

Cleaners'

Voices

Interviews with hospital cleaning staff

think

cleaners

more cleaners = cleaner hospitals

UNISON



Preface

UNISON is producing this booklet at a time of intense media and public concern around standards of hygiene in our hospitals. Front line domestic staff have been halved since the introduction of market testing by the Conservative Government in 1983. Exposing such cuts, whilst important, fails to capture the frustration, despair and exhaustion of those domestics who are left to pick up the pieces.

This report lifts the veil on the day to day reality of working life for hospital cleaners who are struggling against all the odds, in the face of desperate under-resourcing, to sustain even minimum cleaning standards.

UNISON is grateful to all the staff who have given up time to take part in producing this booklet. They are not just telling how it is in the hope of seeing real improvements in their own service, but on behalf of domestics everywhere in the hope of improving cleaning standards throughout the NHS.

UNISON will use this publication to make sure that the voice of the experts – the cleaners themselves – is heard by policy-makers, especially the Government.

A handwritten signature in blue ink that reads "Dave Prentis". The signature is written in a cursive, flowing style.

Dave Prentis
General Secretary

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Introduction

The publication of the Matron's Charter in October 2004 – 'An Action Plan for Cleaner Hospitals' placed a fresh emphasis on improved levels of hygiene and cleanliness in hospitals after two decades in which standards had been progressively eroded under repeated rounds of Compulsory Competitive Tendering for domestic and other support services in NHS hospitals.

The Department of Health itself has explicitly recognised the link between competitive tendering and the falling quality of what remain labour-intensive services. Its December 2004 document Revised Guidance on Contracting for Cleaning notes:

"Following the introduction of compulsory competitive tendering, budgets for non-clinical services such as cleaning came under increasing pressure, and too often the final decision on the selection of the cleaning service provider was made on the basis of cost with insufficient weight being placed on quality outcomes.

"Since NHS service providers were in competition with private contractors, they too were compelled to keep their bids low in order to compete. The net effect of this was that budgets and therefore standards were vulnerable to being driven down over an extended period until, in some cases, they reached unacceptable levels.

"Although improvements have been seen in recent years following the introduction of the Clean Hospitals Programme and the investment of an additional £68 million in cleaning, there remains concern that price is still the main determinant in contractor selection."

This echoes the 2002 warning by the Chief Medical Officer that the last 30 years of the 20th century had brought the return of Hospital Acquired Infection (HAI) as "a major problem for the NHS"¹. Two years earlier the National Audit Office had concluded in its 2000 report that despite the large numbers of patients who suffer as a result of HAI and the dramatic impact this has on the NHS, HAI was still not seen as a priority within the NHS².

In the last four years, ministers, too, have increasingly conceded to the consensus view of clinicians, researchers and others, that standards of hospital cleanliness have declined. The NHS Plan in 2000 included the launch of the Clean Hospitals Programme, and in 2001 Alan Milburn as Health Secretary linked hospital cleanliness with "infection control and patient well-being". Milburn went further and pointed out that:

"Cleaning staff play an important role in quality improvement ... This role should be recognised and supported by management."³

In October 2004, the current Health Secretary John Reid also argued that one reason for the spread and proliferation of one of the most serious HAIs, methicillin resistant staphylococcus aureus (MRSA) had been the Tory government's decision to contract out cleaning work, with contracts going to the lowest tender. Dr Reid also conceded that cleaners did not always feel part of the NHS health care team⁴.

The link between privatisation and poor standards of hospital cleaning has been further underlined by the most recent national report from the Patient Environment Action Teams (PEATs) at the end of 2004. While just over a third (440 of the 1184 hospitals surveyed) employ private contractors, 15 of the 24 hospitals deemed "poor" were cleaned by private contractors. This suggests that the incidence of poor cleaning is twice as common among privatised contracts

¹ Chief Medical Officer (2002) *Getting ahead of the curve*. Department of Health

² Comptroller and Auditor General (2000) *The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England*. National Audit Office, February.

³ NHS Estates (2001) *The NHS Plan – Clean Hospitals* Department of Health

⁴ Carvel, J, White M (2004) *Reid seeks to rekindle the Nightingale philosophy*, *The Guardian* October 20.

“Cleaning staff play an important role in quality improvement ... This role should be recognised and supported by management.”

than it is with in-house services. Presenting the figures, health minister Lord Warner rejected this implication, but urged Trusts to “spend a bit more of their budget on improving cleaning”⁵.

Unfortunately this welcome suggestion has come at the same time as figures showing many Trusts facing extremely large deficits in the final three months of the financial year, with even more uncertainty ahead.

Even if more money were spent, how would it be used? Despite Mr Milburn’s urgings and Dr Reid’s more recent warm words, few of the initiatives launched by the government to improve cleaning standards have made any attempt to include input from the staff who actually do the day-to-day cleaning in our hospitals.

The Clean Hospitals Programme in 2000 promised more money for hospital cleaning, but primarily focused on the role of ‘Modern Matrons’, whose job it would be to ensure high standards of cleanliness and infection control: to this end, matrons were to be given powers to advise that payments should be withheld for cleaning contracts where services persistently failed to achieve local standards.

As an additional measure, annual inspections were established by Patient Environment Action Teams (PEATs), which again managed to draw together a cross-section of NHS professional and managerial staff, and service users, but not to involve anyone who actually does the cleaning.

While the unhelpfully-titled “Matron’s Charter” did include some limited participation by UNISON following representations from us as the trade union representing cleaning staff, there was no such input into the much more comprehensive and prescriptive Department of Health document **Revised Guidance on Contracting for Cleaning**, published in December 2004, which managed to consult an array of private sector and NHS employers, managers, nurses, and even patients about the work, but not one person who actually cleans a ward, or any of their representatives.⁶

The **Revised Guidance** also takes refuge in denial when it fails to address the on-going problem of under-resourcing of hospital cleaning which has prevailed since the competitive tendering regime began to oblige Trusts to accept the lowest-priced tender regardless of quality in the 1980s.

The effectiveness of both the *Matron’s Charter* and the Revised Guidelines depends on the extent to which the statements they contain are translated into action on the wards.

- Given two decades of drastic under-investment in cleaning and other non-clinical services, and the resultant chronic lack of resources, how far will managers be willing or be given the necessary finance to make hospital cleaning a real priority?
- How systematically will this also be translated into training initiatives, serious projects to develop a culture of cleanliness, and evaluation of progress across all sections of staff?
- How far will ministers be prepared to follow through the logic of their own statements and the evidence, that market testing has not worked and conclude that it must be brought to an end. Cleaning services need to be brought back in-house.
- How far can the NHS now roll back the clock, to put back in to hospital cleaning the investment in staff and hours of work that has been cut back in 20 years of competitive tendering?
- And, perhaps most important, can the NHS break from the divisive approaches of the past 20 years and develop the concept of “partnership” so that hospital cleaning staff can be treated with genuine respect and recognised for the role they have to play in the health care team?

⁵ Russell V (2004) *Hospitals ‘need to spend more on cleaning’*, *Public Finance*, December 10-16.

⁶ The organisations thanked for their contributions are: *The Association of Domestic Management*; - *The Infection Control Nurses Association*; - *The Hospital Infection Society*; - *The European Federation of Cleaning Industries*; - *The Cleaning and Support Services Association*; *Commercial Organisations – Sodexo, Medirest and ISS*; and *The Patients’ Association*

To answer these questions, and lift the veil on the reality of cleaning services in our hospitals, UNISON decided on a more direct approach: instead of asking Matrons, nurses, Trust chief executives, non-executives, or patients, we went to speak to cleaning staff themselves, in nine acute hospital Trusts covering twelve hospitals in England, Wales and Scotland:

St Mary's Hospital, Paddington

Birmingham Heartlands Hospital

Dudley Group of Hospitals

Epsom & St Helier Hospitals

Mid Yorkshire Hospitals (Pinderfields Hospital, Wakefield, and Pontefract General Infirmary).

West Suffolk Hospital

St John's Hospital, Livingstone, West Lothian

Swansea Hospitals Trust (Morrison and Singleton Hospitals)

Princess of Wales Hospital, Bridgend (Bro Morgannwg NHS Trust)

Of these twelve hospitals, five (St Mary's, Heartlands, Dudley and both Swansea hospitals) currently have their domestic services provided by private contractors. Four (Epsom, St Helier, Pontefract and West Suffolk) have been brought back in-house after a period of privatisation. Two (Princess of Wales and Pinderfields) have remained in-house, but have had the level and quality of services disrupted and standards affected by repeated rounds of competitive tendering. Only one, St John's, has seen a high quality service continue in-house: it currently has the lowest (Acute hospital) MRSA rates in Scotland.

All of the interviews with staff, who were assured they could speak freely without being identified, were carried out in December 2004: the words reproduced here are verbatim from conversations tape recorded in the hospitals, by Dr John Lister of Health Emergency, researching on behalf of UNISON.

However to give some structure to the issues that were raised, the responses have been grouped under the headings from the Matron's Charter, effectively allowing cleaning staff their chance to compare and contrast its policies and aspirations with the reality in the wards and corridors of today's NHS hospitals.

Executive Summary

Making cleaner hospitals a reality

As the debate about cleaner continues UNISON is launching this report that contains the views of the experts—the thousands of professional cleaners who are working tirelessly, against all the odds, to keep our hospitals clean.

From hospitals across the NHS a common message emerges from the cleaning staff that have spoken out. They want to be given the resources to do a better job of cleaning our hospitals; enough resources to ease the stress caused by massive under-investment. Enough to give them back their sense of pride in delivering the high standards of cleanliness which patients and staff deserve.

Some of the actions they are suggesting already prevail in the best-managed NHS hospitals: but they are not common practice. Far too many of our hospital cleaners are left frustrated at their inability to deliver quality patient care and at being ignored, even on issues where they have the expertise, in a system based on professional elitism that places them at the bottom of the hierarchy.

Ten key steps cleaners want to see to make cleaner hospitals a reality

1 Prioritise cleaning services

Cleaning staff throughout the NHS want to see hospital cleaning services made a genuine priority for NHS Trusts, from the topmost level of management downwards, including medical and professional staff. It is no good the Government saying that it is a priority when NHS Chief Executives are saying there is no more money in the pot for “hotel services”. Without proper standards of hygiene in wards, clinics and operating theatres it is impossible for clinical professionals to deliver high quality, hi-tech medicine.

The message from cleaning professionals, loud and clear, is that it will require a complete break from the culture that has largely prevailed at management level since the Competitive Tendering of the mid 1980s, a culture which branded cleaning and non-clinical services as “hotel services”, and saw them as legitimate targets for contracts which slashed back hours of work and quality of care in pursuit of the lowest cost.

2 More staff, more hours

Hospital cleaning remains in essence a hard, labour-intensive job, in which technology has made little impact in the last 20 years. Any improvement in cleaning standards therefore requires a major increase in the number of hours worked, which in turn means an increase in numbers of cleaning staff.

What is needed is a complete reversal of the drastic reductions in staff and in hours of work that have been imposed by both private contractors and in-house NHS services, as a result of successive rounds of competitive tendering since the early 1980s.

3 More and better resources

Cleaning staff also need the right physical resources to work with: this means adequate supplies of properly maintained equipment and high quality cleaning materials, along with proper provision of staff rooms, changing rooms, and sufficient uniforms and protective clothing to enable all staff to comply with good practice in infection control.

Staff that use them must also be properly consulted in advance of proposed purchases of new equipment, and staff concerns on the poor quality of the cleaning fluids and materials they are using must be taken seriously.

4 Staff involvement to ensure contracts match needs

Cleaning contracts, especially those that have emerged after a period of privatisation, must be redrawn to ensure sufficient staff and resources to meet the clinical needs of each Trust. UNISON members should be involved in that process.

Many staff complain about the poor quality of monitoring and quality control that means poor standards have been allowed to continue in many Trusts. New contracts must be properly resourced, and strictly monitored by suitably qualified staff to ensure that the stipulated hours are being worked and that the specified standards are being consistently delivered. Front-line cleaning staff and other related staff need to be fully involved from the outset in the design of specifications and schedules. This should include any redesign of wards and departments. This is the only way to begin to fill the gaps left by successive rounds of budget constraints and competitive tendering.

5 Effective teams

Cleaner hospitals cannot be secured simply through the existing cleaning staff working harder: any improvement has to be a team effort.

As well as management taking steps to ensure that all sections of staff, including medical, nursing and other qualified staff are given additional education and training in hygiene and infection control, "Cleaner Hospital" teams should include representatives of cleaning staff, whose specialist knowledge, commitment and professionalism is vital to day to day cleanliness on wards and throughout each hospital.

6 Respect and improving communication

It will take more than just inviting the cleaners to team parties and nights out, or putting their photographs on the wards, to make them part of the team. Steps need to be taken, by Trust and ward-level management, to combat divisive or elitist attitudes towards cleaning staff that often leads to domestic staff being invisible. Nursing and medical staff must in particular be educated on the importance of ensuring cleaning staff are viewed and treated as part of the healthcare team. This will mean improved communication about the important role of every member of the team. More specifically it means improved communication with non-clinical staff over potential infection risks and specific cleaning and hygiene regulations.

7 Training for all

To deliver high quality cleaning services, and win the respect of experienced cleaning staff, it is necessary for the management and supervision within these services to be appropriately trained in cleaning techniques, in health & safety and infection control, and in management skills.

Improved training opportunities for cleaning staff will allow them to develop their skills, and also open up possibilities to improve the quality of domestic services management through internal promotion, and bring better recruitment and retention. The new Knowledge and Skills Framework for the NHS is a crucial development as is the welcome news that all staff will receive infection control training. Sufficient resources need to be available to ensure domestic staff have time off for training and development, including access to NVQ/SVQs.

