

# THE PFI EXPERIENCE

## Voices from the frontline

March 2003



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Interviews with staff in nine PFI hospital schemes  
in England, Scotland and Wales

Researched for UNISON by John Lister  
London Health Emergency

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## Introduction

This booklet injects a note of realism into the debate surrounding the Private Finance Initiative as a means of funding new hospital buildings for the 21st century. It is based on the testimony and evidence of the people who actually work in the hospitals.

The combined value of signed NHS PFI projects is already more than £3 billion, with a number of extremely large projects currently under negotiation. The theory is that PFI should yield better quality buildings and improved services for patients, at an affordable cost.

Of course it is not simply a question of finding out what is cheapest. Even if the NHS were to pay more and get superior new buildings maintained to a higher standard than before, it might be deemed a good investment, provided the benefits are felt by patients and by the NHS staff who have to work in the new environment.

But the first reports that began to filter out on conditions in the early PFI hospitals were very worrying. They cast serious doubt over the extent to which real benefits could be set against a dramatic increase in costs, in part due to the high levels of private sector profit built in to the contracts.

It seemed that the debate could not be settled by a barrage of figures – especially when some of the most sensitive figures on PFI schemes have been negotiated behind closed doors and kept shrouded under a veil of commercial secrecy. The real test of PFI is the quality of the services for patients and what it is like for the staff working in the new hospitals.

UNISON joined forces with John Lister, who travelled to nine PFI hospitals, three of them in Scotland, one in Wales and the rest in England and spoke to nursing staff, admin and clerical, porters, cooks and domestics.

They were very pleased to be given the chance to speak out without fear of reprisal from their NHS Trust or the contractor they worked for. And their reactions were remarkable for the number of overlapping issues and concerns spanning very different areas and sizes of PFI project.

Four things were especially striking about the staff views and the problems they identified:

### 1 Bed shortages

ALL of the first-wave PFI hospitals are desperately short of beds, with an immediate consequence for nursing staff who are under pressure to discharge patients more quickly. Several of these hospitals – all opened since 2000 – are already looking to build new extensions, or are resorting to the use of Portakabins, old buildings that should have been demolished, or local private sector beds to bridge the gap in capacity that has opened up.

### 2 Financial problems

ALL of the Trusts visited were facing extremely serious financial problems, partly through the costs of PFI and partly as a result of the pressure on front-line capacity. Some had lost vital nursing staff and were struggling to recruit and retain enough permanent staff to avoid running up hefty agency bills.

### 3 Poor design and quality

ALL of the buildings visited were riddled with structural and design problems. Estates staff were universally scathing about the quality of most of the materials and fittings that had been used – refuting any idea that the private sector would “engineer in quality” to hold down maintenance costs.

The most common complaint was about the heavy fire doors, which generally do not have delay mechanisms to hold them open while porters wheel through patients or trolleys.

But the next most common complaint was the lack of space in most new hospitals, whether on the wards, in the office areas or the corridors. Lack of storage space can cause a host of petty frustrations for busy nursing, admin and clerical and other staff.

And the third design theme that runs through most of the interviews is the lack of proper ventilation or air conditioning in modern, glass-fronted buildings.

## 4 Reduced levels of care

The fourth factor that emerges in all of the interviews is that the concerns of most support staff revolve around the reduced level of care they are able to give. This is despite their understandable anger at having been transferred to private contractors and the problems of the discriminatory two and three-tier workforce now common in PFI hospitals.

Domestics working unpaid extra hours to clean wards complain that they are still not able to clean to their satisfaction. Catering staff resent the fact that they don't get to cook anything any more, or cannot take more time to help patients eat their food. Porters resent the extent to which the caring side of their work has been reduced. There is anger at the widespread practice of requiring staff to both clean toilets and then serve food and drinks to patients.

Privatisation of these services has reduced the satisfaction that support staff get from their role as part of the health care team and has reduced the quality of patient care.

This report is a damning indictment of the whole PFI process. It is tragic that such a large and welcome hospital investment programme should have produced such universally poor results. The evidence of this report should add weight to the case for an independent review of PFI.

This Report was researched for UNISON by John Lister of London Health Emergency.

The interviews were all carried out in October and November 2002.

I am most grateful to UNISON for publishing these extracts from my transcripts of much longer interviews and to all the UNISON branch secretaries and activists who made the interviews possible, and all the staff who spoke so frankly to me about their concerns.

That I was able to fund the project is thanks to the very successful appeal launched for London Health Emergency by the relatives, friends and comrades of the late John Courcouf, veteran health campaigner extraordinaire. John always liked asking awkward questions and I am sure he would have wanted to hear health staff given their say and raising some awkward questions themselves on the experience of PFI.

John Lister  
March 2003

## Poor Buildings

### **Worcester UNISON Steward**

“The new hospital is like Heathrow! Yes, what a joke that atrium is: what a lot of wasted space. They are going to put some shops in and a WRVS shop.

“It gives the impression that you are walking into a big hospital, but when you get further in there are a lot of people working in cupboards. We’ve got offices with no windows in, but an enormous waste of space in the entrance area and other huge empty areas. I don’t understand why it’s designed like that.”

