy and operational procedures, which comply with recommendations contained in Audit Scotland Waste Management Regulations and SHTN03: Management and Disposal of Clinical Waste.	Protection of patients, visitors and staff. Promoting environmental issues. Duty of Care as prescribed in the Environmental Protection (Duty of Care) Regulations 1991 and all other relevant waste management legislation and guidance.	<ul style="list-style-type: none"> ▪ organisational waste management policy, with designated authorised person accountable to Chief Executive; ▪ clearly written procedures to govern the safe and timely handling and disposal of different types of waste: <ul style="list-style-type: none"> - clinical; - radioactive; - special; - domestic; - recycled. ▪ policy statement recommending all portering staff employed in handling waste to have and maintain Hepatitis B immunisation; ▪ record held by Occupational Health Service.
9.2 Designated member of staff with overall responsibility for the organisation of waste management.		<ul style="list-style-type: none"> ▪ training given and records maintained for training in the following areas: <ul style="list-style-type: none"> - waste management; - manual handling; - PPE Equipment.
9.3 Portering staff engaged in waste management have been trained in waste management procedures, manual handling and the use of appropriate equipment.		<ul style="list-style-type: none"> ▪ operational procedures explaining the secure handling and segregation of waste, and identify designated collection locations, temporary storage locations and bags / containers e.g. confidential waste.
9.4 All waste is segregated and securely stored in designated locations and containers, distinctively identified.		

Standard 9 – Waste Management (continued)

Standard Statement	Rationale	Criteria
9. Waste Management		Evidence Required
9.5 Written procedures to portering staff concerning the use of protective equipment.		<ul style="list-style-type: none"> ▪ procedures issued to portering staff concerning the wearing of protective clothing, e.g. shoes, overalls and heavy-duty gloves. Record of PPE issued.
9.6 Written procedures in dealing with split bags and spillages.		<ul style="list-style-type: none"> ▪ procedures dealing with spillages and sharps injury.

Standard 10 – Security/CCTV

Standard Statement	Rationale	Criteria
10. Security/CCTV		Evidence Required
10.1 The organisation has a written Security/CCTV Policy and operational procedures which complies with Health and Safety Regulations.	A commitment to provide effective security throughout all NHS premises and activities ensuring, where possible:	<ul style="list-style-type: none"> ▪ policies and procedures should be developed with regards to specific advice contained with the NHS Security Manual produced by the National Association of Health Authorities and Trusts.
10.2 Designated member of staff with overall responsibility for the organisation of Security/CCTV Services.	<ul style="list-style-type: none"> ▪ the personal safety of patients, staff, residents and visitors; ▪ the protection of personal and NHS property; ▪ promote a safe working environment; 	<ul style="list-style-type: none"> ▪ organisational Security/CCTV Policy detailing the responsible person; ▪ procedures/protocols to govern the safety of patients, staff, residents and visitors; ▪ evidence of a risk based approach to Security/CCTV management e.g. current risk register.
10.3 The duties of Security/Portering staff in maintaining security are set out in a clear written statement/protocol/procedure which includes risk assessments.	<ul style="list-style-type: none"> ▪ the smooth and uninterrupted delivery of healthcare services; ▪ compliance with the Data Protection Act 1998. 	<ul style="list-style-type: none"> ▪ record keeping where appropriate e.g. records of security incidents, records of police involvement, records of CCTV footage; ▪ procedures/protocols for the investigation of incidents.

Standard 10 – Security/CCTV (continued)

Standard Statement	Rationale	Criteria
10. Security/CCTV		Evidence Required
10.4 Security/Portering staff engaged in security duties will undertake a comprehensive training.		<ul style="list-style-type: none"> ▪ training and refresher training given in the following areas: <ul style="list-style-type: none"> - violence and aggression; - SINTO training; - de-escalation and breakaway skills; - manual handling; - patient handling; - infection control; - PPE; - customer care/communication; - orientation of the premises; - security policy; - health and safety policies; - report writing; - security equipment e.g. cameras, security badges.
10.5 Written instructions to Portering/Security staff in the use of appropriate protective equipment.		<ul style="list-style-type: none"> ▪ procedures issued to Security/Portering staff concerning the wearing of protective clothing and uniforms/ID badges e.g. stab vests, shoes, gloves etc; ▪ records of PPE issued.

