

The logo for UNISON Scotland, featuring the word "UNISON" in a bold, dark blue sans-serif font with a green swoosh above it, and the word "Scotland" in a smaller, italicized serif font below it.

UNISON
Scotland



**Breaking point: overworked and underpaid
Scotland's hospital porters speak out**

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Introduction

UNISON Scotland has undertaken a survey of NHS porters to find out how current austerity measures in the National Health Service are impacting on our members and the services provided to patients.

Via a mixture of interviews and surveys (paper and online) we built up a profile of a workforce increasingly under strain.

As with other workforces, wages have failed to keep up with inflation and this is reflected in the experience of the workforce, who report falling living standards as a result. Some are in the position where they are able to work extra hours in order to make up a decent wage. Some reported working overtime to an extent they were almost doubling their contracted hours in order to make ends meet.

In contrast others find they are not being allowed to work overtime and are therefore feeling the financial pressure more. This is related to a perceived increase in shifts being filled by workers drawn from 'the bank'. Whilst this is a long standing provision in the NHS, its fundamental purpose is cover for short term or unpredictable circumstances. Essentially porters on the bank are on zero hours contracts and the extension of this mode of working for any workforce is not one that can be welcomed.

The pressure on NHS porters goes further than simply financial. They report increasing workloads and poor morale. There is a general feeling that whenever changes or new systems are planned – or even installed – there is a failure to factor in or consult porters, making for lack of effectiveness and more work.

The workforce

The nature of the survey process meant we were looking at a range of jobs covered by the staff under this category: porters, porter drivers, supervisors, car park attendants, etc, although the vast majority were porters.

The typical respondent worked 37.5 hours per week, although some were only part-time and some worked shifts 'on the bank' – the NHS internal scheme for filling shifts without contractual hours.

Impact of austerity on the workforce

- Living standards

Unsurprisingly given year on year pay rises failing to match inflation the vast majority of respondents said that their living standards had declined in the last three years.

What the hospital porters say

I pay everything and can't afford a weekly night out or a proper holiday and buy cheaper food if I can!

Yes, not able to take my kids out as often as I'd like to.

Money stayed the same - food prices and cost of living, electricity, rent etc. all gone up.

Yes, food electricity gas clothes

The cost of living is horrendous!

Everyone is working for less every year.

Yes. It has affected me financially, to the point where I feel I need an extra job, to boost my existing NHS hours, which in turn could lead to extreme fatigue and exhaustion.

Food costs travel costs etc all costing more.

Yes, messages are very expensive, I have a family of four... we struggle week to week just managing.

Money is tight to pay bills and put food on the table.

Impact of austerity on the workforce

- Working hours

We asked our members if they had to work extra hours to make up a decent wage, and how many hours they worked on top of their regular contracted hours. The results divided fairly firmly between those who did overtime – and those for whom it wasn't an option. A subset of those working 'overtime' were staff who were employed on fixed hour contracts (say 20hrs per week) but whose typical working pattern was longer shifts than that.

What the hospital porters say

Yes about another 40 hours per month.

Up until 6 month ago I was contracted for 23 per week and working 35 per week and only getting holiday pay on 23.

On call at least 7 nights per month.

Yes 20 to 30 hours extra. If we were made full time then there would not be any hassle.

Yes 45 to 50 a month.

Sometimes 25/30 hrs extra, when on a dreaded zero hour contract.

I don't work much overtime as I earn enough to live on and feel I work hard enough. That said, I do think I and my colleagues are vastly underpaid for the work duties we perform day to day.

Yes, on average I work twenty hours per week more.

As many as I can get. Sometimes this can be as much as my contracted hours.

Yes. Usually around 22.5 hours overtime per month.

Impact of austerity on the workforce

- Zero hours contracts

We asked if there were any zero hours contracts in operation, and asked for details. Most of our respondents said there were none – however this type of employment is a feature of life for some porters. The bank – which is supposed to be a residual form of employment – is clearly a core part of staffing in some NHS facilities.

What the hospital porters say

Yes, working full time hours with no benefits.

I myself, worked on a zero hours contract for six years, being paid less than contracted staff doing the same job. When told I would be losing my job, I approached my Union rep. Thankfully, and only because of Union intervention, I was reluctantly offered a contract by management, but only after a long drawn out process of negotiating. At the moment I'm unsure of others being on a zero hour contract. However this may well be possible, as in my experience, you tend to remain quiet in cases like this, for fear of losing your job.

Yes there are 15 Bank Porters on zero hour contracts.

Yes three part time porters.

