



Restructuring of the delivery of laundry and linen services
at Addenbrooke's Hospital

The case for an expanded NHS laundry service

submitted by Cambridge Health UNISON

Introduction

Cambridge University Hospitals NHS Foundation Trust, based at Addenbrooke's Hospital, has begun a formal consultation on the future structure and delivery of laundry and linen services. The consultation closes on Monday 25th February 2008.

This document sets out UNISON's formal response to the consultation and underlines our commitment to the principle of an expanded NHS laundry service - directly provided by NHS staff - and with the opportunity to develop beyond the traditional boundaries of the local hospitals.

We have a chance to map out a pioneering approach to public sector delivery of laundry and linen services in Cambridgeshire and beyond. Such an approach requires investment, commitment and a clear sense of purpose from all involved. We hope that the Trust and the wider community will join with staff in developing a long term plan for an accountable, high quality, public sector laundry and linen service for the people of Cambridgeshire.

Background

Laundry services are currently provided from the unit at Fulbourn.

The existing laundry stands on land that was formerly part of the NHS estate but which has been sold to a private landlord. It appears likely that future private development on the Fulbourn site means that the laundry will be forced to close, regardless of the current consultation, by 2009.

The current Fulbourn laundry was opened in 1984 and, as the Trust consultation confirms, at the time it was purpose designed with state of the art equipment. The Trust further concedes that there has been no significant investment in the laundry, or its equipment, for the past ten years.

There are three logistical factors which are driving the current review:

- The current equipment is coming to the end of its lifespan and needs replacement.
- The current single stream service is inadequate and needs expanding to a double stream system to meet modern demands and provide back-up against breakdown.
- The current facility, which may not have a long-term future anyway under the landlord's plans and planning constraints, is too small to cope with the expansion required.

The Trust accepts that:

'to provide laundry services for the future significant investment is needed over the next few years to replace the ageing plant and to provide a duplex stream to address concerns about resilience. The estimated capital investment in equipment is in the order of £2.5 million and is further complicated by the need to provide larger premises which would have to be at a different location.'

There is no argument on this point. The crucial issue is whether the new laundry service is privatised or remains as part of the NHS. The consultation document sets these out as Option 1 and Option 2.

The case for an enhanced Option 1

UNISON supports the key points of Option 1

Relocation of existing laundry to larger premises
Replacement of ageing equipment
Installation of a 2 stream (duplex) tunnel washer system
Efficiency improvements to reduce operating costs
Reduction of linen losses

However, we do not think that this goes far enough and we would favour an 'enhanced' Option 1 that broadens our horizons and makes the most of the NHS investment required. Our additional points are:

- Expanding the laundry service into other NHS providers in our geographical area
- Expanding the laundry service into other appropriate public sector areas currently relying on the private sector - this could include local authorities, schools, the police and the fire service
- Competing with the private sector for specialist contract work including private residential and nursing homes which require the same high standards in respect of contamination and cross infection as the NHS
- Exploring the 'green' opportunities of utilising spare heating and steam capacity on the growing Addenbrooke's Hospital Site.

Finance

There is no argument that developing an NHS run facility - with capacity for expansion in the future to meet both in-house and external demand - on the Addenbrooke's site would require substantial investment.

However, this would be capital costs that would be written down over a period of time. For example the estimated equipment costs of £2.5 million would have a life span of between ten and fifteen years and the financing should be scheduled over this period. The Trust should also investigate leasing possibilities. The capital costs of building the new laundry facility should be incorporated into the Trust's 2020 Vision strategy for developing the Addenbrooke's site.

The proposals under 2020 Vision to turn Addenbrooke's into the Cambridge Biomedical Campus provide the ideal opportunity to integrate the laundry and linen functions into this strategy.

Nobody doubts the importance of a safe, high standard laundry service in terms of delivering the Trust's objectives and government targets. With the proposed growth of Addenbrooke's it makes even more sense for laundry and linen to be fully incorporated into the plan rather than being seen as an inconvenience where corners can be cut and the work knocked down to the lowest bidder.

Co-location on the Addenbrooke's site, interlocked with the linen room function, makes sense in terms of economies of scale, transport and day-to-day hands-on control. The Trust should be welcoming the opportunity to develop such a state of the art facility designed with the future in mind.

The Scottish Experience

The argument that the only solution is to push the laundry work out to one of the big, monopoly providers from the private sector is not borne out by recent experience in Scotland.

In August 2004 'the largest NHS laundry in Scotland and the most technologically advanced in the UK' was officially opened amongst much fanfare from the Scottish Parliament with the then Labour First Minister Jack McConnell hailing it as:

'a fantastic new facility [setting] a new standard in NHS laundry services, not just in Scotland, but across the whole of the UK. This is an important part of the NHS's drive to meet the very highest standards of infection control.'