8 Giving scope to respond to criticism

The potential for conflicts of interest between patients and their visitors exercising their rights on the one hand, and cleaning staff in busy wards seeking to carry out their tasks on the other, needs to be taken more seriously by managers and by cleaning schedules and ward routines.

Any system which urges more members of the public to complain about standards of cleaning and other services must be balanced by a procedure that ensures that staff in the affected service are given genuine opportunities to respond to criticism, and encouraged to work with other sections of staff to reshape services to improve standards.

9 Bringing cleaning services back in-house

Experience in the NHS shows 20 years of failures as a result of a system of market testing which has led to drastic cost cutting and declining and unacceptable levels of cleaning standards in hospitals.

Competition for contracts within this system has reduced, even in-house services to the lowest common denominator. The answer isn't to produce more guidance on contracting to bring about quality services: private companies will never take responsibility when things go wrong nor will giving Matrons powers to withhold money from poor performing contractors solve the problem. Rather than transferring risks, all we are doing by continuing with contracting-out, is losing control.

Cleaning staff argue, overwhelmingly, that their services should be "in-house" within the NHS. Bringing services back in-house must be seen as a vital first step towards restoring lost standards of care through team working. And unless staffing levels and hours of work are also raised, there is little chance that services will genuinely improve.

10 Better pay and conditions

As well as the need to increase staffing establishments, serious attention is needed to address the high turnover and intolerable vacancy levels evident from many cleaning services, both in-house and external services.

Paying decent levels of pay and conditions of service is one way to show staff they are valued. The introduction of Agenda for Change in the NHS will ensure that domestic staff are on the same pay and conditions as other NHS staff. The knowledge and skills framework requires that all staff have personal development plans and access to further training and development. These are important advances that should apply to all cleaning staff. The Secretary of State has given a commitment to UNISON to end the two-tier workforce in health. Urgent attention should be given to ensure that Agenda for Change becomes a reality for all cleaning staff.

Matron's Charter commitment 1

“Keeping the NHS clean is everybody's responsibility”

“It's quite obvious that there is no common culture of hygiene or awareness of infection risks. The problem runs from top to bottom.”

This opening commitment raises a whole range of issues concerning the role, status and inclusion of different sections of staff: but it poses the issue of creating an overall culture of cleanliness which must run from senior management and clinicians through to all sections of staff. As such it poses a real challenge to Trust management, who for two decades have been encouraged to see cleanliness and cleaning services as a subordinate “hotel service” where economies can and should be made.

Cleaning staff also perceive an uneven effort and commitment to the hospital and NHS between permanent staff and agency staff, whom they seldom if ever meet.

Cleaning staff are also painfully aware of the gap between general statements such as this commitment and the day-to-day reality in which they are left to cope with impossible workloads, often working unpaid and unacknowledged overtime for companies which are making profits from short-staffing, while they and their representatives are excluded from any collective discussion with nursing or other staff.

UNISON rep, Swansea Hospitals

You can't just blame the domestic services for MRSA being widespread. All you have to do is walk round the hospitals and you can see the theatre staff and doctors swanning around in their blues and greens—from theatre orderlies to the surgeons. Here are some coming into the canteen now. They come in, have a meal and go back into theatre. The only things they change are the mask, hat, and gloves.

Doctors go from bed to bed using the same stethoscope. When is the stethoscope ever cleaned? Hygiene is everybody's job, not just the domestics.

Nurses are not allowed to wear their uniforms off site, but they all do, and something should be done about it. It's wrong that with all this happening they try to blame domestics for the lack of hygiene and for cross-infection in the hospital.

It's quite obvious that there is no common culture of hygiene or awareness of infection risks. The problem runs from top to bottom.

UNISON rep Singleton Hospital

There is only one area where I have seen the Trust insist that staff must change their clothes, and that's the catering department in Singleton: staff are told they would be disciplined if they did not change out of their uniforms.

But it is important to have a proper cleaning service too. MRSA has been around for a long time, but surely it can't just be a coincidence that you lose half the cleaners from hospitals and at the same time MRSA becomes so prevalent in hospitals – and even more prevalent in those hospitals where the cleaning has been privatised.

Male domestic, ISS Mediclean, St Mary's

You need to believe that the hospital you are cleaning is your house, your home. You need to want to make it perfect. This means working with staff, sitting down and talking through problems with them and agreeing the best way to solve them.

This is not really happening now. Some of the zone managers approach you nicely, but others look down on you as just an ordinary cleaner, and see no point in being polite. If people come to you calm and easy, it makes a real difference.

We need to ensure that staff are treated with real respect: don't threaten them with the prospect of losing their jobs, give them confidence that they can work with managers to solve problems.

UNISON rep, St Mary's

We have only just begun to get organised properly here, and we have had to press very hard to establish a forum in which cleaning staff could sit down and discuss issues properly with the management. Before that there was no relationship at all between the front-line staff and the senior managers.

We have raised the issue of domestics being included in the ward teams so that they would be included in discussions on priorities, for example if there is a big infection risk, or someone has gone, and the area needs to be thoroughly cleaned. That should be done first – and the domestic should be included in that discussion. They would know about both the risks and the priorities.

UNISON rep, Heartlands Hospital

Hygiene and infection are not just an issue for cleaning staff: how can it make sense in terms of infection control to have porters required to clean out the rubbish, and then without any time to change or wash, dealing with patients, many of them, like dialysis patients, vulnerable to infection?

Is it really enough to simply issue staff with rubber gloves but not change their clothing as they take on different tasks around the hospital? And why are obvious pieces of equipment, for example the internal ambulances used to transfer patients around the hospital, never cleaned?

We have tried to get some discussion on these issues with infection control, but they have shown no interest at all.

Porter, Initial, Heartlands Hospital

Cleaners and porters need to know if particular patients are infectious, especially if they need barrier nursing: but half the time the nurses won't tell us: they say it's none of our business!

Female hostess (Epsom)

I've been working 18 years in this hospital, twelve years on the same ward. I am now employed in-house by the NHS: services came back in-house about five years ago.

I feel that I am really appreciated by the staff on my ward, and I have always felt that if you have something to say management will follow it up.

Some of the staff on my ward have been working there as long as I have. But for a while we were contracted out to Gardener Merchant, and I really think the cleaning side of things went downhill a bit then. Up to about 18 months ago we used to both clean and serve meals, but now they have separated the jobs, and I am a hostess now.

Now I have a regular cleaner who is absolutely brilliant, but when she's away, I can't say that it's good. We get somebody who is only there for two hours, while the regular cleaner is there for seven hours of full cleaning. She puts everything into it. When she's here we get 99 percent on the monthly monitoring, but when she's away we always get marks against us.

People who come up now, mainly agency staff, don't want to do the work, and it doesn't matter how you approach them. I think I am quite friendly the way I approach them, but they just don't want to know. They don't want to be bothered. They are very unwilling. The staff on our ward are very friendly and would make anyone feel welcome, but some just don't seem to want to pull their weight.

I know that they come in and are switched from ward to ward, but in the past I have covered work on different wards, made tea here, cleaned the toilets there – and you still do it to the ability you would do on your own ward, you don't skip it just because it's another ward.

“Hygiene and infection are not just an issue for cleaning staff: how can it make sense in terms of infection control to have porters required to clean out the rubbish, and then without any time to change or wash, dealing with patients, many of them, like dialysis patients, vulnerable to infection?”

“ It has got worse. They used to have a cleaner in the evenings. If you were lucky. But if not, you had to do the bins, mop the floor and serve the food, too. ”

If people have not been working properly over the weekend, you come in on the Monday and it looks awful. You get to dread it.

Female domestic (St Helier)

I don't really know if the evening people do any cleaning at all: they come in at 5 and I never see them.

Male bank domestic (St Helier)

It has got worse. They used to have a cleaner in the evenings. If you were lucky. But if not, you had to do the bins, mop the floor and serve the food, too.

UNISON rep Epsom/St Helier

I think a big factor is that the people working as permanent staff become part of the system, and see themselves as part of the care team. Then they take a lot more care on how they work with and look after their colleagues.

But when you have people coming in on pretty much an ad-hoc basis, there are some good ones, including some good ones who work on the bank, because they are our own people: but there are some who have no commitment, they are just there to pick up the money and go home. Standards will fall.

Ward assistant, Pinderfields Hospital, Wakefield

I am lucky, my ward staff work as a team. But on up to half the wards to be honest my girls go on to the wards and they can be there from 7am – 6pm – and not one member of the staff speaks to them.

On the wards, sadly we are still looked upon as being something under the shoe, so we are only allowed to speak when we are spoken to. So as long as we get on with our job and they get on with theirs, never the twain will meet. That is so sad. It is improving, but not as quickly as I would like. And that's with us being in-house staff.

The management should be going on to the wards and calling together all of the ward managers and sisters, and making clear that they must give recognition and respect to the domestic staff and the importance of the work they do. That's how the Clean Hospitals project started here, because we brought the issue up.

I'm proud of the ancillary staff in this hospital, and they should be decently treated. If it wasn't for the majority of the staff there would be nothing worth working for in the NHS, because we all support one another and we all are like a family – we can have our arguments and debates, but we always come back together.

After 31 years I have to say it's that – and the morbid sense of humour which we all have – that keeps us going. Some of the jokes and things we laugh at would have some members of the public quite shocked, but it's how we all cope with the situations day to day. It's a brilliant job, don't get me wrong. But you just walk about shaking your head sometimes at the way things are being done.

Pontefract female domestic 2

Some nurses are a problem, they just think they are above you. You are a domestic and you are not as good as them.

You know when that SARS was going round? There was a suspected case on Ward 4, and I went in and I came out and I saw this nurse all gowned up and everything, and I said “Is there something I should know?” And she went “Oh, we thought he might have SARS, but it seems it's something else”.

Pontefract female domestic 1

We've had TB and scabies cases, and nobody has told us anything, have they? We've had the lot. It's as though they don't care about the domestics, while they get all gowned up before they go in. We can take our chances.

Pontefract female domestic 3

We are managed by Pinderfields, but the on-site management are the ones who take all the day to day decisions, and they are the problem, especially the men who have come from portering who think domestic work is a simple matter of just mopping, wiping, and sweeping up. But there is a lot more to our job, and we are being seriously undervalued.

Swansea Morrision (ISS Mediclean) Domestic 1

I'm a part timer, and I came in and they told me to clean the toilets, side rooms and bathrooms in four wards – in an hour! It can't be done. All you can do is flick them over with a cloth and that's it.

You can't do it. But they ask me to do it again and again. I haven't been working on my own ward in at least four months.

The evening shift is even worse: they can get you covering four, five or six wards. They should be on just one ward. They are supposed to empty the bins, top up the water jugs, give out the teas, collect the supper trays, check the toilets and bathrooms and mop them if needed. But if they are covering three or four wards all they can do is give out the teas.

These managers don't care about us at all. Every member of staff has been warned not to speak to the press about how bad things are here, but Mediclean can't even be bothered to get us a Christmas card!

Swansea Morrision (ISS Mediclean) Domestic 8

Some of the nursing sisters will complain and will take a close interest in the cleanliness of the ward, but others seem to be content to leave a girl slogging her guts out – as long as it is halfway up to standard.

Many of them have never done any cleaning work themselves, and don't seem to realise how much effort is involved. But it would be useful if the nursing staff made more of a fuss: they are not getting the cleaning hours they should.

West Suffolk Housekeeper 2

We should be properly recognised as professionals and given the respect we are entitled to. People have a stereotype image of hospital cleaners with scruffy curlers, headscarves and a fag hanging out of their mouth: it's not like that. We are all professional people, and we all do far more than just our housekeeping duties. That's because we care about the patients.

West Suffolk Housekeeper 3

We are continuously being told we are part of a team. But you have people, other members of staff, walking down the stairs who will spot a scrap of paper or something lying on the floor, and instead of picking it up, they ring and demand that one of us has to stop what we are doing and go to collect it. Surely a cleaner hospital should be everybody's job, and the team that we keep hearing about has to work together?

The cleaner hospital policy in this hospital seems to be just another way of telling us to do more work. Other hospitals seem to be taking a rather more helpful approach. In one neighbouring hospital that we visited the management had taken the initiative to form a working group involving two or three housekeepers and two or three nurses.

“I'm a part timer, and I came in and they told me to clean the toilets, side rooms and bathrooms in four wards – in an hour! It can't be done. All you can do is flick them over with a cloth and that's it. ”

Here, even though we have shown willing, they haven't done anything like that. Instead they have set up a committee which consists of eight nurses, and none of the cleaning staff.

West Suffolk retired UNISON rep

Management are not listening, and not taking on board the issues that cleaning staff are trying to raise. They are not even taking on board what the government has called on them to do.

Matron's Charter commitment 2

“The patient environment will be well-maintained, clean and safe”

The commitment to a clean patient environment immediately raises the issue of sufficient staff to carry out the cleaning work. Staffing and hours of work need to be proportional to cleaning tasks, not shaped primarily by cash limits.

For the same reason, bringing staff back in-house while leaving staffing levels unchanged from the minimal levels provided by private contractors will not of itself lead to any improvement in cleaning standards.

Where long-term under-investment has brought staff shortages, it also leads to a focus on cleaning the most publicly visible areas – corridors, floors and public areas – rather than the key areas delivering clinical care.

Even at ward level it is clear that the combination of responsibilities can leave domestic staff with insufficient time for in-depth cleaning, resulting in a focus on superficial appearance and a neglect of longer-term strategic cleaning – curtains, walls, bed frames, and other items.