Doing the job

- Staff shortages

We asked whether there were enough portering staff at their places of work and if not, to explain how this affected their work. Whilst some respondents were content with staffing levels at their workplace a majority (60%) believed that they were running a service with less than the necessary numbers.

What the hospital porters say

No definitely too much to do some days can be non stop.

At certain times there aren't enough staff to cover when we are extremely busy especially on the back shift. A&E can be very demanding as well as ECG, X-RAY (when out of hours and main X-ray dept closed). From 4.30pm we lose 3 staff to deliver hospital meals, have their own dinner and also we require our breaks as well - this leaves only a few porters to cover the WHOLE hospital - if a ward requests a deceased to be removed to the mortuary, a job that needs 2 porters, then this can leave the hospital uncovered if the job is required to be done at that time.

No, especially on night shift. Only 3 porters for the whole hospital. Patients forced to wait to be moved. Causes friction between nursing staff and porters.

Department has two porters needs 3 so can be really hard at times.

No there are not enough porters and we constantly get bombarded with jobs sometimes not even getting a break.

Lone worker, at times can be rushed off my feet no allocated breaks, often have to multi task, little support in decision as no managers around.

No. We are constantly covering other posts when other staff are off. On night shift we cover portering, domestic work, reception duties, security, bed store, linen. On top of that we are part of the fire team, A&E trauma team and blood trauma team.

This has been something I have noticed recently, that when someone retires, leaves due to ill health, or to seek another career path, they are not being replaced by management, instead, private security firms are being hired to cover some shifts, instead of filling these posts permanently, and I feel this could have an impact on the amount of duties I'm required to carry out in future.

No. In the mail room the staff have been at permanent post down through ill health for over 18 months, this causes delays in case note delivery which impacts on patient care, also other porters from direct patient care areas are transferred to assist the mail room taking away from patients.

Consistently left for up to 5 hours of a 12 hour shift working on my own on a 2 man shift while my work mate covers work of another 2 operatives

Only one porter on night shift responsible for fire, security at all locations and portering cover for the hospital including theatres and mortuary duties.

No, not enough porters yet they are cutting back. If the big managers got out their office and did our job for a day they would know how it really runs. More workload put on porters all the time get abused by doing unnecessary jobs also lack of chairs and trolleys, half our time spent looking for trolley and chairs. We are very understaffed due to cuts. As a result porters are doing much more work resulting in injury and stress which puts them off on the sick making even more work for the few that's left.

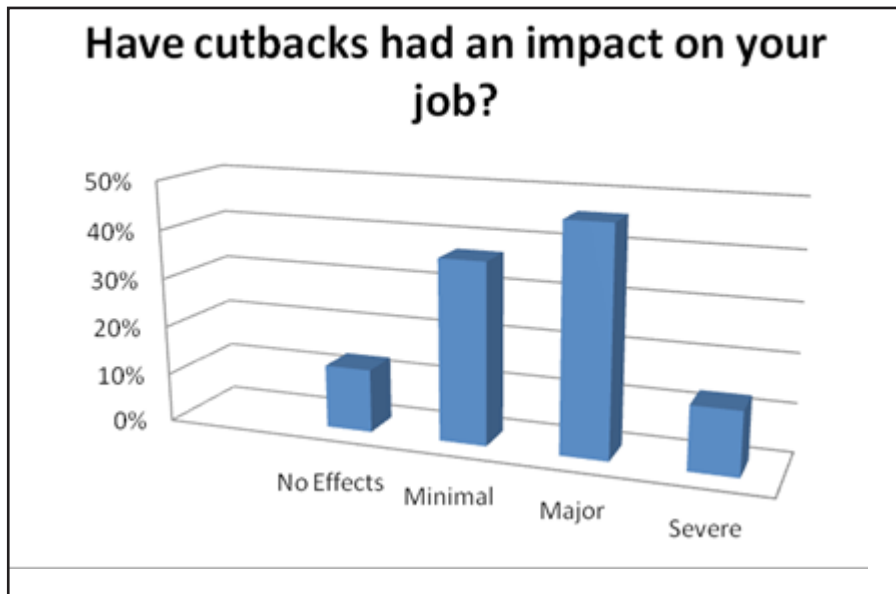
There has not be enough portering staff for 5 years and steadily going down the pan.

Doing the job

- Effect of cutbacks

We asked how our members found staffing or other cutbacks had affected their work in the last 3 years and how they thought it would be affected over the next 3 years.

76% said that cutbacks had affected their work to either a minimal (37%), major (46%) or severe (13%) degree, whereas only 13% felt that there had been no effects over the past 3 years.



Going forward 79% of respondents expected the situation to get worse with only 21% expecting either no change or improvements.