Standard 11 – Transportation and Movement of Patients

Standard Statement	Rationale	Criteria
11. Transportation and Movement of Patients	Ensure that all patients are treated with dignity and respect. Compliance with Health & Safety Regulations including manual handling.	Evidence Required
11.1 Portering staff have access to sufficient equipment/aids for transporting and movement of patients.		<ul style="list-style-type: none"> ▪ instructions which stipulate that appropriate equipment/aids must be used for patients, and also service guidelines listing type of lifting and handling aids including directions for there appropriate use.
11.2 Each patient's need is assessed and Portering staff are allocated to meet that need accordingly.		<ul style="list-style-type: none"> ▪ guidelines for the assessment of transportation and movement needs for patients which identify the type and number of Portering staff which must be allocated to each variety of tasks.
11.3 Portering staff have been trained to use appropriate equipment for the safe handling of patients in applying manual handling assessment guidelines.		<ul style="list-style-type: none"> ▪ a mandatory training programme is in place to train Portering staff in the transportation and movement of patients including use of appropriate equipment; ▪ a list of designated in-house trainers with notes on their qualifications, training or experience or a statement on external training arrangements which identifies where and by whom the training is provided, with notes on the trainers' qualifications, training or experience; ▪ all Porters must wear an ID badge at all times to adhere to the organisation's dress code; ▪ instructions are provided to Portering staff requiring them on all occasions to inform patients who they are lifting or handling of what is being done, how and by whom.

Standard 11 – Transportation and Movement of Patients (continued)

Standard Statement	Rationale	Criteria
11. Transportation and Movement of Patients		Evidence Required
11.4 Equipment used for moving and transporting patients is regularly cleaned and maintained and is in good working order.		<ul style="list-style-type: none"> ▪ a procedure sets out the planned maintenance programme for trolleys and wheelchairs identifying the required servicing schedule and the service/maintenance tasks to be performed on each occasion; ▪ a stock inventory which lists all patient moving equipment, individually itemised and registered and which shows each items service history; ▪ a procedure is in place to report faulty equipment; ▪ a procedure is in place to ensure all Portering equipment complies with Infection Control Guidelines.

Standard 12 – Transportation/Storage of Medical Gases

Standard Statement	Rationale	Criteria
12. Transportation/Storage of Medical Gases		Evidence Required
12.1 Staff use the approved equipment for the safe and efficient transportation of medical gases throughout and outwith the site.	Ensure compliance with The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and Manual Handling Regulations.	<ul style="list-style-type: none"> ▪ organisational policy on medical gases.
12.2 Portering staff have received mandatory and local training.		<ul style="list-style-type: none"> ▪ mandatory training is in place to train staff in the safe handling/transportation/storage of medical gases including: <ul style="list-style-type: none"> - identification of medical gases; - the use of approved equipment; - adhering timeously to requests; - using correct Manual Handling procedures and techniques; - placing cylinder in correct area and securing; - size of cylinders; - approved equipment for the transportation different sizes of cylinders; - appropriate regulators for different sizes of cylinders in line with local procedures; - reporting faults to appropriate departments; - record keeping where appropriate; - recording of PPE issued; - ongoing awareness sessions in respect of new/existing sizes of cylinders and equipment; - maintaining approved stock levels.

Standard 12 – Transportation/Storage of Medical Gases (continued)

Standard Statement	Rationale	Criteria
12. Transportation/Storage of Medical Gases		Evidence Required
12.3 Equipment for the movement of Medical Gases is maintained and in good working order.		<ul style="list-style-type: none"> ▪ medical gas store: <ul style="list-style-type: none"> - kept secure at all times and entry restricted to authorised personnel; - kept free from debris; ▪ segregation of full and empty cylinders.