West Suffolk Housekeeper 3

When we went out to contract we had four staff on a ward plus a floater, so if somebody was off sick you still had good cover for the day. We then went down to three: so a quarter of the staff disappeared, and now we have only two on between two wards on Sundays if you are very lucky.

Now we will have five people in over Christmas ... to cover the whole hospital!

And on a day to day basis it's now down to two housekeepers between two wards, covering 64 patients. When you bear in mind we have to serve teas to all of them, it doesn't leave much time for the cleaning. In the afternoons we can have one member of staff between up to four wards. And then on the five o'clock shift you've got youngsters coming in, who have to rush around between at least two wards.

The reality is that you are now reduced to cleaning the toilets only once a day.

They have cut us down, cut us down during this contracting out, so when they brought us back in house on the bare minimum, and it's all down to money. They say we must cut our cloth according to our purse: but you can't cut cleaning according to your purse, you have to match it to the needs of the hospital and the patients we are looking after.

If you want a cleaner hospital, the only way to do it is with cleaners. The cleaners here are top notch, many of them with 20-30 years service. Hard-working girls. And they are going home frustrated, angry because they have done their best job, but it's not good enough.

Female domestic, Interserve, Dudley Hospitals

They make sure the main entrance areas look clean, and they use split shift working so that you can do a little cleaning at the start and the end of each day.

UNISON rep, Interserve, Dudley Hospitals

In January 2004 there were 202 cleaning staff, across all shifts on all of the sites. But we have lost some since then. We have vacancies that can't be filled. Other projects were allowed to recruit extra staff during the completion of building work, to help keep down dust and dirt, but they have never been allowed to do that here: instead numbers have gone down and down. New

“The cleaners here are top notch, many of them with 20-30 years service. Hard-working girls. And they are going home frustrated, angry because they have done their best job, but it's not good enough.”

“ You put the extra effort in with no extra pay, because that’s what you do. ”

wards have opened in the midst of a sea of building work and rubble, but no allowance has been made for the extra work this generates.

And during all this they got their 3-star status: it’s unbelievable! To think you can get 3-star status for working in a building site. When they got the news of the 3-star status, bearing in mind there are something like 3,000 employees, Interserve staff as well, they gave every employee a mug with three stars on it and ‘Dudley Group of Hospitals’, and a £15 voucher. I would have rather seen the money put back into the service where it belongs.

Female domestic, Initial, Heartlands Hospital

We’ve got plenty of cleaning staff working on the corridors, like me: my main job is floors. It’s much harder to staff the wards: they always seem to be short. We can be paged to go and help out on a ward, and as long as we don’t clean toilets we are expected to go over in the same uniform.

Epsom/St Helier UNISON rep

The domestic budget in the Trust is well overspent, and they have been advised that during the weekend they are only allowed one on each ward, but they are still expected to work to a certain level. There is still the same amount of work to do, even if now there is only one of you.

Female domestic (St Helier)

You have to work in a rush, and the job doesn’t get done so well. They may assume that the ward doesn’t get dirty on a Saturday or Sunday, but I can assure you that it does. They should have two people.

It’s a mad rush. I told the sister this. You have to serve the food: you have to get the trolley ready. You have to serve the tea. You have to clean the toilet: you can’t do that and serve food, it’s not hygienic. That can cause cross-infection.

I know you have a separate apron you can use but still it’s not right. So the sister phoned to the management, but she was told no we are short of staff so you have to cope with what you have. So whatever we can’t do doesn’t get done.

I work on a ward with old people, and was off for two weeks., When I came back the ward was really filthy. I had to really scrub everything. When I am there, there are no problems. You put the extra effort in with no extra pay, because that’s what you do.

Now over the weekends they only have one person on a ward: that makes it very, very difficult. We have to do the hostessing and also the cleaning. It’s hard, and the ward cleaning will go down again.

Male bank domestic, St Helier

I think during the week it’s fine: you’ve got a cleaner for seven hours and the hostess. So you’ve got seven hours of cleaning: but at the weekend if you are doing it all yourself you’ve got maybe two hours for cleaning.

Female hostess, Epsom

We have enough equipment and materials now. I used to have to bring my own in when we were working for Gardener Merchant. I used to buy things each week.

There were limits on how much bleach and other materials you could use. But now whenever you run out you can go down to the stores and get what you need. They are very well equipped now.

But we never seem to get the specialist floor cleaners who would come round with the machines once a week. They would pull everything out, beds and all. So when we used to get the men, we

used to make it the day when we would wash the undersides of all the beds, the wheels and frame. Now we never seem to get the time to do it.

Two female domestics: St John's

It is hard work, when you are scrubbing, and we scrub every bit of this ward once a month, from the bottom right down to Ward 11. We do maybe two bays every week. If it's empty we do more than two each week. But you've got to have team spirit.

We clean under the beds every second day. We keep on top of it. We do all the general cleaning every day, damp dusting, high dusting and so on. There's two of us on each ward, working 7.30-11.30. We don't serve meals: the auxiliaries do that, although we will help if they are very busy. We do give the teas out at 10am.

Female ward assistant, Pinderfields

The Clean Hospitals committee has been ongoing and we have made some major achievements: but the fact is that you just can't deliver proper quality cleaning with the staffing levels we have at present. The hospital is packed every day of the week, every week of the year, giving us no chance to do any deep cleaning or anything like that. So wards are left with just the basic cleaning and that's it. You don't have the time to get the curtains down, and clean curtains up, your walls cleaned or anything.

Pontefract female domestic 1

We have got no equipment, either. We've got one Hoover between about six wards, because the others have broken down. We've got about three buffing machines between six wards because they have not been maintained, and we aren't getting any new machines because of the Trust's financial difficulties, and so there is no budget available.

Pontefract female domestic 3

I can be in six different areas in a six and a half hour shift. It means you can't finish any job properly. If somebody is off sick, say they worked three hours, I may be sent in to clean her toilets, but the rest of her work would be left undone. We only get two hours proper cleaning time on the ward for each full time domestic (although I say full time, but they are only 6.5 hour shifts now).

Pontefract female domestic 2

The evening part timers work 3 hours, but they have two wards to cover: it used to be that every girl had our own ward. But now it seems that they have taken on young college kids 16-17 years old, with two wards to do. So they haven't got time to do things like dry mopping and dusting.

By the time they have done all the waste and the jugs on one ward, and then on the next, and then gone back to wash up dinner pots on both wards, their 3 hours are up. So there's no time for filling up with supplies of toilet paper, hand towels and things like that, let alone dry mopping.

Pontefract female domestic 3

They gave me half an hour this morning to clean the Pharmacy: I only got a small part of it done.

Swansea Morriston (ISS Mediclean) Domestic 1

A full shift should be 6.5 hours but I only work 4. So if you don't get a part-timer on that ward you are talking about the equivalent of 9.5 hours work that I have to try to get done in 4. I seem to be doing it nearly all the time.

“ We have got no equipment, either. We've got one Hoover between about six wards, because the others have broken down. ”

In those four hours I have to clean a 3-bayed ward each with 6 beds, with (High Dependency Unit) HDU, 4 cubicles, a double cubicle, six toilets, four side wards, a corridor and an emergency room. How can you do it?

I may be a good worker, but I don't want to be shoved round everywhere. They just take advantage, and use me to fill in gaps. I'm the sort of person that can't leave something half done.

I work unpaid extra hours. On Saturday I came in 10-2 and was on an isolation ward, that's a 4-bayed ward with 3 cubicles, a barrier cubicle, six toilets, 4 side rooms – and I had to do that in four hours. If I don't do it, it just doesn't get done. Nobody comes round to check if it has been cleaned.

Swansea Morrision (ISS Mediclean) Domestic 3

I was off sick on Monday, and came in yesterday, the sister came up to me and said sorry you were off, while you were away we had a supervisor come in giving teas out for breakfast in the morning, and after that nobody. So my ward was not cleaned.

Swansea Morrision (ISS Mediclean) Domestic 5

I was off for a week last week, and when I came back the sister said she was going to ban me from taking holidays, the place was such a mess. Before I was off I had been covering three wards.

Swansea Morrision (ISS Mediclean) Domestic 6

The girls don't want to leave the wards undone, but they just don't have the time to do the job. Especially wards like ITU, or cardiac, where you know you can't leave a ward like that not done.

So the girls who can't do a proper job go home and worry about it: management don't worry.

UNISON rep Singleton Hospital

Singleton is very similar to the situation in Morrision Hospital. The cleaning is also run by the same Mediclean management. Every day people are going in to work, covering two or three areas at a time, without the proper tools or time to do a proper job. Cleaning equipment is sparse, and the biggest grumble of all is lacking the proper numbers of staff.

Again girls are being asked to clean areas that take 3-4 hours but only being given an hour here and an hour there to do the job. Nothing is getting done properly.

Why are the monitoring officers apparently turning a blind eye to Mediclean breaching the specifications in their contract? It seems that as long as everything appears alright on the surface they don't care if it's falling apart behind the scenes.

We know that you can't even pretend to clean a ward in an hour, but they can flick over the surface, so that it appears cleaner than it is, and then report back to their managers that it has all been done.

Morrision (ISS Mediclean) Domestic 6

Jane Hutt (Welsh Assembly Health Minister) was here yesterday opening an ITU unit, so all the bosses were out to make sure it was all smart, and checking everything. I know, because had I to clean it all!

UNISON rep Swansea Hospitals

Yes, yesterday we had Jane Hutt in the hospital, and for her visit everything was ship shape and Bristol fashion. Why can that be just one day in the week, and not every day in the week?

“So the girls who can't do a proper job go home and worry about it: management don't worry.”

Unfortunately Jane Hutt can only come every so often, and of course she is only shown what the Trust want her to see. They always go to a ward or an area that has been spruced up.

What you have heard from the domestic staff is the daily reality of services.

West Suffolk housekeeper 2

We work so hard at keeping our wards clean, I say anyone could come on the ward and see what I have to do. We were told years ago by management that we had to “bring our standards down to the 1990s”, because our hospital was too clean.

Too clean! How can you have a hospital that's too clean? This was before we went out to tender, 7-8 years ago. How do you think these long-term housekeepers feel when they have had to watch these standards completely taken away from them through the lack of staff?

Tell me how we are supposed to cope?

West Suffolk Housekeeper 6

They come to us with lists of jobs that we are not doing, but we just can't get all the work done. We are not just doing our own wards, but we are asked to do others as well. The other day I was asked to cover four other wards on top of my own.

What I'm saying is that we are doing it, while really we should just say 'no we can't do it: you haven't got enough staff'. They are the ones who keep telling us there are no staff shortages: so why are they asking us to cover more and more wards?

“ Tell me how we are supposed to cope? ”

Matron's Charter commitment 3

“Matrons will establish a cleanliness culture across their units”

Cleaning, and other “non-clinical” support services have plainly not been recognised as a priority for Trust management for over 20 years, so for “matrons” to achieve such a culture shift is a major managerial and professional challenge to current ways of working. Many of the issues have a hospital-wide dimension, and few can be resolved on a unit by unit basis.

A new cleanliness culture requires a break from the current situation, in which managerial “blind eyes” have been turned to impossible workloads and inadequate staffing levels. It demands an end to unhelpful, elitist attitudes from nursing and other “professional” staff towards domestics and others delivering support services.

UNISON rep, Epsom/St Helier

When the privatisation of the support services took place, and private companies were brought in to deliver domestic services, the ward managers and the sisters did not have any responsibility for or authority over the cleaning of their ward. Before it had been totally the responsibility of the ward sister/ward manager.

So privatisation created a new culture, and to try to bring back that level of responsibility without the appropriate calibre of ward managers, is very hard. It will take time to come back in: some areas here have managed to bring it in, such as renal, where they had their own in-house staff and look after their own domestics. I believe the same thing has happened in maternity.

We did try to roll out the same approach to the wards as well, but the trouble is that the ward managers are not of a culture to take responsibility. They must take responsibility as much for the cleanliness of the ward as for the patient care.

UNISON organiser, St Mary's Hospital

One of the first things raised at the joint meetings was the issue of infection risks for cleaners, lack of information about what the infection issues were, and lack of involvement from the ward staff. They could wander in for example on TB patients without having been properly warned that there was a risk.

UNISON rep, Heartlands Hospital

UNISON reps have expressed serious concerns over levels of cross-infection, not least where wards suffer outbreaks of diarrhoea and vomiting. There have been particular concerns over MRSA-related deaths in the renal unit.

The current system involves a single hostess serving meals and drinks to patients across two wards, while cleaning staff are frequently shifted from one ward to another to cover vacancies.

Female domestic, Interserve, Dudley Hospitals

Although they have been cleaning public areas and non-clinical departments, cutting the agency cleaning staff has also had an impact on the ability to clean the clinical areas. The Path Lab for example is one big department, which used to have five cleaners: they then cut back to three. Even before they moved to the new building the Path Lab staff themselves were insisting that they needed more cleaning staff, and did complain: but it had no effect at all. The only difference we have seen since was that the manager himself came and scrubbed an area last week.

“One of the first things raised at the joint meetings was the issue of infection risks for cleaners, lack of information about what the infection issues were, and lack of involvement from the ward staff.”

We've got the Lab, a massive X-ray department, and ten theatres where we used to have five, only six of them in operation at the moment, with two more coming on line in January. But where are the staff going to come from to clean these theatres?

All these much bigger wards and departments – but we've got no extra staff.