What the hospital porters say

Porters not being replaced until next year

More patients attending hospital than previous, and will continue to increase.

There is likely to be a decrease in the number of portering posts as new hospitals are built.

I have witnessed firsthand porters going on annual leave, and instead of another porter being deployed to fill in the duties, these duties are being carried out by administration staff in conjunction with their own duties, thereby, in my opinion, if this trend continues, effectively driving the porter out of a job.

The workload increased but manpower didn't.

There are too many bank porters to cover jobs previously done by full time rostered porters who have since retired, and their full time jobs have not been replaced, bank porters are being recruited to cover these positions as required. This results in bank porters not getting enough hours and relief getting jobs they are not happy doing. Ultimately this affects morale and I have noticed morale getting worse amongst portering staff over the last few years. Add to that the hospital is getting busier because of the expanding local population and you can understand how demoralised all staff are becoming which leads to increased absence due to illness and stress.

The manager has said that she may have to pay off some porters and that the rest would just have to buckle up and get on with the work.

Since I have been employed there has been quite a turnover in staff and some not being replaced or replaced by part time workers or bank staff. This is saving money maybe but doesn't help the workload and patient care which is priority.

In my department there should be 3 porters. One of the men went off sick, we were told to just do the job with 2 staff. As a result of trying to do one and a half peoples' work for the last 10 months I'm now being treated for back pain and trapped nerve.

It's taken a year to replace a colleague who was ill for 18 months before that.

Doing the job

- Training

We asked whether they had updated their Knowledge and Skills Framework (KSF) in the past 3 years and whether they felt KSF was adequate for them in the jobs they did. 60% said they had had their KSF updated, and 40% had not, but 55% thought did not think it was either suitable or adequate for their jobs.

What the hospital porters say

Waste of time.

Poor training.

The KSF process is not seem by porters as being of any relevance to them or the job they do. There is very little in terms of progression for these members.

Head porter didn't go through anything, just asked me to sign and date so I have no idea what KSF is.

I have never heard of the Knowledge & Skills Framework in almost 14 years in my job.

It's just a paper exercise. It seldom relates to 'work in the field' or everyday hands-on scenarios.

No chance of promotion as no training due to lack of funds so they tell us.

I do not complete it, my line manager fills it out and signs it off for me, I do not have computer access or log in and if I'm honest I could not really tell you what it is.

Totally useless, it would do nothing for me or my colleagues.

Doing the job

- New technology

We asked if the introduction of New Technology had had any impact on their work. Many of the porters we surveyed had nothing to report. Of those who did however the picture was distinctly mixed.

What the hospital porters say

The tracker system that was introduced last year, and which is currently suspended from operation, was a complete shambles in cost, implementation and operation. It was very inefficient, labour intensive and very unintelligent in allocation of tasks. Don't want to see it back EVER!

(Hand held tracking equipment) This is due to be piloted in the coming year and the likely outcome will be that posts will be lost through natural wastage.

Yes, sometimes wrong information on screen.

It did when tracking was introduced. However, it was soon proved that a tracking system was totally unsuited to a trauma hospital and it was conveniently dropped (no idea how much that cost!)

New trolleys are too wide and no handles to pull trolley through the doors when one porter operating.

We're expected to do much more on computers e.g. holidays etc but there are no available computers plus training is totally inadequate.

Barriers to car parks freeze in low temperatures.

Yes, monitoring tablets - you just sync files to computer website and don't have to do much paperwork.

Yes. The amalgamation of satellite portering departments into one, and the use of hand-held mobile radios in conjunction with PorterTrak. It's had a significant negative impact on the work we do.

Porter tracking has been introduced which has caused more work as it can give you a job at 1 side of the hospital then send you to the other end for the next job on your way you can bump into another porter who was at that end and is being sent to the end you have just left this has increased the walking but still only 1 break a day. I have been told it's because they got the cheaper option.

No I do not even have a log in for a computer at work, only charge hand porters are allowed to use the computer and my EKSF is completed by my line manager, I have no input in it, which I know is wrong.

Health & Safety

- Dealing With Violence and Aggression

We asked porters if they had been trained sufficiently to deal with violence and aggression. 66% said that they had not, whilst only 34% said that they had. Even amongst this latter group there were significant levels of complaint about the standard of the training that had been delivered.

What the hospital porters say

1 day training is merely window dressing and the health board covering its back. As incidents are few and far between most of what has been taught on that one day is forgotten.

