

Public Eye

UNISON

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special
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COSTLY CARE CENTRE

Two new gleaming buildings have now opened in Peterborough as part of the £336m Peterborough Health Investment Project: they have of course been welcomed by many as attractive facilities.

However they also have drawbacks. The buildings may look marvellous to the unpracticed eye, but they have not been designed in consultation with staff, and have already brought problems for health workers trying to deliver services to vulnerable patients.

One obvious problem is the cost: both the new buildings will increase the costs of delivering primary care, walk-in and Minor Injury services, and mental health care. The City Care Centre alone will increase overall costs by £4.5 million a year. The new hospital, when it is eventually opened, will increase costs by a further £8 million a year. These increased costs come at a time of growing pressure on local health budgets and resources.

NHS Peterborough, which commissions services on behalf of local people, has just revealed a deficit of £2 million just four months into the financial year, half of which is put down to 'overspending' in the City Care Centre.

The PCT has therefore announced a 6-month freeze in investments in health and social care – just as new buildings and services come on stream. Hospital services also face a squeeze, with hospital chiefs accused of carrying out too many operations.

UNISON is concerned that in the excitement of the new buildings and the panic over short term financial problems, longer term issues may be forgotten. This newspaper aims to draw out some of the difficulties of delivering services from the new buildings, and urges action to make sure that the same type of mistakes are not made on an even bigger scale in the new £300m hospital.

We all want new buildings and better care: and with the hospital Trust committed to such a vast project, let's make sure they are the right buildings and that money is not wasted on avoidable errors.

Is it as good as it looks? – centre pages

The sky high cost of PFI

Peterborough's new City Care Centre (CCC), which opened in May 2009 on the site of the old Fenland wing of Peterborough District Hospital, is intended to operate as an "integrated care" unit.

Although it is commonly described as "part of the £335m Greater Peterborough Health Investment Project", health chiefs have been reticent on the £25m actual cost of the centre, which is to be followed up by a much larger new 612-bed general hospital, adjacent to new mental health facilities already open on the Edith Cavell Hospital site.

The entire scheme is of course not funded directly by the Treasury, but is a "Private Finance Initiative" scheme (PFI) – through which private sector companies design, finance, build and operate the new facilities, which are then leased back to the NHS over a 35-year contract.

According to figures on the Department of Health website, the £336m worth of new buildings are set to cost more than five times as much – a minimum of £1,716m in index-linked annual 'unitary charge' payments over the lifetime of the contract.

According to the Final Busi-



ness Case for the Project, the new hospital alone is set to cost Peterborough and Stamford Hospitals NHS Foundation Trust an extra £8.5 million a year compared with existing hospital facilities.

The additional £4.25m a year costs of the City Care Centre will be shared by the hospitals Trust, the Primary Care

Trust, and the Cambridgeshire and Peterborough Mental Health Trust.

The mental health services at the CCC brought a quadrupling in rent from £80,000 a year for the previous facilities to £330,000, while the available space has been effectively halved, with question marks hanging over the usability of some of the new facilities.

But in the new insecurity of the National Health Service "market", hospital Trusts are now only paid per item of treatment delivered under the "payment by results" system. Payment is calculated on a fixed tariff that makes no allowance for the increased overhead costs of PFI.

Add to this a real threat of a spending squeeze from next year, and the financial security of this scheme and the Foundation Trust seems far more questionable now than it did when the contracts were signed with the private sector consortium.

In fact the PCT's directly-provided services are currently projecting a substantial £6.8m (7.5%) reduction in income from 2010, with only marginal growth in following years, suggesting that the extra costs of the CCC may be more of a burden than previously expected.

Unfortunately PFI unitary charge payments normally go up by a minimum of 2.5% a year, or the rate of inflation if higher, every year of the contract, regardless of the income or financial problems of the Trust.

Peterborough is no exception, and the PFI contract is both rigid and legally binding – it must be paid regardless of what other services may have to be cut to balance the books.

Interestingly the PCT's plan for Peterborough Community Services involves a reduction of almost 8% in the wage bill (therefore fewer staff) by 2012, alongside hopes for a 10% cut in non-pay and non-drug spending.