UNISON rep, Heartlands Hospital

The hospital has one of the highest levels of MRSA in England, and cleaning services, run by Initial, are chronically short of staff. The history of privatisation of cleaning services has seen it transferred from Batemans and Compass/Medirest, and then to Initial, which claims to be delivering the service on a profit margin of just 3 percent. Day shifts this year have seen frequent shortages of as many as 15-16 staff, with more on a weekend. Nevertheless the hospital has achieved 3-star status: each member of staff was rewarded with a 'lucky bag' containing a scratch card, a tin of mints, and a biro shaped like a syringe with red fluid in it.

Ward assistant, Pinderfields

With the Clean Hospitals initiative there are so many good things coming out. We've got teams, with modern matrons and everybody. In January the training officer from UNISON, one of the managers and one of the team leaders will go round, and their job will be three days a week to actually speak to staff, find out what they will excel at and what are their limitations, and try to bring the two together to teach them and train them on infection control and all of these issues.

Swansea Morryston (ISS Mediclean) Domestic 2

What's it like? Absolutely terrible. I've been here 2 years. We haven't had part-timers since the summer. I'm on my own on a 29-bed ward and have to clean it all, with no floor men, and no stores, none at all: we haven't had stores for four days. That's not good enough.

We haven't got any supplies of cleaning materials, toilet rolls or anything. The foot is falling off the Hoover. Something has got to be done.

I blame Mediclean. Get them out, I say. Things have just got worse and worse.

They speak to us as if we were little kids. The only time they speak nicely to us is if they want something from us. We would need a hell of a lot more staff before we could get it right here. At the moment there should be two domestic staff on a ward, one part time and one full time. But to do it properly there really should be three.

My ward sister said to me the other day that they should have a part timer on the ward to do the toilets every morning, and have them done again on an afternoon. The sister has stopped me doing that, she says it's not my job.

Swansea Morryston (ISS Mediclean) Domestic 3

Some of the nursing staff have begun to complain. They ring down and get a temp. in for a few weeks, and then it fizzles out and goes back to square one.

Swansea Morryston (ISS Mediclean) Domestic 7

Some of the ward sisters are good and will speak out about the need for more staff on the wards, but not all of them.

Swansea Morryston (ISS Mediclean) Domestic 9

Another thing is that when we work on the wards I could be going straight from cleaning the toilets to giving out teas: I can't change my uniform—all you get is rubber gloves and an apron for cleaning work.

“If I've got a streaming cold or flu, morally I should not come to work in a hospital where I can pass it on to other people. But regardless of the morals, I can't afford to stay off work because I don't get paid if I'm sick, so it means as long as I can I will keep coming in.”

Swansea Morriston (ISS Mediclean) Domestic 8

The infection control nurses tell us that anyone who is not well should not present themselves for work: but they employ the services of a company that does not share that view, because they offer only minimal sick pay.

If I've got a streaming cold or flu, morally I should not come to work in a hospital where I can pass it on to other people. But regardless of the morals, I can't afford to stay off work because I don't get paid if I'm sick, so it means as long as I can I will keep coming in.

Housekeeper 5, West Suffolk

There is so much clutter in the wards and the bathrooms it is very difficult to do your job now. The ward I'm on has got commodes, old pillows, hoists, and all sorts of stuff that you have to move if you are going to clean properly. You just can't get in.

Housekeeper 3, West Suffolk

The corridors are cluttered too. When you come in to the ward, even if you have worked there all day it doesn't give you the impression of being clean, because of all the clutter in the way.

Princess of Wales Hospital UNISON rep

There is a history on ward cleaning at the Princess of Wales Hospital in Bridgend that goes back to the period before the present Trust merged together. Ten years or more ago, when the hype was on around competitive tendering, we dug in our heels and fought it off.

But the Chief Executive told us that we would face competitive tendering sooner or later unless we went down the road of generic working. We were literally being blackmailed into accepting a system in which ward level domestics would be merged with nursing auxiliaries, and in other areas domestic jobs would be merged with porters.

The ward areas were the most contentious and the most important. For the nursing auxiliaries who took on a dual role there was a £250 per year increase. Many of them didn't like the idea, and one or two of them stuck to their guns and said no way would they pick up any cleaning work. They chose not to take the money.

But the change meant that for the first time the cleaning staff came under the direct control of the ward sisters – and the results were very different from what had been expected.

The ward sisters were far more concerned with nursing issues than with cleaning, and the shortages of qualified nurses meant they began turning to use unqualified staff, the new generic workers, to fill in for them.

As a result there was less time for these staff to spend cleaning the wards – and the standards began to go downhill fast. If there was nobody left on the ward who was not assigned to nursing work, the cleaning was just not done.

Sisters were not familiar with cleaning work, the schedules and specifications that we worked to, how many times a day toilets, for example, should be cleaned. They knew nothing of the equipment we needed or the chemicals and materials.

The standards fell, and two years or so ago the Trust finally recognised that the wards were dirty. Morale went down, too, as domestics realised that their wards were not being properly cleaned.

The Trust were getting complaints from patients left, right and centre. They saw that something had to be done. But they also realised that it would be harder to get the system back together than it had been to break it up.

A ward project was launched, which began to separate domestic staff from auxiliaries, and put them under the control of a domestic manager. They have set up support teams which can go on to a ward and clean it if there are staff shortages.

We are working to get cleaning across the whole hospital back under the control of the domestic department, with its own manager, supervisors and coordinators. Already it's a lot cleaner than it had become.

I would not recommend cleaning services coming under the Modern Matron: cleaning is not just going in with a brush, you have to know what to use and where. You need a qualified domestic manager, properly qualified with the right NVQs and so on.

But the experience underlines the fact that keeping cleaning services separate can help to ensure that it is given the priority and the resources that it needs. It also shows that putting people in charge of cleaning who know nothing about the practicalities of cleaning can have very negative impact on the end result.

Matron's Charter commitment 4

“Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the ward team.”

This commitment also raises issues of professional staff attitudes to cleaning and cleaning staff, and the impact this can have on morale and on the retention and inclusion of staff within ward teams.

It is clear from talking to cleaners that many temporary staff, used to fill gaps opened up in years of under-resourced services, appear disengaged from any NHS “team spirit”. By contrast, even part-time staff working on a long-term basis for private contractors show themselves astonishingly willing to work unpaid hours to keep “their” ward or hospital clean.

For cleaning staff to feel properly recognised, they need to be given the resources necessary to do the job, and supervised by appropriately trained, high quality management, who demonstrate a genuine concern for the service their staff can deliver.

Swansea Morrision (ISS Mediclean) Domestic 1

I've been here three years, and I'm a part time worker. But I am doing full time work on part-time hours. And I haven't been able to clean on my own ward since last January: they keep getting me to fill in for other people.

It's virtually impossible to do the job in the hours you have. But you know you can't leave it: it's a hospital and it needs to be cleaned. It's really hard going.

To be honest they don't give a shit!. That's why we can't keep girls here.

Some people come thinking they will be able earn some relatively easy money – but it's not like that at all. It's really hard work.

So they just go within a few days: that's why we are short of staff. If we weren't short of staff I would be working fewer hours, working part time: but I can't. I haven't been able to since January, I have been working extra hours without pay, and it pisses me off!

It's terrible here.

Swansea Morrision (ISS Mediclean) Domestic 8

There was a big article exposing the cleaning standards here in the Evening Post a couple of weeks ago. But they made it look as if the problem was lazy domestics. They never came to talk to us about it. The Trust never asked us what we had to say.

At least now you are talking to the girls and hearing their point of view.

A lot of staff work extra hours without pay. Some of the girls start at 6 in the morning, and finish at 2.30, but they should be working 7-2.

They do the extra hours at the beginning and the end just to get the work done. They don't get paid for it. One comes in on the bus from Neath, to work an extra hour or more a day without pay, for a company that doesn't care a damn.

“It's virtually impossible to do the job in the hours you have. But you know you can't leave it: it's a hospital and it needs to be cleaned. It's really hard going.”

They wonder why they can't keep staff, but the training is non-existent, they pay rubbish wages, and they have no respect or regard for their employees: they are not family friendly in any way at all.

I've had a girl who fell on the corridor and hurt her wrist. I told her to go to A&E but she didn't want to lose any time off sick, so worked for three days with what turned out to be a broken wrist. She came out with her wrist in plaster and I asked a supervisor to take her home rather than leave her to catch a bus: the supervisor's response was "Why? Can't she get her hand into her purse?"

UNISON rep Singleton Hospital

We had a porter who broke his leg at work after a previous operation, so had to take time off sick – and he is going to get no money for Christmas because Mediclean's sick pay is so rotten. I asked the company couldn't they even consider making an ex gratia payment, without admitting any liability, but they refused. Don't let emotion get in the way of business. That was the message, loud and clear.

West Suffolk Housekeeper 3

They call cleaning part of the 'hotel services'. But you have a choice about visiting a hotel: our patients are sick, and have no choice but to be in hospital. We are not a hotel service and we never have been. We are a vital service in a hospital. If I miss cleaning something in a hotel, nobody will die because of it. But if I miss something in a hospital, somebody could die because of an avoidable infection.

Female domestic, ISS Mediclean St Mary's

I am fortunate on my ward to have very nice nursing staff: I am allowed to come in and use their staff room for breaks, while many of my colleagues on other wards don't get treated so well. They have nowhere easy to take their breaks. The nurses here are very flexible: they let me change in here, too, while my colleagues are often having to get changed in toilets or somewhere else. They have given me a locker here, too, so it feels more like being a real member of the NHS.

I think all of the cleaning and catering should be part of the NHS. When I was working overtime recently I had a nurse putting me down, saying that I was only a catering assistant. I said that without the food I give the patient, the medicine you are giving her won't do any good. We can all play a role.

But on this ward the nurses are very concerned about the patients, and they will try to help out. I know that only circumstances beyond their control would stop these nurses giving a hand.

Porter, (Initial) Birmingham Heartlands Hospital

I've been portering in the NHS for 21 years and this is the worst hospital I've worked in. They can't keep staff here, it's so bad. After last Christmas 92 domestic staff left, and we have run all year with shortages, especially at weekends, when sometimes they have been 20 staff short.

The last nine years have seen a serious deterioration, but it has been worst of all in the 18 months since Initial took over. Morale has gone way down.

Female domestic (Initial) Birmingham Heartlands Hospital

The company keep saying that they are trying to fill the vacant posts, and they have even said that they have recruited new staff, but you don't see any new faces: you would notice them, especially at weekends, wouldn't you? I think the recruitment has stopped.

They don't give the ward cleaning staff any proper facilities, either. If you look just back down the corridor there, you can see a group of cleaning staff sat on chairs in the middle of a public

“ They don't have anywhere else to go, unless they walk all the way over to the canteen. If people are treated like that, they are much less likely to stay in the job. ”

area, in their uniforms, taking their break and eating their sandwiches. Some of them carry cups of tea or coffee from their wards down the corridor to come and sit there. You can see them there every day around 10am.

They don't have anywhere else to go, unless they walk all the way over to the canteen. If people are treated like that, they are much less likely to stay in the job.

It's not just break times: ancillary staff have no shower facilities, and many domestics are forced to get changed in toilets or cupboards on the wards, or to go to and from the hospital in their uniform. That can't be right either. It's not nice for them, and it is a potential hazard.

Female domestic, Interserve, Dudley Hospitals

No matter what new equipment they bring in, that won't get the dust off the floor on its own. You've got to have the staff to go round these big departments and big wards and clean! You have to clean manually to get into corners and awkward areas.

Machines won't get into corners. Two new big machines have been brought in that they use on the new night shift they have just started, to clean the big corridors. They sit on them: but somebody has to follow them to do the edges. So it still takes two people.

Two domestic managers, St John's, Livingstone

Each ward has its own base staff pattern, but if one of the staff on the ward is on holiday or off sick we have relief staff who can come in and cover for them.

The service is all in house and has always been in house. As far as I am aware there has never been any real consideration of contracting out. We have always fought very hard to keep it in house here, and we have both been here since 1989.

We have a very good base corps of staff, although obviously we do have recruitment and retention problems like anywhere else. But we have a lot of staff who have long service with us, and we have managed to keep that.

We don't do anything else special here: it's just that we have got the basics right. We have a good team of staff, domestics and supervisors, and they are all trying to maintain a quality service for the patients who come in to hospital.

We have 17 supervisors covering the community and all the shifts in here night shift, day shift, back shift, and it's the same supervisors always do the same shifts, so they have all got their own specific areas they are responsible for in the hospital.

We would just like to emphasise that we couldn't deliver the service at this standard without very good staff and hard work all round.

Mick McGahey, Secretary UNISON West Lothian Health

Working for the NHS is not a mechanical thing, just opening boxes and stacking shelves, like Tesco: it's working with people. Ancillary service members know that and so take a pride in their work, whether that's mopping the floor, shoving a trolley or handing out meals to patients.

There is no rocket-science involved in cleaning hospitals: it is labour-intensive work.

We are never going to be in a position where technology will replace the need for a person to do the cleaning in hospitals. It will always be necessary for a human being to do the work. Our job is to ensure they are treated as human beings, and treated right: trained, and developed.

Ward assistant, Pinderfields

We are not just fighting against short-staffing and cutbacks, but also the sickness issue. It's a problem throughout the NHS at the moment, and you can't blame them for going sick, with the pressure of work the way it is. When I first came in, in 1973, you would have four or five domestics on a ward.

“...many domestics are forced to get changed in toilets or cupboards on the wards, or to go to and from the hospital in their uniform. That can't be right either. It's not nice for them, and it is a potential hazard. ”

But now I'm on a 30-plus patient unit with only three of us on from 7.30 in the morning to 6.15 at night: two of them go home at 1.40 and I'm left on my own in the afternoon to run the ward.