McConnell also spoke of the impact on the lives of 'those hardworking staff at the facility' guaranteeing them stability and a secure future.

The laundry in Lanarkshire, providing NHS laundry services across three health board areas, was developed under an equipment leasing scheme with a company called AWG - helping to offset the initial financing costs.

The question has to be asked - if this kind of forward-looking laundry service can be developed by the NHS in Scotland with the full support of Labour politicians then why not in Cambridge? And if the issues of quality and meeting infection control standards are best met by a modern NHS laundry in Lanarkshire then why not in Cambridgeshire?

Option 2 - Privatisation of the laundry function

Unfortunately the slant of the consultation document is angled towards the old-fashioned and risky approach of selling off the laundry service to the lowest bidder - likely to be one of the monopoly providers who gained a foothold in the NHS under the rampant/corner cutting privatisation policy of Margaret Thatcher. UNISON wholly rejects this retrograde approach.

The NHS Purchasing and Supply Agency - which is quoted in the consultation document - is loaded towards private sector provision despite the success of the Scottish model in Lanarkshire which has been so warmly praised north of the border.

There is no risk assessment of the very clear dangers of privatising the laundry function at this time of increased awareness of hospital acquired infections and with the planned major expansion of Addenbrooke's into the Cambridge Biomedical Campus.

UNISON has sought views from staff with first hand experience of the service of the threats raised by possible privatisation - here are a selection:

- 'Nurses and other staff have been urged to send their uniforms to the laundry rather than wash them at home as part of infection control. A private firm may provide these services, at considerable cost, with real risks of items being lost.'

- 'At present the laundry can wash patients clothes if they have no relatives to help. A private laundry would only provide that service at considerable extra cost.'
- 'Scrubs for theatres and other areas are sorted according to which department needs them, and which grades of staff. That requires local knowledge and it's hard to see how a privatised service would do that.'
- 'We have just purchased £50,000 of fabric slings ñ I have made enquiries of other Trusts and I do not believe they (Sunlight) will wash and launder fabric slings.'
- 'We have hundreds of slide sheets, lateral transfer sheets, handling belts and small handling equipment which we always purchase for wards and departments and this is a huge expenditure and absolutely necessary for patient and staff safety. All of these are purchased so they can be washed at 71 degrees to ensure an infection-free piece of equipment. With the standards and the huge push for patient specific equipment due to C Diff, D and V and MRSA we have taken on board ensuring that there is enough equipment out in the wards and departments to allow for the turn around of equipment.'

Staff have raised concerns that these important individual pieces of Trust kit could be lost in the central pool of a monopoly provider like Sunlight with severe consequences for staff and patient safety.

The Basildon experience

A visit to Basildon Hospital and its privatized laundry service was undertaken by three representatives of Cambridge Health UNISON (including members of Laundry staff). [*See Appendix for report by Laundry staff members*]. This was to review aspects of the delivery and washing facility provided by a private company (Sunlight) to hospital staff. Our delegation found the following concerns as a result of their visit:

- The delivery of the dirty and infected linen is brought in from various places, put through the service wash cycle and collected by the same vehicle for delivery back to other hospitals.
- The service is run 24 hours a day with maintenance being provided by the Trust's on-call engineers. The machines are very worn and appear to need a service.
- Storage of the clean linen is adjacent to infected waste and refuse. It is stored in an open dirty environment.
- Staff are rotated frequently out of the areas on a rotation basis to different Sunlight facilities.
- Staff transferred from the NHS under TUPE regulations have not received a pay increase for over three years and Agenda for Change (the national NHS pay system) has not been implemented. The reason for this blatantly unfair treatment is that Sunlight provides non-NHS laundry to other users.
- Staff there told our delegation that they feel disillusioned with the company and feel any problems are not dealt with appropriately.
- Infection control is not adhered to. Alginate bags are split open to reduce the wear and tear on the washers.
- Quality control appears to be virtually non-existent; random sampling of the results are not done effectively or documented.

The NHS laundry and facility managers view

Organisations representing NHS laundry and facility managers have been conducting their own investigations into the continuing programme of closing down hospital laundry services and passing the work over to private sector providers.

Paul Gibson, from the Royal Boston Hospital, has produced a major report looking at the future of NHS laundries and how the private sector have forced themselves in to a monopoly provider position in many parts of the country.

Gibson produces some interesting statistics.

In 2002 the NHS laundry requirement was 8.8 million items per week

In 2005 this had risen to 9.2 million items per week

In 2002 NHS laundries did 49.8% of the work

In 2005 this had fallen to 23% with one private company holding the bulk of the remaining 77%

Gibson points to 'aggressive market management' by the private sector which has forced them into a monopoly provider position in many areas of the UK. As a counter, he points to a lack of long term planning and management by the NHS, short-termism and a failure to develop a coherent and co-ordinated strategy which has given the big players, such as Sunlight, a clear run.