So it seems reduced staffing is seen as an area for economies to help pay the increased cost of the new building.



The impact of PFI on health facilities

One of the many disadvantages of the Private Finance Initiative is that it leads to extremely complex and legally binding documents, which are also extremely expensive and time consuming to produce.

Once they have been signed, the contracts are rigid and inflexible, since the private sector wants to be absolutely certain of obtaining its guaranteed profits.

Peterborough has been no exception. But this has less obvious consequences.

The usual long time delay between deciding to pursue a PFI-funded project and signing the deal that allowed building work to begin has meant that the plans for the CCC and other parts of the Project have been overtaken by events, and in many ways were no longer appropriate even when the deal was finalised.

In fact the plans were already seven years old by the time the final contract was signed, and from then on there was no scope to change any of the details of the buildings.

The promotional leaflets for the CCC feature pictures of the beautifully-equipped children's playground, and references to other children's services – despite the fact that these services had already ceased to be part of the plans for the building even before they were constructed. This care is now delivered elsewhere.

The leaflet boasts with little justification that "The building is also uniquely designed so that the services can adapt to the changing needs of the local community in the coming years"

Far from being future-proof, in fact the building has not even been properly adapted to the changing needs of the

mental health and other services already in the building. Interior fittings were specified without reference to front-line staff with clinical experience of what is required, and have resulted in spaces which are not fit for their intended purpose.

One lesson which UNISON draws from this process is that it is vital for managers, architects and designers to consult with and listen to the concerns

of front-line staff if more money is not to be wasted on inappropriate buildings, fittings and facilities.

Unfortunately the same problem has been observed in many of the PFI hospitals built so far, and there seems to be no process

through which lessons can be learned.

It seems that once they have signed up to colossally expensive new buildings, and basked in the rosy glow of positive press coverage as new buildings are constructed and opened up, NHS managers everywhere are utterly resistant to any attempt to evaluate the successes and failures of the new project, or publicising

problems – which might help prevent similar errors of judgement elsewhere.

But if we cannot learn from mistakes in such hugely expensive buildings, which will be paid for by a whole generation to come, we are condemned to repeat them

– missing an opportunity to improve patient care and allow staff the satisfaction of delivering higher quality and more effective services.

£11 billion
the value of hospitals being built with PFI

£64bn
the cost of these hospitals over the lifetime of the PFI contracts

£336m
the value of the Peterborough Health Investment Project

£1,716m
the cost of payments under PFI for the Peterborough scheme

£8.5m
extra yearly cost of the new hospital to the Trust

£4.25m
the extra yearly costs of the City Care Centre



Seven years out of date: the plans for the CCC specified the children's play area (right), now completed but sadly unused



CITY CARE CENTRE

The City Care Centre opened this summer with predictable and well-orchestrated press coverage praising up the "light, airy" and "stunning" modern-looking building.

From the beginning the building had been planned to include mental health services, especially Child and Adolescent Mental Health Services (CAMHS): but it was also to house 34 en-suite rooms offering purpose-built facilities for intermediate care, mainly for older people needing extra help before being discharged home from hospital treatment.

Additional specialist facilities such as hoists are also included for care of older patients.

The architects, Nightingale Associates, for whom the Peterborough Health Investment scheme is their biggest contract so far, said:

"Key features of the building are the sweeping rendered curved blocks with accentuating timber pressurised laminate panels, coloured rendered panels, and overhanging roofs. These sweeping blocks and the central linear element enclose four tranquil landscaped courtyards.

"A protruding rotunda signifies the main entrance, which leads directly into a double-height concourse area lit by two large rooflights and glazed curtain walling. The main departments are accessed from this central concourse and a feature staircase provides access to a balcony refectory area and first floor departments. Departments within the building have been designed to maximise daylight and views onto landscaped gardens and courtyards."

Staff report patients enthusiastic about the en-suite facilities, despite some difficulties with some of the fittings (discussed below). Project manager Ele Milne, delighted with the building, told the Evening Telegraph: "I can't imagine that anyone wouldn't like it."

An estimated 500 staff were to work in the CCC, including nursing staff, physiotherapists, occupational therapists, social care workers and admin staff.