With my job being ward assistant rather than domestic, we do all the food, all the more pleasant things, as well as cleaning. I've just come to you now and done six of my ten beds, and I came in early this morning because I knew I was going to meet you. Normally I have a maximum of an hour and a half to do my 10-bed area each day. I have to go straight on to food then, and then in the afternoon I take over and do everything else.

There are very few staff on today: we've not got that many vacancies at the moment, the big problem is sickness, and nobody knows what to do about it. Back injuries, stress, diarrhoea and vomiting – there are various problems. We have a bug in the hospital at the moment: last week we had eight wards down with it.

It's only the long-term staff who are sticking in there to do the work: you don't like to leave it or turn your back on it. It's a genuine love of the job, and that lot down in London all know that – the government. They know a huge majority of staff are determined that it won't get them down, and will continue.

Female domestic 2, Pontefract

Portering and domestic services were brought together, and it was a big mistake. People from a portering background who do not know anything about domestics are being put in charge of domestics who have been here for a long time.

Team leaders are not trained properly themselves. I had told one team leader he should not be sending a woman onto theatres, because she was not trained to clean a theatre: he told me it was nothing to do with him. I think theatres are one of the most important areas to clean properly. And even if you have cleaned other areas, there are specialist things about cleaning theatres. Three weeks later, when she had got into trouble for not doing it right, when everybody had reported her, even sister on the unit had reported her, only then did they send her up for just one day's training.

A few months ago they sent another woman to clean in the Labs: she didn't know how to do it, and neither did the team leaders. She wound up taking time off sick after getting something stuck under her nail.

Female domestic 1, Pontefract

The team leader's attitude seems to be that anyone can push a mop. But they aren't even teaching people how to do that properly. They don't show people how to mop in a figure 8, or the reasons for it. You make sure that every part is cleaned basically twice, and you keep the mop moving.

But even if you know ward work you still need to learn more before you can clean a theatre. It's so much more than just a mop and bucket.

West Suffolk Retired UNISON rep

The government has come up with this idea of a named nurse, and that has made life so much more difficult for housekeeping staff. What will happen is that you are about to clean a bay, and then a named nurse will turn up and order you out, while they see to the patient.

West Suffolk Housekeeper 2

Most of us are long-service staff, with over 20 years, and we have stuck with the job right through privatisation because we believe it is a vital service for the patients. And we have stuck together for the same reasons.

West Suffolk Housekeeper 2

That's because our staff really care. It doesn't matter about the management or anyone else, because it's down to the housekeeper to take care of her ward. She cares far more than the managers do about a clean toilet and a clean floor.

If she didn't, this hospital would not be the way it is.

West Suffolk Housekeeper 4

We haven't lost our pride, the management have taken it away with the way they have let the staffing levels fall.

West Suffolk Housekeeper 3

We cannot de-train ourselves. We have been trained to a high standard to care for the community and the patients. You can't take that out of us. That's where the anger and frustration is coming from. It has been in house now for two years. But they still have the staffing levels they had when it was contracted out.

“ We haven't lost our pride, the management have taken it away with the way they have let the staffing levels fall. ”

West Suffolk Retired UNISON rep

The shortages of staff are so severe there is a whole team of people just ringing staff to try to persuade them to come in and work extra shifts, and they can't do it.

West Suffolk Housekeeper 2

The management we've got here don't give a damn, but we know that soon they will have moved on, leaving people like us to sort out the mess.

Matron's Charter commitment 5

“Specific roles and responsibilities for cleaning will be clear”

This commitment involves ensuring that there are sufficient staff in post for all cleaners to be regularly linked with a specific ward or department, or with specialist tasks which they will be able to complete satisfactorily. This in turn will minimise dangers of cross-infection from staff being constantly transferred between wards and departments around the hospital.

It also points to the need for a proper match between the level of training and the work staff are required to do, and for staff other than cleaners also to be educated on the responsibilities they have – for example nursing staff to clean up spills of blood.

And while cleaning staff would clearly welcome a clearer definition and more consistency in allocating their responsibilities, they would also like much more explicit, defined roles for management.

Female domestic, Interserve, Dudley Hospitals

The big problem is that the company are going into “team cleaning”. Team cleaning has been tried here before – and it didn't work then.

At the last Labour Party conference John Reid the Health Secretary said he wanted dedicated domestics on wards to take ownership of the ward cleaning. That's not going to happen here in the future, with team cleaning.

We have spoken to the manager who manages the domestic services, and he says it doesn't matter here, “because we are PFI”. Why should our patients here in Dudley be treated any differently just because we are in the unfortunate position to have been contracted out and the building financed by a private consortium?

The biggest change for us was that we had always had supervisors. They are there on the ground, they know exactly what needs to be done and they know if somebody's not coming in and they will know what to cover. They stepped all of those down, and introduced what they call ‘team leaders’ instead.

They just don't know what they are doing. To be fair on the individuals, because many of them are our members who have come from domestic or portering work, into a team leader's position, how can two individuals on each shift cover all of the services?

Sometimes half an evening has gone by before they realised they didn't have a domestic on a ward. With the best will in the world how can two individuals keep on top of all the support services, and find out what is happening at ward level? We have said repeatedly to Interserve that stepping down the supervisors for domestics (and chargehands for the porters) was the worst mistake they could have made.

When I went in Friday there were three wards to be covered, but no staff at all had been called. The wards are covered on a completely different shift to the departments. It's always been 4-7 wards and theatre, departments 6-10. They were there at 6pm and wanted one of the department girls to go onto the wards.

We don't do wards: we've never done them. We do a specialised clean for the departments, which is a completely different type of cleaning. She cleans the brand new physiotherapy department, which has its own pool and everything. They said to her they wanted her to clean a ward, and they would try to find somebody to clean physio for her, and she could come in Saturday or Sunday and clean the pool. She didn't want to come in and work overtime at the weekend.

“ The biggest change for us was that we had always had supervisors. They are there on the ground, they know exactly what needs to be done and they know if somebody's not coming in and they will know what to cover. They stepped all of those down, and introduced what they call ‘team leaders’ instead. ”

“ You may set off for a certain job, and you know it’s a four-hour job: but then you are told you have to do it in an hour because they want you to cover another three areas besides that one. Everything is just getting left. ”

People have had enough of the management, the way they have been treating them. There is very little job satisfaction when you are forced to work like this. If I could change one thing other than increasing pay and increasing numbers of staff, I would scrap the team leaders and bring back supervisors.

Male domestic, St Helier

Yes, today the floor man where I was is off sick, so I had to do the hosting and clean the floors as well, in the two hours that we are supposed to do light cleaning. But there were no other staff to cover it. Effectively you wind up doing two people’s work, and you can’t do it as well as you would want to. But of course you only get paid one person’s wages. If they really want you to cover two jobs, they should pay up.

UNISON rep, Pinderfields Hospital

We always used to have night cleaning staff here, but during contracting out they got rid of them because they get paid higher rates. But night is the best time to clean corridors and non-clinical areas, without so many people about. Now they bring in people very early to do it, 6am.

Female domestic 3, Pontefract

We want better communication: the team leaders don’t talk to each other. You will get a team leader come to a member of staff and ask why they have refused to do a job, when they have never been asked. We have had girls crying and upset over this for no good reason.

It seems that they are so bad at communication that even our main boss, the senior team leader, doesn’t know what they are up to.

Female domestic 3, Pontefract

There is no coordination between them. You may set off for a certain job, and you know it’s a four-hour job: but then you are told you have to do it in an hour because they want you to cover another three areas besides that one. Everything is just getting left.

Female domestic 3, Pontefract

The problem is that if they carry through the Trust’s Hospital Development Plan and bring in housekeepers; that could take a lot of the patient contact from us. They will see to things like meals and cutlery and so on.

Female domestic 3, Pontefract

The pilot for this will begin in January. Housekeepers will serve meals, move patients, and do a bit of light cleaning. They will tidy cabinets and arrange flowers and cards. They are putting out internal adverts. So they are taking six full time domestics out of our workforce and will establish six housekeeping posts instead. Unless they put more staff in, the cleaning will get worse.

Female domestic 2, Pontefract

I think a housekeeper will wind up being a porter, a domestic and a hostess all rolled into one.

Years ago we said why can’t we all work together, and work round, so that every room and every bed would be pulled out, mopped and everything. And they said “Oh no, no, you can’t do that. It would cause cross infection from one ward to another.” But now people are being sent here, there and everywhere doing an hour here, an hour there – and there are that many infections flying around, but without the thorough cleaning.

Swansea Morriston (ISS Mediclean) Domestic 4

I’m supposed to be a part-timer on a ward, but I’m never there because they keep sending me to cover other jobs. I have been cleaning an ITU in four hours, which a full-timer should be doing in 8.5 hours.

West Suffolk Housekeeper 1

The main job of the housekeeper is to clean, do teas, and generally keep the ward she is working on clean and tidy. Before privatisation there were around 400 staff, but now it's around 110 or so. Many of the jobs lost have been full time, and those brought in since have been part-time.

Unfortunately because we have got such shortages of staff at the moment we can't complete all of the tasks we are supposed to do. We have only half the staff we should have.

West Suffolk Housekeeper 3

You pick up the paper and read that apparently there is no problem on cleaning because they have brought in what they call a "rapid response" system. Who is it? They just take people off other wards to send them off to respond to what they see as a more urgent situation somewhere else.

Matron's Charter commitment 6

“Cleaning routines will be clear, agreed and well-publicised”

Cleaning routines need firstly to be adequate, providing sufficient hours of work to deliver a ward or department fit for purpose. This requires adequate staffing.

It is not clear who is supposed to 'agree' the cleaning routines according to this commitment: the Charter refers only to “matrons, ward sisters and facilities managers” working together, although it later argues that “cleaners need to be part of the ward team”.

It should be clear that if cleaning staff and their representatives are not included in the planning process, then important tasks may be missed, or a schedule, which is not viable, may be agreed. And having agreed a routine, it must then be properly implemented and monitored: it is clear that this is a major weakness of current cleaning services.

UNISON rep Singleton Hospital

I was in a meeting last week on cleaning standards where it was said, by someone from outside, that in the specifications all the public toilets should be cleaned three times a day. Well the Trust management agreed that it was in the specification: but as we pointed out that if you don't actually have the necessary staff, it doesn't matter whether the specification says clean them 24 times a day – it won't get done once!

“...if you don't actually have the necessary staff, it doesn't matter whether the specification says clean them 24 times a day – it won't get done once!”

Female domestic, Interserve, Dudley Hospitals

It will be interesting to see how they cope with this new night shift, because they are only going to have six staff on it. At the moment it is relatively easy because a big chunk of the hospital is not open yet: but once it is fully open they will have to clean all ten theatres – and that means real cleaning – as well as all the corridors, public toilets, lifts, and stairwells. I think there is only one of the six who has ever worked in theatres before.

Male domestic, ISS Mediclean, St Mary's

At the end of the day you can't just make a special effort to clean up for the inspection because you have to follow the schedule of work: so today I am doing 'A' bay: so if they are coming to do the quality control tomorrow, they will have to go to 'A' bay, because that's what was cleaned today.

It's hard work.

Things have changed in the last few years because this is the second company I have worked for in this hospital. When I came here it was Gardener Merchant, who then changed their name to Sodexo: then when they lost the contract ISS took over. Under Sodexo there was a floor man buffing the floor nearly every single day. But they were not covering the high dusting and low dusting.

ISS stopped having the floor men, and just took on domestics, who are responsible for the whole job. Now it's part of my job to use the machine on the floors.

We do have enough mops, detergent and so on. Every single day the mop must be changed, and every week the chemicals are topped up.

Female ward hostess, ISS Mediclean St Mary's

I'm a hostess on a ward with 30 cancer beds. With 15 or 20 you can do your best to satisfy the patients and maybe you can do enough to keep the ward areas and the kitchen clean.

At present I am looking after 26 patients, very old people, many of whom need help with their food. There is also a cleaner on the ward. It's hard work: you can't really pause, because you have to work to a schedule.

In the morning I have to bring them tea, then collect the water jugs and wash them and supply fresh water. Because they are older patients it takes them much longer to eat. Often I haven't gone for my morning break because I have been doing the breakfasts the tea and washing up and then tick the menu to order their meals from the kitchen. That is a long process.

We are always short of staff here, and sometimes I have to work seven days a week 7-8.30 every day.

Male domestic, Initial, Heartlands Hospital

There are a lot of staff shortages, but the thing that gets me down most is the split shifts I have to work. I'd rather just come in, do my hours, and go home.

I work all over – stairs, corridors, offices, wards and ITU and path lab. I often have to fill in when other staff are sick or jobs are vacant. We see a lot of domestics coming in and then leaving soon afterwards.

Female hostess, Epsom

I work as a hostess 6.30-2, while the cleaner works 8-3, so all the time we are covered for cleaning and hostess duties. And then somebody else comes on at 5. But the cleaner has been off all week sick, and all I have had is a cleaner from 10-12, two hours a day. Cleaning on my ward has gone down. I never get anyone to cover the full 8-3.

Female domestic 1, Pontefract

Nursing staff serve the meals on the wards, but you can't get a lot of cleaning done in two hours. You do the toilets, and then the cubicles, and if you have time you may be able to do a 4-bed bay, because you can be interrupted by doctors coming round, and of course from 11 o'clock you've got visitors arriving.

Female domestic 1, Pontefract

They need more people. In the 15 years we were contracted out we went from two full-timers on the ward for 8 hours (7-4) and one for three hours to one person for seven hours and another for 1.5 hour. That's a cut from 19 hours a day to 8.5

But they want the same amount of work done.