Standard 13 – Helicopter Procedures: Arrival and Departure

Standard Statement	Rationale	Criteria
13. Helicopter Procedures: Arrival and Departure	To ensure that all operational procedures are carried out within agreed response times to coincide with the landing and departure of the helicopter.	Evidence Required
13.1 The organisation has a written policy and operational procedure to ensure portering staff are trained on the arrival and departure of Helicopters.		<ul style="list-style-type: none"> ▪ instructions, which stipulate that appropriate procedures and equipment, must be used for safe arrival and departure of Helicopters.
13.2 Portering staff have been trained and have access to sufficient equipment i.e. <ul style="list-style-type: none"> ▪ radios; ▪ high visibility jackets; ▪ security chains. 		<ul style="list-style-type: none"> ▪ training programme for operational procedures in relation to helicopter arrival and departure which includes instructions and practical demonstration; ▪ ensure correct and appropriate PPE is worn; ▪ appropriate risk assessments are carried out and reviewed annually; ▪ up to date list of trained portering staff on the helicopter procedures is maintained taking into account staff turnover, leave etc.
13.3 Equipment used is regularly checked, in good working order and defects are reported.		

Standard 14 – Communication

Standard Statement	Rationale	Criteria
14. Communication		Evidence Required
<p>14.1 All staff within the organisation are aware of the remit of the service and procedure for accessing it, the management structure and the agreed priorities, response times and quality standards.</p>	<p>To ensure all Managers and Heads of Departments can access Portering Services which are required to underpin and support clinical and non-clinical services within the organisation.</p> <p>A commitment to provide/encourage effective communication.</p> <p>Staff adequately informed to carry out portering duties/tasks and any changes to procedures.</p>	<ul style="list-style-type: none"> ▪ Portering Services Handbook; ▪ a written schedule of tasks and functions performed by Portering Services, categorised into areas of priority; ▪ written plans to maintain services over times of staff shortage, service developments which clearly identify the highest priority tasks/functions to be performed together with low priority tasks which may be suspended temporarily. ▪ Portering Services specification: <ul style="list-style-type: none"> - manpower schedule; - method statement; - portering instructions /routines/timescales; - equipment schedules; - list of key contacts; - details of services provided.
<p>14.2 Agreed procedures for communication between:</p> <ul style="list-style-type: none"> ▪ all departments and Portering services; ▪ Portering management and porters; ▪ hospital switchboard and staff involved in emergencies such as cardiac arrests and fire incidents etc; <p>Communication procedures will be part of a Porter's Departmental Induction.</p>	<p>A structured two way method to disseminate information, for example:</p> <pre style="text-align: center;"> Manager Asst Manager Supervisors Porters </pre>	<ul style="list-style-type: none"> ▪ communication e.g. procedures, handover books/diaries; ▪ equipment e.g. telephone, mobile phones, pagers, two-way radios; ▪ verbal e.g. staff, patients and visitors – Customer Care; ▪ a copy of the organisation's Complaints Handling Policy.
<p>14.3 Where appropriate, Portering staff have access to, and be trained in the use of, communication equipment.</p>		

Standard 14 – Communication (continued)

Standard Statement	Rationale	Criteria
14. Communication		Evidence Required
14.4 Patients, visitors and staff can expect they will always be treated with courtesy and politeness by all Portering staff.		<ul style="list-style-type: none"> ▪ training/induction records show details of the mechanism of handling of complaints according to written service instruction/guidelines and this features in all staff training/induction.
14.5 Written complaints relating to Portering Services are integrated into the organisation's complaints process. Verbal complaints relating to Portering Services are dealt with timeously by the Portering Services Manager/Supervisor.		<ul style="list-style-type: none"> ▪ ensure that all complaints made in regard to Portering Services are dealt with in the required timescale and, following investigations of the complaint, draw experience to review and improve these services.