The facilities include an ultrasound and X-ray machines, and partly because of this, in the summer of 2008 managers proposed to include a walk-in centre in the CCC with minor injuries services, alongside the planned outpatient clinics for services including rheumatology, pain management, audiology, neurology and dermatology.

The Walk in Centre, transferred from the Rivergate site, is open seven days a week until 10pm. As yet there are no data on the numbers using the service or the unit costs of providing it, so it is too early to tell if this offers value for money compared with opening a primary care facility alongside the main A&E unit.

CAVELL CENTRE

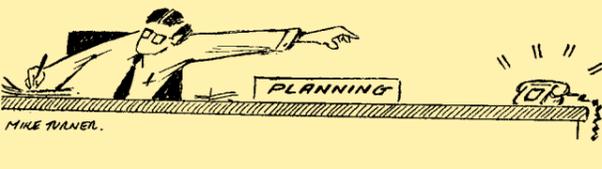
Mental health services are also provided in the brand new 102-bed Cavell Centre, built in two phases as part of the same PFI package, and opened at the same time as the CCC.

It too is spacious and modern in appearance and, has single en-suite rooms. It offers adult acute psychiatric wards, psychiatric intensive care, mental health facilities for older people, and specialist care for people with learning disabilities.

According to architects Nightingale Associates:

"The single-storey buildings have been designed as a series of linked pavilions, set within landscaped gardens and each with their own architectural identity.

"The curved form of the adult inpatients and older people's wards eliminate long corridors and add to the 'hotel' and patient-led feel of the units. The choice of materials, both externally and internally, enhances the patient's environment."



"Some elderly patients resort to using the handle of a toilet brush to push the flush – holding the wrong end! Others don't flush at all."

"To get anything done, you have to get a form from maintenance, get it signed by your line manager, and passed to the general manager of the building."

"If it is approved it will get done eventually – but there aren't many maintenance people around".



Problems yet to come: the new £300m Peterborough City Hospital takes shape – but staff have not been consulted on these new buildings

Is it as good as it looks?

Problems with the CCC building

As with many PFI-funded schemes – most of which were designed with little, if any office space – the area allocated to administrative work in the CCC has been severely squeezed. Clinical staff sharing phones and facilities and admin staff crammed into a tight space with little flexibility.

Another problem common in new PFI hospitals is technical and infrastructure failures, which tend to be dismissed as "teething problems", ensuring nothing is done to prevent them in future.

In the CCC there was a flood in the downstairs of the building, with sewage coming in and also blockages in several of the toilets.

But other more persistent plumbing issues include excessively high water pressure, creating problems when staff have to turn taps fully on to get hot water. Staff felt that the automated taps run for too long, giving no opportunity to turn them off sooner.

There are no plugs in sinks, and the showers have been set up with fixed shower heads, making it extremely difficult for staff to assist a dependant patient without themselves getting wet from head to foot. Older patients have struggled with the mechanical "push button" flush on the toilets in their en-suite rooms.

Other alarming infrastructure problems include the fact that both lifts in the CCC have failed from time to time in the few months since the building opened, and on one occasion both were out of action at once. Staff have found them unreliable and some are reluctant to use them.

Doors in the building don't stay open long enough before automatically closing.

Lights come on and turn off automatically in some rooms, but not in others, causing problems and uncertainty for staff, especially those new to the building.

And staff facing impossibly stuffy, hot working environment as the new building opened were told not to open the windows to allow the air conditioning to take effect – until it became clear that the



Caring for staff helps them care better for patients – see back page

air conditioning did not work.

The utility room is already dirty and unpleasant. Infrequent cleaning can mean that spillages can wait days to be cleared up.

And none of the public phones worked in the first three months.

Suitability for patient care

Many of the failings in the quality and specification of the CCC building undermine its ability to serve its intended purpose. One example is the clinical rooms in the Child and Adolescent Mental Health service.

These rooms are required to give clients and their families a strong sense of security and privacy: instead the building has been fitted with clear glass windows in all doors, allowing those outside to see who is inside: and the thin walls and doors leak sound, enabling others to hear what is happening.

Requests for blinds inside and "Occupied" signs to warn rooms are in use have so far proved fruitless.