Female domestic 3, Pontefract

I think the Trust's Clean Hospitals initiative is a good idea, but my opinion is that it's all talk and words on paper. Three supervisors came last week to tell us that neither of the two reps we wanted to send from here to the cleaner hospitals meeting would be allowed the time to go.

So it makes you wonder. I'm not convinced that the management here are willing to carry it through.

Swansea Morriston (ISS Mediclean) Domestic 8

You have only talked to a few of us: but it's the same situation for everyone. We are all under pressure. We've got one boy here, he works from 7am to 8pm seven days a week. OK he's getting the money, but the point is he is working such long hours and still can't do the job properly.

Before we were privatised there were three or four domestics on a ward. Two full time. Short-staffing is not a problem that can be solved overnight. But what we do need is for the staff we have got to be organised better.

Some wards are relatively easy, with comparatively few patients on a weekend, for example. They could manage quite well with just one full timer. But another ward upstairs has five bays and 36 beds: it needs more staff. But they don't switch staff from the easy wards to help out on those with more pressure.

Retired UNISON rep, West Suffolk

I believe the housekeepers are more and more exhausted, not so much with the jobs they are doing, but by the job they can't do for the lack of staff.

They come in and feel frustrated: they mentally expect to be able to do the job, but it can't be done.

The evening staff come on with just 3 hours to serve teas, fill jugs and look after 64 patients – because one part-timer will have to cover two wards. Some nights you can even be asked to cover three wards.

I would challenge any manager in this hospital to come and give teas out to 100 people, collect and fill water jugs, collect and empty rubbish – in three hours. I believe that this system makes infection worse.

We used to have someone come on at five, check toilets, sinks and baths, go round with a mop, dust, and collect any rubbish, and generally clean up: that doesn't get done now: there is nobody there to do it.

“I believe the housekeepers are more and more exhausted, not so much with the jobs they are doing, but by the job they can't do for the lack of staff.”

Matron's Charter commitment 7

“Patients will have a role to play in monitoring and reporting on standards of cleanliness”

Patient contact is clearly one of the key elements that strengthens the commitment of cleaning staff to the NHS: time and again they make clear that they see this as the factor which makes work in the NHS, even if they are employed by a contractor, “special”, compared to similar work in a shop or office.

In some areas, however relations with patients can be less satisfactory, where ethnic minority staff suffer racial abuse, and feel that they do not get adequate support from nursing and managerial staff.

Flexible visiting hours, and the relaxation of limits on numbers of visitors, can also cause real problems for cleaning staff, and visitors appear much more ready than patients to complain, sometimes without good reason. The way complaints may be publicised or investigated may also antagonise cleaning staff who feel that they are being singled out for blame without any opportunity to put their point of view.

Any new system which further increases the relative power of these “consumers” to complain, while denying front-line staff any comparable right to refute unjustified allegations, or respond to valid complaints by shaping the system and improving the standard of care they deliver, is likely to increase staff frustration.

There is also a strong feeling of injustice and irritation that petty problems can elicit a management response, while the underlying lack of resources for cleaning of toilets and wards are often ignored.

Retired UNISON rep, West Suffolk

Yes there are occasions when a patient or their relative will complain about something, and the Trust will investigate. But it would be more useful if they started by investigating how ill the patient was, the circumstances they were in, and what the attitude of their relatives was to the hospital staff. But they don't so to that list of people we are accountable to, you have to add not only the patient, but also relatives.

Female ward hostess, ISS Mediclean, St Mary's

One of the problems we have as hostesses and domestics is that some of the patients are really, really rude to us. They have no regard for us. It's often racial abuse: yesterday, for example, one patient was calling me a “black monkey”, “bitch”, everything.

Unfortunately the nursing staff just tell us that the patients are “confused”. Well we need some respect, and we are looking for ways that these issues can be tackled.

Female domestic St Helier

The patients seem very pleased with the work we do, and their relatives too. They write some lovely letters in, and it makes you feel that the effort is worthwhile. We definitely feel that they and the other staff value what we do.

Domestic managers, St John's Livingstone

We do questionnaires throughout the hospital on a monthly basis to staff, visitors and patients

“...some of the patients are really, really rude to us. They have no regard for us. It's often racial abuse: yesterday, for example, one patient was calling me a “black monkey”, “bitch”, everything.”

just to give us some feedback on how people feel we are performing, and we have that in report form that goes to our departmental management team every three months.

Female Domestics, St John's Livingstone

We have a lot of interaction with the patients. It's a maternity ward, and they are coming in here to get their labour started and have their babies: we know what that's like, and we just have a wee chat with them. We always go up after they have had their babies and see what they have had, and they are happy that we have done that.

We make time for the patients, even if it's only a few minutes during our tea breaks.

Ward assistant, Pinderfields Hospital

And it hurts, does the criticism. It really hurts. There's a lady where I am, and I'm cleaning six beds, and she says 'when my husband came in five years ago there was blood on the floor for five days', and I'm trying to explain to her what I'm telling you but she wouldn't have any of it.

When it was announced that our Trust had got zero stars, visitors immediately assumed it was because we were a dirty hospital – even though the Trust failed mainly because of its budget deficit. The non-clinical services didn't fail.

But much of the criticism isn't fair. There are reasons for things not being right: like short staffing, or staff not trained. Some people really think it is just coming in, making cups of tea, arranging flowers and having conversations with patients. But it isn't: the root of the work is cleaning. You've got to get stuck in and do it, and it takes special people to do it, and it's not recognised how special we are.

The criticism I have is that we are a country of dirty people. The area I have just cleaned is like a new pin, but by this afternoon visitors will be laid on beds, and everything possible will be around the bed – false teeth, urine bottles, you name it. They bring in the biggest bag possible, and leave it in the way.

It's not on: it needs stopping now. The infections are coming in, and we take the blame for it, but there's a lot of stuff on the ward we can't control. The modern matrons are taking this up, and our infection control officer is doing a paper on it for the hospital and wards.

Now John Reid has the cheek to say they will be putting phones at the side of each bed for patients to complain about cleaning, and get through to matron: they want to get in the real world. Matron will come down and make sure we do the job properly. What a joke.

Spend the money where it belongs on the cleaning services. Don't go putting silly phones on tables: they are throwing money at the wrong things.

I know it's New Labour and not the old type of Labour government, but I would have thought they could have listened seriously to what we in the trade unions have been saying to them. They are throwing money around and hoping it works.

Female domestic 1, Pontefract

Some visitors don't want to go out, so you can't pull the beds out or do a proper clean. You can get a lot of abuse. They are a pain: they should not be there at 11am. It's ridiculous: even the patients complain that it's tiring them out. You can get as many as six to a bed, and now there are no set times for visiting it makes our job a lot harder.

But a lot of the patients are very appreciative, they can see it when you are working hard. A lot of them will talk to us in a way they can't with the nurses.

I love the contact with the patients, I think it's fantastic. Some of them you can have a real laugh with.

“We make time for the patients, even if it's only a few minutes during our tea breaks.”

As for MRSA, visitors are always blaming the hospital, but it's just as likely they or others are bringing it in to the hospital. For all we know we could be carrying it about ourselves, but not show any symptoms.

Last week these doctors in the Midlands came up with a new test for MRSA that takes two hours instead of two days. But people come in through A&E and come onto the wards, and even if we detect MRSA there are no facilities here for isolation when people have got anything like that.

Housekeeper 2, West Suffolk

We are fed up with getting bad press, and seeing our service on the television and in the newspapers with stories saying that housekeepers are not doing their jobs properly.

Shall I tell you something? You look at the long-term housekeepers working here, and they are the most fantastic team of people you could ever meet, and they give 110 percent effort.

“Spend the money where it belongs on the cleaning services. Don't go putting silly phones on tables: they are throwing money at the wrong things.”

Matron's Charter commitment 8

“All staff working in healthcare will receive education in infection control”

This commitment requires a major change across the NHS. Current educational levels in many areas are minimal, reflecting the low priority that has for so long been given to cleaning and hygiene issues.

But to achieve the intended results it is not enough simply to deliver training to all sections of health care staff, including non-clinical staff: it is also necessary to monitor the impact and effectiveness of that training in changing behaviour, on an on-going basis – with further intervention where problems are detected.

Even the most rigorous retraining of staff will be ineffective at changing behaviour if systems remain in place which conflict with good practice: for example if shortages of staff and equipment mean that rules restricting the movement of equipment and personnel between wards are ignored.

Worse, if relevant supervisors, team leaders and other managers are not also trained appropriately, bad practice can be reinforced from the top down, even if cleaning staff know that what they are being told to do poses an infection risk.

That is clearly the case in some hospitals at present.

Education must therefore be accompanied by investment in sufficient, suitable equipment, uniforms and cleaning materials, and by a full-scale re-evaluation of current systems and resources, to enable good practice to be adopted.

Female domestic 2, Pontefract

Some of the nurses don't even know the colour coding system for the mops and cloths. So if something happens and they need to clean up, and for whatever reason there isn't a domestic there, they will just pick up any mop and use it.

Some of them obviously don't know what a barrier kit is for. Some don't even know the system for indicating a barrier room: we put a picture of a sunflower on the door now. Once it was everything green – mops, cloths, and so on. And we used to leave that kit in the room, so you would know not to use it anywhere else.

But they said people didn't really know what this was for, so they brought in the sunflower idea instead. Half of them still don't know what this is, or where to get the signs.

Female domestic 3, Pontefract

The other funny thing is that we have three different hospitals within Mid Yorkshire Trust – and each one of them has a different system of colour coding for buckets mops and cloths.

The buckets we use here for the wards you would use on the toilets in Pinderfields, or in the kitchens in Dewsbury. So when nursing staff arrive from other hospitals as part of the Trust-wide working, they don't know what the buckets should be used for.

Female domestic 1, Pontefract

There are still problems even though the service has been brought back in-house, we have people who have been brought from portering to be team leaders in the domestic service, and they have no idea how to train anybody, because they don't know the job themselves.

“...when nursing staff arrive from other hospitals as part of the Trust-wide working, they don't know what the buckets should be used for.”

Female domestic 2, Pontefract

What we also find is if we complain that we need more equipment, what they do is take some of the equipment off other areas and put it on the area that has been complained about. UNISON raised a complaint about there not being a Hoover in one area, and the next thing you know there were three Hoovers there and the rest of the hospital had none at all!

Of course they are not supposed to do that sort of thing because of infection control.

We have been told from the word go that we do not take anything off any ward onto another ward, because that can bring cross-infection.

But the team leaders are telling us to do it. If we didn't share the Hoovers out, carpets would not get cleaned in some wards.

Female domestic 1, Pontefract

Even though the team leaders are telling us to do things that infection control have told us not to do, if we don't do what the team leaders say we can be disciplined.

Male domestic, Initial, Heartlands Hospital

If I could change something I would improve the training, to ensure that all of can use the buffing machine, for example. I transferred over to domestic work from the gardens, but I've never been told anything about MRSA or anything like that.

They don't give you any real training, apart from telling you always to wash your hands when you go into a ward or the path lab, and to wash your hands again afterwards.

We are told to wear gloves and aprons when we go into barrier rooms, where they have MRSA. But we keep the same basic clothing on.

Female domestic, Interserve, Dudley Hospitals

The difference we have seen since Interserve took over is absolute chaos: they don't know what they are doing: they haven't got a clue, and we have had that many changes of managers in three and a half years it's ridiculous.

They know nothing about the job: the new assistant domestic manager, appointed in the last two weeks, has come from Air Traffic Control. Another assistant manager has just been poached from Sunlight – a laundry manager, who at least appeared to have a relevant qualification even if only on paper.

Previous to that we had one who only lasted 29 days. We have had duty managers in and out in a few months, with long-term sickness. The manager we had when we transferred was also off with long-term sickness. So we have had all these changes of managers – but no sign of any competent management.

UNISON rep, Interserve, Dudley Hospitals

(Laughing) Training? We'd like to see it! We do keep hearing that the NHS wants to offer new training opportunities, but you try getting any time off to go on a training course! Even with the team leaders they failed to give them any real training, even though most of them knew the basics of the work.

I don't think there will be any real progress unless we get back into the NHS where we belong.

Female hostess, Epsom Hospital

If I could only change one thing, I think I'd definitely have more cleaners, and trained cleaners. That means training any agency staff, too.

“Even though the team leaders are telling us to do things that infection control have told us not to do, if we don't do what the team leaders say we can be disciplined.”

Female domestic St Helier

They are not trained: they don't take the right buckets, don't take the proper gloves that we use, nothing. They just use the normal gloves like the nurses use.

We have been trained. We went to Epsom for 3 days, and then we sat in for 3 days. If you pass you get a certificate, but if you fail the training you have to go and do it again.

The nurses talk about MRSA, and we have to know about things like barrier rooms and infection control, but the agency staff know nothing about this at all.

Male domestic St Helier

In barrier rooms you are supposed to change the mop-head for each room: but I see agency staff going from room to room with the same mop, and they don't have a clue what the patient has got. They could just be spreading it all over. If they are trained, they are not trained very well, and certainly not doing what they are trained to do.

Two domestic managers, St John's, Livingstone

There are just the two of us covering this hospital, two other hospitals and 18 health centres and clinics in West Lothian. We have 330 staff covering all the sites: most of these are part time, working fewer than 37.5 hours a week.

We have a good training programme for all new staff. As soon as they arrive they get two days basic training on the job before they start work in a ward area, and then there is other training that is carried out within the whole of the division which goes into different things such as confidentiality, health and safety, biosafety, so they have four days of that as well. And there is a lot of back-up from supervisors who work in the area to maintain the standards that we aim for.