Standard 15 – Appearance, Attitude and Conduct

Standard Statement	Rationale	Criteria
15. Appearance, Attitude and Conduct		Evidence Required
15.1 The organisation has a written policy governing staff appearance, attitude and conduct.	Protection of patients, visitors and staff.	<ul style="list-style-type: none"> ▪ organisational policy/procedure, setting required standards for portering staff's appearance, attitude and conduct, presenting a positive image of a porter and the service. Procedure to include reference to the wearing of identity badges, uniform and PPE; ▪ organisational policy on the use of PPE; ▪ record of PPE issued; ▪ evidence of staff training/induction particularly addressing the practical implementation of good interpersonal courtesy guidelines; ▪ all Porters must wear the uniform provided, ensuring ID badges are on display at all times.
15.2 Portering Services recognises that patients, visitors and staff must always be treated courteously and with respect. Portering staff should conduct themselves in a manner conducive to maintaining the privacy and dignity of patients, visitors and staff.		
15.3 Portering Services recognises that colleagues must always be treated courteously and with respect.		<ul style="list-style-type: none"> ▪ policy on employee conducts e.g. Dignity at Work.

Standard 16 - Equipment

Standard Statement	Rationale	Criteria
16. Equipment	Protection of patients, visitors, staff and safe movement of goods and services.	Evidence Required
16.1 The organisation has written operational procedures in regard to the provision of appropriate equipment.		<ul style="list-style-type: none"> ▪ operational procedures explaining appropriate use of equipment.
16.2 Portering staff engaged in transportation of goods and services have been trained in manual handling techniques and the appropriate use of equipment.		<ul style="list-style-type: none"> ▪ training given and records maintained for training in the following areas: <ul style="list-style-type: none"> - manual handling; - PPE; - use of equipment; - infection control.
16.3 All equipment is stored in designated locations.		<ul style="list-style-type: none"> ▪ adequate storage provided.
16.4 All equipment is cleaned, inspected and maintained on a regular basis.		<ul style="list-style-type: none"> ▪ cleaning schedule.
16.5 Instruct Portering staff in the use of PPE.		
16.6 All faulty equipment should be removed from service and reported.		<ul style="list-style-type: none"> ▪ system to log defects and removal from operation.

Standard 17 – Transfer of Deceased Patients to the Mortuary

Standard Statement	Rationale	Criteria
<p>17. Transfer of deceased patients to the mortuary</p>	<p>The procedures are designed to ensure patients and relatives/carers are treated with dignity and respect.</p> <p>Patient identification is assured and that effective infection control is maintained.</p>	<p>Evidence Required</p>
<p>17.1 Portering services are responsible for the transfer of deceased patients to the mortuary.</p>		<ul style="list-style-type: none"> ▪ operational procedure is in place for the transfer of deceased patients to the mortuary which includes reference to the sequence of tasks to be performed, equipment used, and special clothing required; ▪ policy and procedure detailing the required procedures for the transfer of infectious bodies is in place including the requirement of protective clothing, waste management and hand washing requirements; ▪ procedural instruction covering the identity of deceased, recording details of the deceased in the mortuary register and the details of the deceased on the external door of the refrigerated storage area; ▪ a procedure sets out arrangements for the laying out of the deceased for viewing; ▪ training in the transfer of deceased patients; ▪ Portering staff are trained to have an understanding of and appropriate responses to the traditions and customs of people from different culture backgrounds particularly in regard to the care of the deceased patient.

Standard 18 – Transportation of Goods/Supplies

Standard Statement	Rationale	Criteria
18. Transportation of Goods/Supplies		Evidence Required
18.1 Portering staff have access to and use of appropriate equipment/aides/PPE for the safe and efficient transportation of good/supplies.	Ensure that all goods/supplies received at the delivery point are transported safely to their destination. Compliance with Health and Safety Executive Manual Handling Regulations.	<ul style="list-style-type: none"> ▪ a mandatory programme is in place to train Portering staff in the transportation, movement of goods/supplies and on layout of the site; ▪ a mandatory programme is in place to train Portering staff on the use of manual/electronic equipment, which should be employed to assist in the above tasks.
18.2 Each item is assessed and Portering staff are allocated accordingly.		<ul style="list-style-type: none"> ▪ organisational policy on Occupational Health Screening prior to employment including a confirmation of fitness for employment; ▪ monitor the performance of the general transportation of goods/supplies and equipment for: <ul style="list-style-type: none"> - quality of service; - damages and breakages; - expected time and arrival/delivery to the designated destination/person.
18.3 Portering staff have received mandatory and local training.		<ul style="list-style-type: none"> ▪ security of items is maintained at all times; ▪ record keeping where appropriate.