Gibson proposes that the NHS should develop shared laundry facilities, develop an investment strategy for the long term and not operate in isolation. He points out that a united service could operate more efficiently, achieve economies of scale, provide a standardised service and purchase more economically.

All of these arguments can be easily applied to Unison's call for a major, regional NHS laundry development on the Addenbrooke's site.

The impact on staff

The Trust make little reference to the impact on staff of their proposals. It is our view that if we developed an expanded, state of the art laundry facility at Addenbrookes we could not only protect the jobs of existing staff but create new employment opportunities in the long term as the service expands into new markets.

We have looked at the example of North Tees and Hartlepool NHS Trust which went through a very similar process in respect of its laundry and linen services in December 2006.

Once again costs and investment were the big issues but the proposed savings came at a cost with 27 staff left facing redundancy. Job losses have been a major factor in the privatisation policy in the NHS for more than two decades.

Workforce planning and progressive working policies like Improving Working Lives are jeopardised and although staff enjoy some protection under the TUPE regulations this can be time-limited as the transfer of service unwinds.

These are important issues for our loyal and hard-working staff who feel under threat as a result of the laundry service proposals and they deserve the opportunity to use their experience and energy to help build a new, modern service rather than face the grim prospect of being dumped into a private sector company, motivated solely by profit and whose facilities may be many miles away.

Conclusions

The restructuring of our laundry services gives us a fantastic opportunity to develop the most technologically advanced facility in the country as part of the 2020 Vision to create the Cambridge Biomedical Campus on the Addenbrookes site.

The new service should remain within the NHS, meeting the highest standards of hygiene and infection control to comply with the targets for control of MRSA, Cdiff and Norovirus.

The growth of the Addenbrooke's site gives us the opportunity to develop a green future for laundry services - utilising spare heat and steam capacity and minimising vehicle movement by being on site.

We need an imaginative approach to developing the laundry and linen service beyond its usual boundaries by developing contracts with other NHS service providers, other public sector bodies and nursing and residential homes where infection control is also a priority.

We have the opportunity to not only protect jobs but to increase employment opportunities as our new service develops into the future.

We reject the retrograde, corner-cutting approach of selling our laundry services off to the lowest bidder. That is the policy of the past - we are looking to the future.

UNISON CAMBRIDGE HEALTH BRANCH

**Researched and written by Geoff Martin
Health Emergency**

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Appendix: Report by Addenbrooke's laundry staff on visit to Sunlight Laundry (Basildon)

Health and Safety issues

Distribution -

Weights of linen packed onto pallets. This was found to be on a larger scale than ourselves

[Addenbrooke's]

e.g. Longsheets - 300 per pallet

Pillowcases - 1500 per pallet

as opposed to,

Longsheets - 200 per pallet

Pillowcases - 1000 per pallet

Surely this would contravene manual handling risks for staff working within the linen service (packing room at Addenbrooke's)

Possibility of cross contamination.

There was no evidence of the lorry being washed out after carrying dirty linen.

Along with contamination with the lorry, it was also noticed that pallets for the use of clean and soiled were possibly contaminated. On tour of the laundry there did not appear to be an area for cleansing of pallets once soiled linen had been unpacked.

There was also concern with the fact that there was no separate changing area for the staff who had been working in the soiled linen area. Not only this but, they were also entering the clean area and canteen with the clothes that they had been working in.

Stock and storage capacities.

According to information given by a member of staff at the hospital, the emergency store cupboard for linen is not at all adequately stocked. Now taking into account that this particular laundry (Sunlight) finishes production at 6am on a Saturday and doesn't re-open until Sunday 11pm, would this have an effect on the service provided by Addenbrooke's e.g. in an emergency situation or with an influx of linen usage due to possible illnesses (D&V, superbugs etc)? Will the linen room stocks last over the period the laundry is shut?

Another factor to consider is the soiled linen. As we are all aware, over the period of the weekend, the accumulation of soiled linen at Addenbrooke's is considerably high. Would we have enough space to store the dirty linen until collection resumes? Would the supply of empty bins suffice? On both sides of soiled and clean linen, as it stands to date, it is evident that storage issues are a problem. If the private service were to fulfil the requirements needed to be met by Addenbrooke's usage of linen, there would not be sufficient space for this capacity; thus creating another issue in the sense of relocation and enlarging linen room/soiled collection points. (Please take into account we are aware of the fact that there will be two linen rooms on site but, we are also taking into account the expansion of the hospital in the near future).

Production and working patterns.