Unfortunately the final specification for the new building took no account of these issues of patient confidentiality: as a result any attempt now to modify the rooms or soundproof them would be immensely complex, costly and time consuming.

The building is not owned by the NHS, but by the PFI consortium, and any changes to its fabric have to be agreed – and implemented – by the private

management.

"To get anything done, you have to get a form from maintenance, get it signed by your line manager, and passed to the general manager of the building. If it is approved it will get done eventually, but there aren't many maintenance people around"

Even though it is a new purpose built facility, none of the rooms in the intermediate care unit have piped oxygen, so staff have to use bottled oxygen supplies. Even this was not well thought through:

"They spent hundreds on trolleys to carry the oxygen, but they don't work properly."

Some staff also feel the CCC building was not properly suited for use as a Walk In Centre, although the immediate access to X-ray and ultrasound is an advantage, provided these are properly staffed with qualified radiographers throughout the hours of the Minor Injuries Unit.

The CCC service replaced the Rivergate unit, which had been located in a refitted building and had worked well for five years.

Cavell Centre: patient care issues

"Our elderly patients are encouraged to be independent, but the toilet flush in their room is a mechanical push-button in the wall, and the frail elderly people just can't push it in. They don't like it, especially since many have arthritic fingers.

"Some of them resort to using the handle of a toilet brush – holding the wrong end! Others don't flush at all."

There is no alcohol gel on the wards to assist infection control, and no alternative on offer. Hand washing is also a problem for patients:

"The taps are unfamiliar. For hot water you have to pull a lever. People have to learn another new procedure, and their age and mental condition does not make this easy. No plugs are allowed, although we are not sure why: surely a short chain would not be a hazard?"

"Nurses like to mix hot and cold water to get the temperature right for patients: but there is no way to hold the water in the sink to get it right. The water runs for 15 seconds at a time, although it was originally twice as long.

"We also have problems because we can't regulate the water flow when helping patients use the showers. We come out soaking wet."

"One manager was very helpful, suggesting we should wear flip-flops!"

The new building is supposed to feel like a hotel, but many of the items needed to help patients in the bathroom – towels, incontinence pads and such like – are stored some distance away from where they are required. Some staff contrast the layout of the new facility unfavourably with the previous building:

"At the old unit in the Gloucester Centre we had everything – pinnies, gloves, pads for incontinent patients: but now we have to leave patients on the toilet and walk several yards down the corridor to collect what we need.

"While you do that, the patient can get up and wander off."

There are also problems in accessing the single Clinomatic machine to dispose of used bedpan linings.

"You have to put it in a yellow bag and then walk through the dining room, and down the corridor past day therapy."

The previous Intermediate Care unit had "gorgeous home cooked food" produced by its own cook. But now food is prepared elsewhere and reheated.

"Some of our staff like the new food, but the patients who transferred from the old unit preferred the food they used to get there."

Staff concerns ignored in new buildings

City Care Centre

Adequate facilities are important to ensure that staff can work effectively and efficiently, and that the various employers delivering services from the CCC are able to recruit and retain a proper skill mix of staff to ensure quality care for patients.

However the record so far of PFI hospitals is that this has been a neglected area, with all too many cramped and inadequate workspaces, and serious inadequacy in facilities for staff to take breaks and take care of themselves.

The CCC is no exception: staff on the intermediate care wards have been concerned that the staff toilets and the staff room have been placed on the acute services side of the building. "We have no staff room, no toilets, no lockers", says one member of the nursing team. "We have to share the toilet on Maple 2.

Night staff wanting to use a microwave to warm their meals have to use much of their half hour break on night shift to go to a microwave on the other side of the building.

Problems also affect staff who should be based at the CCC but for whom there is no room. Community nursing staff were originally promised space for "hot desking", but the pressure on admin space has

meant this has not been possible.

"We are now out in the old dental centre, a dilapidated building with no land line telephone, fax or computers! This makes it difficult to do our job properly."

The five-strong team of community matrons – supervising the 60-plus district nurses and dozens more staff delivering intermediate care and 'hospital at home' services – has been disrupted, because they now have no common meeting place.

Parking at the CCC is only agreed for staff who use their cars for their job – and doctors, who "went ballistic" when it appeared they may not be allocated spaces.