Standard 19 – Transportation Mail

Standard Statement	Rationale	Criteria
19. Transportation of Internal Mail/Parcels/External Mail		Evidence Required
19.1 Portering staff have access to and use of appropriate equipment and transport/aides/ PPE for the safe and efficient transportation of internal mail/parcels/external mail.	The safety and integrity of the mail and all deliveries. To ensure compliance with the Data Protection Act 1998 and the NHS Code of Practice on Protecting Patient Confidentiality.	<ul style="list-style-type: none"> ▪ an operational procedure is in place for: <ul style="list-style-type: none"> - mailroom and delivery activities including security aspects; - the arrangements for the classification of all mail e.g. recorded/special delivery items; - the reporting of suspected abuse.
19.2 Portering staff have received mandatory and local training.	Compliance with Health and Safety Regulations including manual handling regulations.	<ul style="list-style-type: none"> ▪ a mandatory training programme is in place to train staff in the transportation of mail and on the use of manual/electronic equipment e.g. electronic weighing and franking machines; ▪ incoming, outgoing and internal mail is sorted according to defined categories; ▪ record keeping where appropriate.
19.3 Equipment used for the movement of mail is regularly maintained and in good working order.		<ul style="list-style-type: none"> ▪ monitor the performance of the general transportation of mail and equipment for: <ul style="list-style-type: none"> - quality of service; - damages and breakages. ▪ expected time and arrival/delivery to the designated destination/person Incorrect addressing of mail; ▪ report all faults of mailroom equipment to the appropriate maintenance department.
19.4 The mailroom is secured at all times and entry is restricted to authorised personnel.		<ul style="list-style-type: none"> ▪ security of mail is maintained at all times.

Standard 19 – Transportation of Internal Mail/Parcels/External Mail (continued)

Standard Statement	Rationale	Criteria
19. Transportation of Internal Mail/Parcels/External Mail		Evidence Required
19.5 Precautions required during security alerts (bomb alerts, incendiary devices, chemical and biological alerts) are taken.		<ul style="list-style-type: none"> ▪ the organisation has a policy for such alerts detailing the action to be taken on receiving a suspicious letter, package or parcel.
19.6 Any suspected abuse of the postal system is brought to the attention of the line manager.		<ul style="list-style-type: none"> ▪ adherence to Standing Financial Instructions.

Standard 20 - Transportation and Movement of Laundry/Linen

Standard Statement	Rationale	Criteria
20. Transportation and Movement of Laundry/Linen	<p>Ensure the handling and movement of all linen fully complies with segregation requirements (HSG 95 (18)) and Control of Infection Policies to minimise the risk of cross contamination.</p> <p>Compliance with Health and Safety legislation.</p>	Evidence Required
20.1 Portering staff have access to sufficient equipment/aids for transporting and movement of laundry/linen.		<ul style="list-style-type: none"> ▪ procedure which stipulates the appropriate equipment/aids that must be used for laundry/linen movement, and also includes the type of lifting and handling aids with directions for their appropriate use; ▪ a procedure stipulating that all transportation, storage and movement needs must be assessed following Infection Control Guidelines and staff allocated to these tasks according to the result of the Risk Assessment.
20.2 Where vehicles are used in the transportation of linen, appropriate segregation should be in place.		<ul style="list-style-type: none"> ▪ an organisational policy is in place for the segregation of laundry/linen.
20.3 All clean and used (includes infected) laundry/linen is stored in designated areas whilst awaiting collection /distribution.		<ul style="list-style-type: none"> ▪ cleaning schedule.
20.4 Equipment used for moving and transporting linen is regularly maintained and is in good working order.		<ul style="list-style-type: none"> ▪ system to log defects and removal from operation.
20.5 Portering staff have been appropriately trained in the use of the transportation and movement of laundry/linen.	<ul style="list-style-type: none"> ▪ a mandatory training programme is in place for Portering staff in the transportation and movement of linen including use of appropriate equipment; ▪ Code of Practice; ▪ Staff Training Records; ▪ Risk Assessments; ▪ Maintenance Records; ▪ Use of PPE. 	