It was said by management at the laundry that their production per day was 105,000 pieces, in comparison to Addenbrooke's 115,000 pieces a week (figures are approximate): a considerable amount of pieces over such a short space of time. But, when you look at their machinery and staffing you can see how this is achieved. See following.

- x2 machines for the long sheets each allowing 4 feeders
- x1 towel machine allowing 2 feeders
- x1 blanket folder
- x2 washers, one of which houses 17 compartments
- x7/8 large driers
- x1 machine for pillocases
- x1 ducker for theatre wear allowing 2 feeders
- plus some other machinery

Addenbrooke's service at present is as follows:

- x1 calender for long/draw sheets allowing 4 feeders
- x1 calender for pillowcases/bed covers/baby sheets. allows 4 to feed in on pillowcases
- x1 towel machine allowing only one person to feed in
- x1 washer housing 9 compartments
- x5 large driers
- x1 ducker for theatre wear and uniforms. Multiple feeders.
- plus other machinery

As you can see Addenbrooke's service is much smaller by comparison to the private laundry but having said that, with the little we have, we are producing a considerable amount. If our service was to be expanded and supplied with new machinery then there would be no doubt that we would be able to provide Addenbrooke's efficiently with linen and coping with the said expansions. Might we just add that with the equipment and staffing that the private laundry have, they are at present catering for approximately 14 hospitals within the region. This could possibly be a disadvantage to Addenbrooke's as they would not take priority where as if the service remained in house, Addenbrooke's would be prioritised.

It should also be noted that we do not run our service 24/7. Sunlight work 24hrs a day, every day with the exception of the 41hrs for closure on the weekend. That's a total of 127 hours opening time, fully staffed (approx 40 staff a shift) less lunch breaks.

Addenbrooke's staff on the other hand work a basic of 37.5 hours a week fully staffed (theoretically) with additional hours of up to 30-35. Additional hours are not fully staffed. A total opening time of 67.5 - 72.5hrs not always fully staffed.

Quality

As stated previously it is evident that this particular laundry is able to produce 105,000 pieces a day. What was noticed during our visit was the quality of the product being despatched. It was noticed that standard checks to cleanliness, repairs of linen was very minimal. As a result there was far less rewash/repair items (rejects). Some would say this was good, less to pay on chemicals etc for removal of stains or materials for repair. From the point of view of Addenbrooke's in-house laundry staff we would beg to differ. It has for a long time, been part of our day-to-day routine to ensure that linen despatched is to a contract standard. Our checks are far more extensive than that of Sunlight. Yes this would mean more rewash etc. but, it also means that the customer is far happier with the finished product that they receive i.e. minimal stains if any. If we were to adopt the same standards as that of Sunlight then we would have a much higher production rate at the end of the week compared to that which we stated earlier. But, in return for this extra production the Trust would be looking at far more complaints from the wards and departments within the trust.

Along with the quality as in cleanliness there is also a question of the standard at which the linen is despatched. The trollies that we saw were very poorly packed compared to our standards.

Other aspects to consider

- Location of the private laundry. At present the laundry is in close proximity to Addenbrooke's. Private laundries that could be considered, as we believe, are further afield e.g. Thetford/ North London. You may have to wait up to an hour if not longer before the first delivery/ collection. Need we say more if there was ever a major incident?
- Theatre scrubs. Our service caters for all departments with different names etc placed on the suit. We also fold these suits and separate into the different departments. We know that Sunlight do not offer this kind of service. They do provide scrubs in various sizes and colours but, they are not marked with individual department names. Recently A & E implemented various colours of scrubs. In emergency situations it was found to be easier to identify the different grades of nurses ensuring a smoother operation of service within that department. Would a private laundry be prepared to change their methods or is Addenbrooke's prepared to waste money by condemning the suits already in the system to make way for the private firms alternative service?
- Adoption of the black bins used for soiled linen collection. At present everything is dealt with on pallets by Sunlight. If this is continued by Sunlight or by another company who will be responsible for the off loading of bags onto these pallets. Maybe another manual handling risk that would have to be taken into account.

Overall Conclusion

We are not claiming that the current laundry service is perfect. But we would like to be taken into account the factors that we have seen and noticed ourselves from a visit to a private laundry service:

- General cleanliness of the linen. Also of the laundry itself, being of a very poor standard.
- Cross contamination issues. (pallets/lorry/staff)
- Manual handling risks. (weights of pallets/possible black bin unloading)
- Emergency stocks
- Storage capacity for clean linen and soiled linen
- Prioritising of Addenbrooke's linen
- Quality/standard of linen despatched
- Location of laundry
- Theatre scrubs
- Black bin adoption

By Cambridge Health UNISON Laundry staff members, February 2008