Have requested going on training for past 6 years, to no avail
Had no proper training in years
In almost 14 years of service, I've never been offered training for dealing with violence and aggression. I feel vulnerable as a lone worker at night time, being the only member of staff within the building, and having no contact with management/admin for any issues that arise during my shift rota. They have point blank refused to provide me with a contact telephone number for them 'out of hours'. For your information, this issue has been highlighted to management on many occasions.

You can be left isolated especially at night.

We have no security in our building - have to deal with all sorts.

Use porters as a cheap form of security.

I have never had any training on this.

Health & Safety

- Manual handling and lifting

Manual handling and lifting are, fairly obviously, a significant part of a Porters workload. This would imply that this would be a significant part of any training programme for porters, but over a third (35%) said they had not received training and those who had were frequently critical of the quality of the training. 65% said that they had, and only 35% said no.

What the hospital porters say

Practises advised by trainers are sometimes not real world and practical.

Just the basics covered, not specific to our job.

Equipment is outdated and not always practical.

We have health and safety issues unresolved for 3 years.

No one can be spared to go on courses.

Health & Safety

- Waste

Dealing with waste is a core part of the porter's job. We asked whether waste that had to be dealt with was segregated correctly and whether systems for waste disposal were appropriate. Whilst a majority said that it was, some 30% complained that systems were inadequate.

What the hospital porters say

Maternity porter is required to empty bins from certain areas both upstairs and down, removing waste to two main collection areas for waste management staff to uplift. The same porter has to uplift bags of waste from the upper and lower corridors in the early evening when the domestic staff have finished their work. The potential for cross contamination is a risk! The porter's clothes must be contaminated as a result of these practises.

Dirty linen continuously left on trolleys in A/E by nursing staff.

Never seems to be enough clinical waste bins or laundry cages available.

There is a dedicated area for waste, however this is another 'duty' that has been bestowed on the porters recently by management, without any proper consultation, to dispose of waste, after domestic staff suddenly refused to continue doing so after 20 odd years.

Really untidy and not well maintained around skip areas. Morsels of food and rubbish scattered around.

All domestic waste simply thrown into compacter cardboard plastic glass food waste contractors offcuts.

Bins stored with laundry, bins next to theatre lifts, very poor.

This relates to me personally and I'm at my wits end with the way in which the waste management policy is being overseen.

Lack of space to introduce a full recycling programme for storage and segregation.

No - staff are lazy in following procedure on how to dispose of certain items like faulty equipment, it often gets left next to black and yellow containers or any small items are hidden among other rubbish.

Health & Safety

- Injuries, sharps and protective equipment

We then asked if there was a system for the elimination of injuries caused by syringes (sharps) and whether the correct Personal Protective Equipment (PPE) was supplied. A majority (55%) of respondents said either that they were unaware of any system being in place or were critical of what was available

What the hospital porters say

There is a system in place for reporting injuries. I certainly haven't been properly consulted regarding protection from needle sticks and have never been offered immunisation from hepatitis b/c etc.

We could stamp out the risk completely if euro needles were used instead.

Sharps kept on wards until picked up.

No proper gloves, too expensive.

Clinical waste being double handled ward staff put it in a small bin porters take it out of small bin put into large euro bin.

No sharps gloves issued to porters. Every porter has to remove rubbish from all ward area and put it into containers without the proper PPE, the management have white paper suits available but porters are under so much pressure to get work done that they are not given enough

time to do this. If we enforced the issue we would be seen as being troublesome. Yet when we don't it suits them for us to break the rules to get things done but if something was to happen they would go through the proper procedure at you when it suits them.

Yes, but not supplying with correct gloves. Dangerous.

Not enough uniforms, no proper sharps gloves, very poor equipment.

We have a basic uniform and that's it. It is not suitable for outside work or inclement weather. Obtaining PPE is difficult. I end up buying my own.

No sharps gloves no time to change into PPE due to demands of the job.

Conclusion

Porters as a workforce feel poorly paid, poorly treated and overlooked when matters central to their job are being either discussed or changed. It's not the most glamorous role in a hospital but it is nonetheless a vital one – and one where cutbacks and failures impact directly on the patient's experience of being in hospital.

One example of such cutbacks is the apparent expansion of the use of bank staff. This, although an established part of NHS procedure, is essentially a system of employing people on zero hour contracts. Its role as anything other than a stop gap at the margins has to be of concern. It has obvious implications for staff in terms of income and security, but ZHCs tend to increase staff turnover, make staff less likely to report problems and they are generally less likely to receive training.

Whilst their role may not be thought of as a frontline one in caring or curing, porters are indispensable to a hospital. That their job is performed well and effectively is surely an important part of the patient journey – literally in some cases. Porters deserve the same respect as any other workforce in the NHS. They are key staff – not a soft option for cuts in hard times.



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