Most staff in the CCC cannot park at the workplace, but have to park by the old B&Q and use the shuttle bus. With the WIC running until 10pm, this leaves their staff stranded, since the shuttle is no longer running then.

There are also underlying worries that the additional costs of the CCC building – around £250,000 a year for the mental health Trust alone, may be paid for through reductions in staff.

Despite publicly insisting that "it doesn't matter what the new building costs", the Trust has not been keen to replace staff who have recently left, and services are being reduced.



Cavell Centre

"Many of us don't take proper breaks now. The staffing levels are too low to give us proper cover."

Low staffing levels are also undermining the quality of care, even in a gleaming new building.

Managers were told that additional staff were needed to cover the Day Therapy services, but instead the therapy group that was provided in the old centre has now stopped. Staff are concerned that what used to be high quality services are being run down or eliminated without any proper discussion or debate:

"We provided therapy while social services ran social groups. There were 12 members of staff, including six registered nurses, at Gloucester Place, but that is now down to one. People have left and not been replaced.

"We used to have several groups running, including anxiety management and confidence building, but now they have all been cut. We just have a Health Care Assistant trying to do everything. It's as though they want Day Therapy to be

scrapped."

Staff were unclear whether NHS Peterborough was aware that this therapeutic care was no longer provided.

"Who from the PCT is supposed to check what services the Trust is providing? Where are they?"

The move to the new building has not panned out so well for this group of patients:

"They really loved the old unit. We had a big beautiful sensory room for our relaxation group. We told them they would soon get used to the new building. But now we have a room – a very narrow room, entirely the wrong shape.

"The layout of the room is ridiculous, with a noisy corridor outside – hardly relaxing."

To make matters worse, staff have noted a reduced capacity in the new mental health services to treat younger people suffering early onset dementia, and drug and alcohol dependency. It is not clear where these people are expected to go for health care

"None of us was consulted on any of this. We hoped the consultants would speak up: they know how good the previous service was."

UNISON says:

UNISON welcomes new hospital facilities for Peterborough, and we accept that many of the new facilities are and will be a big improvement on what went before. But if the NHS locally and nationally cannot learn from the relatively small scale mistakes, that have been made in these early parts of the project it will be condemned to repeat them on an ever-larger and more costly scale.

UNISON is concerned that the Cavell Centre and the CCC may offer a foretaste of problems and disappointments to come when the much larger Peterborough City Hospital opens up in 3 years time.

The irritations and errors in a 102-bed mental health unit and a 34-bed Integrated Care Unit could easily be dwarfed by the scope for blunders in a massive 612-bed hospital costing almost £300m.

As with the two smaller units, the specifications and plans for the new hospital were already 7 years old when the deal was signed in 2007. We have seen on a small scale the potential this has to cause problems for staff and for patients.

In addition there are question marks over whether the new hospital – which has 50 fewer beds than the current provision in Peterborough's hospitals – will be large enough to cope with the city's growing population.

The financial questions, too, raise serious concerns. It seems that the increased overhead costs of the new buildings have been a factor in the rundown of staffing levels and the rapid decline of some mental health services – with the virtual elimination of Day Therapy services.

The new hospital will bring a much heavier increase in overhead costs, adding £8.5m to the Foundation Trust's running costs, while the scope to recoup this from treating additional patients is limited by the constraints on NHS Peterborough's budget.

It will be a tough environment to open a new and more expensive hospital: all the predictions are that the growth in NHS spending will be squeezed, and spending may even contract in real terms from 2011 as the government of the day wrestles with the £1.5 trillion costs of rescuing the banking system last year.

But leaving aside our concerns over the costs and other drawbacks of private financing, UNISON believes that the NHS objective should be the development of buildings and facilities that not only look good to the outside observer, but which are genuinely user-centred.

This means centred on the needs both of the patients who receive care, and of the staff who have to work in the buildings to deliver that care.

This cannot be done without consultation – real consultation that offers staff a real opportunity to help shape the outcome.

These are buildings in which at least a generation of health workers will have to deliver care – and with hundreds of millions of investment at stake, it makes sense to try to get it right first time.



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