We also have a quality management system in operation in the department ISO9002, which can help monitor the scrubbing, how often they are scrubbing wards, changing curtains, changing bed screens, so that we can always keep a check on where we are with these sort of jobs.

The accountability is through the supervisors to us as the domestic managers. Nursing staff are in charge of the ward, but the cleaning standards are our responsibility, and if they have any problems, the nurses should contact us directly.

Mick McGahey, Secretary UNISON West Lothian Health

We want to see an increase in numbers of domestic staff with better quality training, and we believe that will reduce the number of claims that have been made against the NHS in terms of deaths and illnesses from cross-infection and MRSA.

People come in to hospital to get well: and some of them don't make it. It's not a good advertisement for the NHS. We are not suggesting that they should be spending tens of millions of pounds, but what they should be doing is looking at where the investment is required, and going to places like St John's to learn from it and replicate that model across the rest of the NHS.

Female domestic 2, Pontefract

We have a high turnover of staff, and a new starter now might have just one or two hours training, and then be sent on to the wards. It's not good enough. They are sent here, there and everywhere because they can't get staff.

Female domestic 1, Pontefract

After 16 years and what I've seen here I wouldn't pay these team leaders in bottle tops.

But there's more to training than infection control and basic hygiene.

I went to the sister on duty the other day. I had to point out that it isn't right to put a young girl on in this way. She doesn't even know how to face patients. As a 17-year old she could be having to deal with an old man with no clothes on: it can be a daunting thing.

Female domestic 3, Pontefract

There is the other situation of how to cope when a patient has died on a ward. When I first started we were told that when it happens, go and get a supervisor and they will tell you when to keep away and when to go in and clean. You begin to learn when somebody is about to die, so that you can keep away. But some of these new staff will just stand there with their equipment, not knowing what to do.

Ward assistant, Pinderfields Hospital

There is no supervision. If you see supervisor twice a week you are lucky. You don't see them unless you want something. We are just left to our own devices. No doubt they are busy doing something worthwhile, but we don't see them so you have to hope we know what we are doing.

That's why this idea of improved training is so important. We are lucky here, very lucky. We have a Clean Hospitals campaign, with a committee for that, and a committee for training, and I have to be honest with you and say over the last three years we have done a lot of long laborious work on that which has involved the union, our own management, modern matrons, infection control and also a member of the Patients Advocacy Liaison with us for his input.

On training first of all, I was at a meeting last week and all of the hard work we have done is coming to fruition. We are having infection control courses, across all ancillary staff including porters and catering, which is vital to our members. We are also looking at the NVQ status for staff: there are so many good things going to start in January, its unbelievable. I am thrilled to bits.

It had seemed that they were just messing us about, but it's all coming through now and there will be nothing at all that staff will not be able to go for. It's so good that that's happening, because the training will take us through gateways for Agenda for Change as well. Otherwise we will be left again on the bottom rung of the salary ladder.

There will be computer courses too: because when the new hospital comes on stream there will be terminals throughout the hospital, so if you have a housekeeper or senior service assistant they have to be able to use all the equipment that goes with it for ordering patients' meals, laundry, or whatever.

Up to now if you signed on as a new domestic, you have been sent on to a ward to work with the staff on there for a couple of weeks, and they train you. So if they are good staff it works: but if they are bad staff bad practice sets in from the outset. I can't say to you that everybody is a good member of staff, because it's just not true. You know that when you are doing your job and someone comes on to work with you and you have to tell them no, don't do it that way.

It should not be our job: it should be a team leader's job to do that. Now we will have people designated to do training and make sure it is carried through properly. This means actually taking staff that come in to start as new starters and giving them two weeks to a month full training and longer if it's necessary until they get the habit of how they should work in the NHS. So everything is coming together here. Hopefully this new partnership is going to work: and if it doesn't, I'll be one of the ones who will be shouting and screaming about it.

Female domestic 1, Pontefract

I've had to go into a theatre where an AIDS patient was being treated. If the Trust just sent somebody up to do that they wouldn't know about the need for double apron, double gloves and other precautions.

Swansea: Morriston Hospital canteen, question

"Do you get enough training?"

Universal, immediate, derisive laughter from eight ISS Mediclean domestics.

Swansea Morriston (ISS Mediclean) Domestic 3

The only training I had was how to fold a cloth, and which colours to use where. Then I was put with a girl for two days to shadow her, and then I was shoved on a ward on my own. It's their job to train you on what to do: but we don't get paid any more for training new people.

Swansea Morriston (ISS Mediclean) Domestic 8

I have to admit that the training has improved: when I started here you used to get just one hour's training, and that was it. It's still crap, but it's a little better than that now.

But you sometimes get a temp working with you who hasn't even been told the very basics: they walk into a barrier cubicle, clean it as normal, and then go on to clean other areas with the same equipment. They've not been trained properly.

Swansea Morriston (ISS Mediclean) Domestic 9

We have never had any training on infection control. You'd get better cleaning standards if you worked on the M4, brushing it!

Swansea Morriston (ISS Mediclean) Domestic 8

We have two uniforms, but they are wearing out. My pocket is held on with safety pins, and we can't have new ones because they haven't had them in – for about a year and a half. We wind up wearing our own clothes because we don't have uniforms. Some of the girls have been here for a year and never had a uniform.

Swansea Morriston (ISS Mediclean) Domestic 9

I've been here six years and I'm still using the two uniforms they gave me when I started.

Swansea Morriston (ISS Mediclean) Domestic 8

Last week I worked cleaning a ward that had four bays closed because of an outbreak of diarrhoea and vomiting, but I had no time to wash my uniform before I went in the next day and worked on the surgical ward. I have an apron on and gloves, but that does not cover my whole uniform.

It's obvious that cleanliness is right at the bottom of this Trust's list of priorities: but we think it should be right at the top. The hospital is not properly designed for hygiene anyway. Even the nursing staff don't have changing rooms on the wards, and each two wards share just one staff toilet between them, for both male and female staff.

UNISON rep Singleton Hospital

We had one member of staff asked to go from a ward that had diarrhoea and vomiting to go and help out on the Special Care Baby Unit. She had to do it, without a change of clothes: wash your hands – and go from the one ward to clean an area where you have tiny sick infants.

UNISON rep, Swansea Hospitals

A reasonably senior member of staff said to me yesterday that they could remember a few years ago, when someone who is now a senior Mediclean manager was employed by the Trust: then she would go round running her finger over surfaces and ledges to see if there was any dust there, and raising hell if there was. No more.

Why should things change? Because you leave the Trust and become a member of Mediclean's management your standards should not drop. You should maintain those standards, and if you can't do so, that means you have to go out, spend more money and bring in more staff.

But if the contractors leave these jobs vacant, and get the remaining staff to cover as best they can, they can pocket the difference.

I hate using the cliché, but because it is a private company, it is working for profit rather than cleanliness.

We did extend an invitation to our Trust spindoctor and director of personnel to come along this morning and meet you and put their version of the situation, but neither of them bothered to acknowledge the invitation.

But you can also tell a lot about Mediclean from the state of the facilities they have for their own management in this Trust: the office they have in Morrision is a complete shithouse. They are absolutely filthy. If that's the way they look after themselves, what hope is there they can look after anyone else?

Retired UNISON rep, West Suffolk

I would also like to see some recognition of the level of training that our housekeeping staff have. We always seem to hear about nurse training. But we have had staff with City & Guilds, supervision courses, health and safety and goodness knows what.

And we don't want people assuming that domestic staff are just waiting to train as nursing staff: our housekeeping staff like what they are doing. They just want enough staff to enable them to do the job properly. We are fed up with managers assuming that we want to be surgeons or nurses. We have all been offered other jobs, and we have all decided that we like the jobs we have.

“But if the contractors leave these jobs vacant, and get the remaining staff to cover as best they can, they can pocket the difference.”

Matron's Charter commitment 9

“Nurses and infection control teams will be involved in drawing up cleaning contracts, and Matrons will be given authority and power to withhold payment”

There is little evidence that nursing staff have been involved in drawing up current contracts for domestic cleaning – the bulk of which have been driven above all by the constant quest to achieve cost economies, and by the downward pressures of competitive tendering.

As a result, systems are seriously lacking in resources, not only in terms of budgets and cleaning staff, but also in terms of management and proper monitoring of standards.

The experience of cleaning staff appears to be that poor standards of cleaning more often than not appear to escape detection, and that such penalty clauses as have been included in private cleaning contracts have seldom if ever been successfully invoked.

Standards lowered by years of contracting out do not magically rise again when services are brought back in-house, unless staffing levels and investment are also increased to more acceptable levels.

But the lowered management expectations which have developed during the years of privatisation can also continue to deflect attention from problems long after the company has been sent packing and staff returned to the NHS.

Without a more rigorous monitoring regime, the system is again being set up to fail in the improvement of cleaning standards. It is not clear whether Matrons, who as nurses may well lack specialist knowledge of cleaning processes, would have the time, commitment or expertise to deliver such monitoring.

Swansea Morrision (ISS Mediclean) Domestic 8

I can't understand why the Trust doesn't kick up more: they are paying Mediclean for eight and a half hours cleaning time per ward, but most of the time they are lucky if they get two hours.

Why don't they demand Mediclean account for where the money is going? And how do Mediclean keep getting this contract every time?

They say they monitor the standards, but they don't monitor the staffing situation.

I'm sure that if I was paying someone for eight hours work, and they were only working one or two, I would want my money back!

UNISON rep Singleton Hospital

We keep asking what is happening to the money to pay for the staff who are not in post. If I'm supposed to work in the morning with two other domestics, and they don't show up, and I have to cover their work – where does the money go?

The Trust has obviously not prioritised cleaning at all.

If you had external monitors you might find that people would pick up the obvious points that are being consistently missed by the Trust's own internal monitoring staff.

“I can't understand why the Trust doesn't kick up more: they are paying for eight and a half hours cleaning time per ward, but most of the time they are lucky if they get two hours.”

UNISON rep, Swansea Hospitals

I would say that the monitors must be in bed with the private company, and don't want to rock the boat by saying that standards are not up to scratch.

Joe Bloggs could come in from the side of the road and see immediately that things are not right. Why doesn't the Trust notice it?

Swansea Morriston, ISS Mediclean, Domestic 8

When I started here four years ago when the monitors did a check they did check everything. But they have this new system now in which computerised systems tell them to check under a bed, check one toilet and check a bin, and then the ward passes.

The rest of the ward could be stinking, but as long as the three items seem OK it passes.

Male domestic, ISS Mediclean, St Mary's

We get like a score: I think the ISS score is about 95. But if you go below 95 then there is something wrong.

Different managers come round to check: somebody from the old building can come and check here, and someone from the new building can go and check over there.

They will normally tell you when they are going to come – but sometimes they will just come in without warning.

Female domestic, Interserve, Dudley Hospitals

The Trust had been going round, checking, and areas have to be signed off as up to standard. Every job they come up with, when they say they have found dust here, or found dust there, has to be done and signed off. But if Interserve didn't put more staff into the Path Lab, for instance, it couldn't be signed off. So then they could face the penalty clause, which could cost them money.

So what do they do? The manager comes and works to ten o'clock. He couldn't send other staff because he hasn't got anybody, to be honest. We haven't got the staff.

On staffing levels the Trust was very crafty, to be honest: they started not replacing people who left. There is no doubt about it, they knew when the services were taken over these jobs would be lost. So they were already winding down the cleaning and support services before Interserve even took over. It's a joke. It really is a joke.

They were thrown into the situation probably not knowing how many staff there used to be or how many they should have had. Just after the strike, in which we had staged ten months of action, they did make some concessions. They didn't want another fight on their hands. But it was all decided on the basis of budgets rather than any other priorities.

Female domestic St Helier

We see supervisors maybe every other day or so.

Female hostess Epsom

They don't come on our ward that often: maybe once a week or so. But maybe that's because they know it's always OK. Sister always says they needn't check our ward, although they have to check each month for the monitoring.

Swansea Morriston (ISS Mediclean) Domestic 3

In a way Mediclean as a whole are not responsible for this, it's the people they have in the office locally. They are the ones who are supposed to be responsible for the staff, getting the cleaning stuff, and ensuring the hospital is clean, and they are just not doing it.

Supervision? They don't know whether they are coming or going. We get no real supervision at all.

West Suffolk Housekeeper 2

Why don't those journalists writing the newspaper articles, and claiming that our hospital is dirty, ask the obvious question about how many staff there are to clean it?

When it comes down to it what we need if we are going to get cleaner hospitals is more money put directly into the domestic or housekeeping budget: don't just give it to the Trust, or to estates – they will only build something with it or spend it on something else.

There was money given out to improve cleanliness in hospitals two years back – and not a penny got through to our department.

Give it directly to our service budget so that we can get in the staff we need to do the job properly.

West Suffolk Housekeeper 2

Most people have one boss or maybe two. But when I'm on duty, I've got seven or eight. So who, on earth, are we mainly supposed to answer to?

There is my supervisor, my assistant manager, my manager, my head manager, a staff nurse, a sister, a ward matron, a senior sister and a ward manager: that's nine. And don't forget the lead nurse.

And of course the patient is supposed to be in control. And we are answerable to all of them. So who are we mainly supposed to answer to? If they would all agree on one approach it would be possible, but they don't.

West Suffolk Housekeeper 6

We have too much pride in our work and commitment: we are too conscientious for our own good. We cope and keep it all going. And then you get a piece of paper come up from the Trust saying you've got a bit of Sellotape on one of your beds!