Standard 21 – Transportation of Food

Standard Statement	Rationale	Criteria
21. Transportation of Food		Evidence Required
21.1 Portering staff have use of appropriate equipment for safe and efficient transportation of food.	Policies and procedures are designed to ensure compliance with the Food Safety Regulations and the Code of Practice on Meals Provision.	<ul style="list-style-type: none"> ▪ an operational procedure is in place for food delivery activities including timescales; ▪ appropriate risk assessments carried out; ▪ monitor the performance of the expected time and arrival/delivery of the food service to the user.
21.2 Equipment used for the movement of food is regularly maintained and in good working order.	Compliance with Health and Safety Executive manual handling regulations. Compliance with Patients Charters.	<ul style="list-style-type: none"> ▪ a mandatory training programme is in place for portering staff in the transportation of food and on the use of manual handling equipment and vehicles and site layout and delivery schedule; ▪ record keeping where appropriate.

Standard 22 – Transportation of Laboratory Specimens and Blood Products

Standard Statement	Rationale	Criteria
22. Transportation of laboratory specimens and blood products	To ensure compliance with the Data Protection Act 1998 and the NHS Code of Practice on Protecting Patient Confidentiality, The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 and infection control policies.	Evidence Required
22.1 The organisation has a written policy and procedures on the storage, collection and transportation of laboratory specimens and blood products.		<ul style="list-style-type: none"> ▪ an operational procedure is in place for the storage and transportation of laboratory specimens and blood products including spillage procedures.
22.2 Portering staff have access to sufficient equipment/PPE.		<ul style="list-style-type: none"> ▪ ensure correct and appropriate PPE is worn, a spillage kit is available and appropriate vehicle signage is displayed.
22.3 Portering staff have received mandatory and local training.		<ul style="list-style-type: none"> ▪ a mandatory training programme is in place for Portering staff on the safe storage, collection and transportation of laboratory specimens and blood products including Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) regulations where appropriate; ▪ a policy, which stipulates that only trained staff carry out the above duties.
22.4 Portering staff work to agreed timescales.		<ul style="list-style-type: none"> ▪ knowledge of the layout of the site/collection and delivery points.

Standard 23 – Audit and Monitoring

Standard Statement	Rationale	Criteria
23. Audit and Monitoring	To ensure Portering Services meet the expectation of service users and response times in the Portering Services Business Plan and to ensure there is a mechanism in place for continuous improvement in the quality and effectiveness of the service.	Evidence Required
23.1 Portering Services systematically monitors and audits delivery of its services in key areas against pre determined performance standards.		<ul style="list-style-type: none"> ▪ a written schedule is in place setting out the agreed monitoring and audit programme within Portering Services which identifies the topics addressed, the staff responsible for conducting the audit, the frequency of investigations; ▪ copy of audit form.

Standard 24 – Key Performance Indicators

Standard Statement	Rationale	Criteria
24. Key Performance Indicators		Evidence Required
24.1 Key performance indicators are a component of the measurement of Portering Services.	To ensure Portering Services continue to meet established objectives contained within the Portering Services Business Plan.	<ul style="list-style-type: none"> ▪ the organisation has performance targets appropriate to Portering Services, which are available to all staff; ▪ Portering services maximises the value of key indicators by benchmarking themselves against similar organisations, both NHS and non-NHS.

Standard 25 - Training

Standard Statement	Rationale	Criteria
25. Training		Evidence Required
25.1 Portering staff attend corporate and local induction and training which is based on written specification of porters' responsibilities, duties and functions.	Protection of patients, visitors and staff. A commitment to provide effective training.	<ul style="list-style-type: none"> ▪ an organisational policy is in place for induction, attendance is mandatory.
25.2 A minimum level of mandatory training is essential prior to commencement of full duties.	Promote a safe working environment.	<ul style="list-style-type: none"> ▪ the department has a written procedure which stipulates the appropriate level of training required; ▪ job description, post outline.
25.3 Departmental Induction to be completed within two weeks.	The smooth and uninterrupted delivery of healthcare services.	<p>A mandatory training programme is in place for Portering staff in all aspects of portering duties (See Portering Workbook).</p> <p>Examples of training follow:</p> <ul style="list-style-type: none"> ▪ departmental induction; ▪ mentoring; ▪ customer care and a positive handling of complaints; ▪ communication; ▪ PPE including uniforms; ▪ manual handling; ▪ waste management; ▪ medical gases; ▪ pharmacy; ▪ mortuary;

Standard 25 – Training (continued)

Standard Statement	Rationale	Criteria
25. Training		Evidence Required
25.3 (continued)		<ul style="list-style-type: none"> ▪ infection control including cleaning of equipment; ▪ equipment; ▪ electric vehicles; ▪ vehicles including tail-lifts, restraints; ▪ driving; ▪ systems e.g. Datix, AIM; ▪ specimen training including bloods; ▪ patient movement; ▪ mail room; ▪ decontamination; ▪ major incident; ▪ cardiac arrest; ▪ fire; ▪ security; ▪ reception.
25.4 Maintain records of training requirements, dates undertaken and refresher/update dates.		Maintain records: <ul style="list-style-type: none"> ▪ staff training records; ▪ risk assessments; ▪ use of PPE.

3. References

HAI Task Force – **NHS Scotland Uniform Policy** – evidence based principles to inform local policies for staff

Department of Health Uniforms and Work wear – an evidence base for developing local policy 2007

The Fire (Scotland) Act 2005 as amended

The Fire Safety (Scotland) Regulations 2006

Health and Safety at Work etc Act 1974 and supporting legislation

The Provision and Use of Work Equipment Regulations 1992

Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002

Manual Handling Operations Regulations 1992 (as amended)

Workplace Health, Safety and Welfare Regulations 1992

Personal Protective Equipment at Work Regulations 1992

Control of Substances Hazardous to Health Regulations 2002 (as amended)

Electricity at Work Regulations 1989

The Road Traffic Act (1991)

Driver & Vehicle Licensing Agency – guide to the current medical standards of fitness to drive – <http://www.dvla.gov.uk>

Hospital Laundry Requirements for used and infected linen, MEL(1993)7, MEL(1993)86

Managing the Risk of Healthcare Associated Infection in NHS Scotland, HDL(2001)53

Scottish Health Technical Memorandum 2022: Medical Gas Pipeline Systems, Health Facilities Scotland 2001

Environmental Protection Act 1990

Food Safety Act 1990

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 (SI 2007/1573), known in short as 'CDG 2007'

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4. Appendix: Membership of Group

Name	Membership Representation	Title	Organisation
Janice Geddes	Chair	Divisional Domestic Services Manager	NHS Ayrshire and Arran
Jane Campbell	Logistic Services	Site Logistics Manager	NHS Lothian
Danny Gillan	General Services	Head of Catering and Logistics Services	NHS Lothian
Les Jolly	General Services	Assistant General Services Manager	NHS Ayrshire and Arran
Karen McKay	Portering Services	Area Linen/Portering Manager	NHS Forth Valley
Karen Oates	Logistic Services	Site Logistics Manager	NHS Lothian
Neil Redhead	General Services	Peripatetic Supervisor	NHS Borders
Ted Reid	Portering Services	Physical Distribution Manager	NHS Grampian
Margaret Robertson	General Services	Assistant General Services Manager	NHS Borders
Lynda Ross	Portering Services	Portering Services Manager	NHS Tayside
Robert Stobbs	Clinical Support Services	Assistant General Services Manager	NHS Ayrshire and Arran
Robert Wallace	Hotel Services	Hotel Services Manager	NHS Greater Glasgow and Clyde

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