West Suffolk Housekeeper 2

You clean a bathroom, and then someone goes in and uses it, and splashes a mirror. The people checking come along afterwards and write down that there was a mark left on a mirror. But while the toilets cleaned only once a day can be seen as a real infection risk, I have never heard of any infection being passed on through a smear on a mirror.

Retired UNISON rep, West Suffolk

Our UNISON NEC member wrote to the local paper to highlight problems that staff face – and got an immediate response from management ... warning her not to speak out publicly again!

You can see the Trust's attitude: we had a successful protest last month, which our branch was involved with, to keep a small local hospital open. But as we walk back in here to put the banner in the office the head of personnel rushes out to tell us to get the banner out of the hospital.

“There was money given out to improve cleanliness in hospitals two years back – and not a penny got through to our department.”

Matron's Charter commitment 10

“Sufficient resources will be dedicated to keeping hospitals clean”

The open question here is how to define “sufficient resources” after two decades have seen domestic and other non-clinical budgets squeezed down by repeated rounds of competitive tendering.

Resources need to include staffing, suitable and effective equipment and cleaning materials, and facilities such as staff rooms, changing rooms and laundry facilities for uniforms: underlying all of these is a budget geared to cleaning needs rather than to the financial pressures facing the Trust.

The Matron's Charter correctly argues that “money wisely invested in cleanliness can improve trust performance elsewhere”. It urges nursing staff to ask themselves “How many cleaning hours does your ward need to achieve high standards of cleanliness”?

However it is unlikely that nursing staff will know the answer to this question without consulting those who do the cleaning. Once again, of all the resources which are key to improving hospital cleaning, the hospital cleaners themselves emerge as the most important.

And interestingly staff, in-house and privatised alike, place an increase in staffing (and the increased pay required to attract and retain more staff) right at the top of their list of improvements they would make if they were given a free hand to improve the service.

Privatised staff without exception see NHS terms and conditions as more favourable to those they enjoy, and resent the way in which their dedication and commitment to the NHS is exploited by companies that show no comparable commitment to quality of care.

But bringing privatised services and staff in-house can only be seen as part of a commitment to prioritise and improve hospital hygiene and non-clinical services: this step must be accompanied by an increase in staffing levels and a new management structure that brings staff fully into the health care team at ward, hospital and Trust level.

Swansea Morrision (ISS Mediclean) Domestic 3

Today I was given one blue mop for us all to use, two red and the rest were yellow. Yellow ones are for barrier, blue is for general cleaning, red is for toilets and bathrooms, green is for the kitchen.

They are so grey and dirty I am embarrassed to take them out of the bag. A couple of weeks ago I brought a bag of them up and opened them to find them all stinking – some of them seemed to have blood on. I phoned down and I had to take them back for replacement, but the new lot were dirty, too.

Housekeeper 3, West Suffolk

If we could change three things, I would have more staff, with more on the wards. I would have decent cleaning materials that work, rather than the cheapest. And a committee involving all staff, not just cleaners.

Another thing I would say is that if you are going to trial a new piece of equipment you should go first to the people using it on the wards, not to management in the office. They haven't got a clue.

Retired UNISON rep, West Suffolk

I am no fan of the private sector, and the wages they paid were awful. We used to have people working with no pension and no sick pay: that cannot be acceptable.

“These new trolleys look good, but they are awkward to manoeuvre on to the wards – but nobody asked us what we thought before they went out to get them.”

But it's not just whether or not the service is privately owned, but whether there will be enough staff on each ward to deliver a decent service. Our service is the most important in the hospital.

Housekeeper 4, West Suffolk

There's another problem: the cleaning products they give us to use are no blooming good. It's always the cheapest.

Retired UNISON rep, West Suffolk

And of course there are these new trolleys they have decided to buy on trial: but they are so big and heavy. They must have cost thousands.

These new trolleys look good, but they are awkward to manoeuvre on to the wards – but nobody asked us what we thought before they went out to get them.

They weigh so much there could almost be a manager in there for you to pull around.

Housekeeper 3, West Suffolk

If you've got a flipping big wagon like that on the ward, and someone is moving a bed, or there is a cardiac arrest, where are you supposed to move it to? There are so many obstructions in the corridors there is nowhere to move it to. It won't fit in our cupboards.

The manager tried one of the new mops the other day, and it didn't work, and he lost his temper. So I said let me demonstrate: but if you pull the handle from now to next Christmas it won't wring out – so he took it off and wrung it out by hand. I said that's an infection risk, so he sent them back.

Housekeeper 2, West Suffolk

But we had no problems with the old trolleys and mops, and what we desperately need is more cleaners to use them.

Porter, Initial, Heartlands Hospital

The equipment is in desperately short supply as well; recently we went three days in which there were no mops available in the hospital for love or money.

We have had cases where staff are forced to water down detergents, or in some cases mop floors using just plain water because the supplies are not available.

Swansea Morriston (ISS Mediclean) Domestic 6

When I started here four years ago we were being paid £4.10 per hour. Now we get £4.93 – but we had to go on strike to get that, two years ago.

Now the NHS minimum is going up to £5.69, but we won't get that. Because we work in the NHS, not for it, and Mediclean have said they aren't going to pay up. So if we want the NHS minimum we would have to go on strike again.

Swansea Morriston (ISS Mediclean) Domestic 7

I've been here six years, but it's never been as bad as it is now. The supervisors are no use at all. And we are trying to cope without the staff we need. You are under a lot of pressure to work your days off to cover for shortages of staff.

They advertise the vacancies in the local paper and in the job centres and they are on the net. But it isn't the adverts that are the problem, it's keeping the girls. On one week we had eleven girls starting on a Monday: by the Friday we had two left: they had all gone. One came in on the morning and had gone by the afternoon.

Male domestic, ISS Mediclean, St Mary's

The rate of pay is £5.33 per hour. To me it is too low. Some people will work 7-3 and then come back and work in the evenings, too, to make ends meet.

If I were working for the NHS I would get a higher hourly rate, better sick pay and a pension. I would prefer that. So would most staff, but on a day to day basis they just want to ensure that they get enough to get by.

If I were in charge, would definitely make sure that my staff are comfortable and happy: I would pay them a much improved rate.

Female hostess, ISS Mediclean, St Mary's

If I were in charge, my first change would be to employ more staff, and paying them more: we have a big problem of retaining staff at the moment. This would improve the environment for patients and staff.

My second change would be to bring in disposable cutlery, both for health and safety reasons – eliminating a possible source of cross-infection – and to reduce the workload.

We also need some arrangement for bereavement leave for staff: you do get some sick pay from ISS, but nothing if you can't produce a doctor's note to show you have been ill. If you are sick you are really forced to come to work, even if you have a heavy cold or diarrhoea, because you need the money. Then you have to serve food to patients: it makes no sense.

UNISON organiser, St Mary's

Another big issue has been on uniforms. From a health and safety perspective, most domestics have only one uniform and have to take it home to launder it themselves. This means they are potentially putting their family at risk by bringing home clothing that could carry infection, and mixing it into a domestic wash.

Why have a uniform that is supposed to be part of a process of infection control, but then make staff wear it in and out of wards for a week at a time? It harbours germs and infection. Student nurses and nurses have a clean uniform every day: they have close patient contact. But domestics on the ward should have at least 3-4 uniforms so that they can be regularly cleaned, and put through a specialist laundry geared up to deal with infection risk.

Female domestic, Interserve, Dudley Hospitals

We were in-house at the time the PFI deal was signed. And as a result of the strike we managed to get a TUPE-plus arrangement in which we transferred with our NHS terms and conditions, including a comparable pension scheme – we weren't allowed to stay in the NHS scheme.

The problem we have now is Agenda for Change, because Interserve seem to believe that the TUPE-plus agreement gives them a choice over whether to implement Agenda for Change. All the private contractors are saying that they have no extra money to put in to Agenda for Change.

Apparently Carillion, who have a number of ancillary contracts in other PFI hospitals, are saying that they need an extra £18 million to implement Agenda for Change, and unless they get help from the government they will be looking for massive redundancies. But they are already running these privatised services on a bare minimum number of staff, and we are having major difficulties: how on earth can they expect to clean a hospital if they are going to cut these numbers even more?

We say Interserve have no choice, and must implement Agenda for Change. It is going through UNISON's legal services at the moment. It remains to be seen what comes out of this.

New starters come in on the same terms and conditions as us, with the exception of the pension: we have pushed and pushed them to offer an occupational scheme to new starters, but

“...domestics on the ward should have at least 3-4 uniforms so that they can be regularly cleaned, and put through a specialist laundry geared up to deal with infection risk.”

they won't have it. All they have is the stakeholder pension, which is next to nothing. They do get the same sick pay and holiday pay.

When I first started in the NHS, the rate of pay was relatively attractive. But I don't think that's the case any more. Lots of employers round here are offering £6 an hour or more. Even with Agenda for Change we will only go up to the new minimum of £5.69: I don't think that will be enough to be able to recruit the extra staff we need.

They used to be able to recruit and retain large numbers of long-service staff, but many of those have gone now. They would not have gone if we hadn't been transferred to a private company. The lack of pensions for new starters are another reason why it is difficult to attract them.

Two domestic managers, St John's Hospital, Livingstone.

The new mop is the biggest investment we have had: it has cost around £30,000 to introduce. The head comes off, so they will do half the ward with one head, and then the head goes into the blue bag to be laundered at the end of the shift, on-site in an overnight laundry. They come back next day.

It has been introduced gradually over the whole hospital and it has certainly made a big difference, not least to the girls, because the new mop is a lot easier to use than wringing out a mop: you don't have to wring it out, just put it on the floor and use it.

They don't have to carry any more buckets of water, either, because it's all on the one trolley system here. It has benefits for the domestics, too. We don't use disinfectant on the floors, just a little mild detergent.

Mick McGahey Secretary UNISON West Lothian Health

The problem is now that right through the service staff, especially cleaning staff are under a lot of pressure, and some are suffering from stress. They do work in public areas, it's their families that use the services as well, and they are under pressure from their employer and other workers in the NHS: but they have lost a sense of pride that can get them through, because now they can't get through the work that is landed on them.

High stress levels lead to high levels of sickness, which is further draining resources from the NHS.

If we could get the staffing levels right, and the training and education right, that would help reduce the stress levels, and that money could be reinvested.

Ward assistant, Pinderfields

We've been through three major attempts at privatisation, but we have always won the services in house. But we are now at the stage where with the plans for a new PFI hospital we will have a new employer, and we don't know where we're going. We don't think it will be any better under them than it is now.

Every time the services were put out to tender, we lost out. At first we were on a bonus scheme, a 30% bonus, we lost that on the first round. Since then we have had staffing reductions each time.

UNISON rep, Pinderfields Hospital

One unit is reporting that it can't recruit extra staff, and they are running 3-4 staff short on domestics. But when they are still paying £5.05 an hour for new starters it's not really surprising that people aren't queuing up to join the NHS.

They are so stupid, because the NHS minimum wage is going up to £5.69 an hour under Agenda for Change, and any new staff will be getting that – only backdated. So why don't they offer it now to new starters? How do they think they can get staff on such crap money? They are not really trying to fill the vacancies.

“ High stress levels lead to high levels of sickness, which is further draining resources from the NHS.

If we could get the staffing levels right, and the training and education right, that would help reduce the stress levels, and that money could be reinvested. ”

Ward assistant, Pinderfields

If I were in charge the first change I would make would be more staff. And an immediate start to training, with everybody involved, no matter how long they have been here; and making myself available on the wards to find out what is going on and change some of the policies and procedures.

Female domestic 1, Pontefract

We used to have maybe two team leaders on a weekend: now you can see half a dozen team leaders walking about in threes – and what on earth are they doing? Maybe they are doing things we don't know about, but all we see is three team leaders. One of them was only put in to cover sick leave, but he's still here even though everyone is back off sick.

We could manage better with two if we knew who to go to, if they knew the jobs, or if they knew what equipment we need: instead we've got half a dozen who are no use at all. It's not working.

Female domestic 3, Pontefract

We are a no-star Trust this year, but we didn't lose our stars for cleaning and non-clinical services, we lost out on the financial difficulties. That's what annoys a lot of domestics, because they know they have managed to keep the hospital going under conditions where we don't have the machinery or equipment we need. We are lucky if we have enough clean mops.

We are short of mops, dry mops, and the sticks for them – you are lucky if you have two decent ones. Sticks can break half way through your dry mopping, and the head can come off.

Over the last year or so we have been running each week with between 10 and 20 vacancies, sometimes more, out of 84 staff. We have never had full staffing. And when people are off sick it adds to the pressure.

It's beyond a joke.

Female domestic 2, Pontefract

It can be horrendous trying to find a dry mop.

Female domestic 1, Pontefract

They don't look after the staff who have been here for years. Nor do they look after the new starters properly. So the turnover of staff is very high. We have one or two in and out every week. There aren't many of us longer service staff left: maybe only 20 of us have been here more than five years. Nearly every one on the evening shift is a college kid.

Female domestic 3, Pontefract

The one thing that has worked well with coming back in house has been a steady increase in the rate of pay. We had 19 months before we came back on to Whitley. The most a domestic gets paid has just gone up to £5.12.

But you have to work 39 hours before you get any overtime, even as a part-timer. So for most of us, even if we worked extra hours, we would have a long way to go before we are eligible for overtime rates. Saturdays and Sundays are different because at the moment you get time and a half or double time.

This Trust has now decided that it will only pay time and a half for Sunday working, so many people will decide not to work then.

Our management don't understand the basic elements of family friendly policies, or the pressures that some parents can be under with young children at home.

They want us to be flexible, going here there and everywhere they decide, but they show no flexibility towards us.

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