“They could have extended the first floor into the atrium and put in another 50–60 beds, it’s that big. But we’ve got people in cramped offices, people working in conditions that are ridiculous.”

“You couldn’t make more of a pig’s ear of this new hospital if you tried.”

“The doors are as much as £1000 each, but they are an accident waiting to happen. People have been injured because of the doors being too heavy and if you are in a department where you are going in and out of a set of doors probably 30 times a day, the weight of it will eventually get to you. They said they have now done a survey of how heavy they are and they are going to adjust the magnets to hold them open longer.”

“You’ll notice the corridors are very narrow – and you can’t pass, especially through those bloody doors.”

“In theory it’s supposed to be a one-way system and depending on whether you are on floor one or two you have to go in a particular way. People tend to just ignore that, but if there is somebody coming the other way you can’t get past: you have to get right over and stop to let them through.”

### **Norfolk & Norwich Catering Worker**

“This building isn’t going to last like the one in the city: this is going to tumble down. We’ve got kitchens in the middle of the building. Who ever heard of that? A kitchen with no window to let the heat out.”

“We were working in 35 degrees in the hot weather at six in the morning, let alone later on. That was before the ovens came on. I had a go at my chef who was going to dish the food out: I said for goodness sake go in the bathroom and have a wash. The sweat was just dripping off him.”

“I said you can’t go up on the ward and serve food like that. Would you want food served to you by somebody with sweat pouring off them?”

### **Norfolk & Norwich Male Admin & Clerical Worker, 18 years NHS experience**

“My area of the hospital includes the loading bay area, which has a lot of lorries coming in and out. I had to put in a health and safety report because the stairs were facing the wrong way, directing people into the path of reversing lorries.”

“The only sign on health and safety we had in the loading bay was one warning you of a slippery surface, because the surface was then a shiny concrete which was dangerous when wet and lethal when frozen.”

“At the old site we could accommodate around six lorries reversed up to the loading bay, but here we only have room for three. The corridors near the loading bay are so narrow that two pallets will not pass each other as you are bringing things from the loading bay to the hospital.”

“The whole set-up is a complete mess. They claim they consulted staff over the design of the new hospital. Well if they did, they certainly didn’t ask the correct staff – the ones working there – or they consulted them and completely ignored them.”

“Under the old regime it was our own hospital: I would be dealing direct with a person from the estates department and with our Trust health and safety person and it would all be done. Here it has to go to this committee, arguing over who is responsible, why wasn’t this done, why wasn’t it in the original draft – who is going to pay to put things right? Anything that wasn’t requested in the original draft, the companies won’t pay for it: and so things go round the houses.”

## Poor buildings

“It has to go up to director level before a piece of Fablon can be stuck on a window to give it a frosted appearance and prevent people seeing equipment inside. It must be very expensive. I don’t now how much they are paying a director to sit there and argue over whether or not to stick a piece of Fablon on a window.”

“We also have problems because the hospital was designed nearly 9 years ago, began building about five years ago and has only been in operation for a year. But they didn’t update the specifications in the meantime, so most of the wiring we’ve got here for computers is way out of date, as is the communications wiring. So they are already looking to replace a lot of it.”

“Ward doors at the old hospital, if you pushed both double doors open, would stay open for four seconds and then slowly start to close. Here they are different, heavy big fire doors: you push them open and they swing shut immediately. So UNISON had a big battle on its hands to change the doors.”

“This was when money came in. It was too expensive to change the hinges, so they didn’t do that, but on some doors they put these big rubber suckers on the bottom. But they didn’t install them very well: they only used short screws, so after a month or so they came out of the floor and now don’t work any more. It now seems that they will have to alter the hinges after all: they were a false economy and we have had people injured, drip stands knocked over and all sorts of things.”

“A senior manager came up here before the hospital opened and was setting out beds on wards. When I raised the point of the doors with her she became quite heated and said ‘I know all about these doors. I was struggling with them months before you even came up here!’”

“I have advised staff in the litigation department to sue themselves, because they are working in a room that was intended to be a large open plan office. But somewhere along the line it was subdivided into three rooms. It’s quite easy to do this because the staff have nicknamed this place ‘Cardboard General’ because all the walls are

plasterboard and chipboard.”

“They brought a cash dispensing machine up here over a year ago and they couldn’t find four solid walls they could install it on. The guy, from the Nationwide Building Society I think it was, said they would take it away because the thin skin of brick they were going to install it into looked alright, but all the walls around it were just plasterboard. Somebody coming along with a chainsaw could have just whipped it out. They have now installed a metal safe that has had to be bolted on to one of the metal girders in the large atrium.”

“So they subdivided this big litigation office into three – but the lighting in the office was so high tech, the bulbs and everything were some kind of energy-saving device. For a large open-plan office the lighting was fine, but when you divide it into smaller rooms the light was too bright for the staff working there who started getting migraine headaches and feeling ill. When the lights first come on and start to warm up, it is fine, but once they get up to full power, which doesn’t take too long, you need sunglasses. The Trust will not spend the money to change the lights. The women now sit there in the darkness with their VDUs on and they’ve got these little tiny desk lamps. That’s why I’ve advised them to take some action.”

**“They brought a cash dispensing machine up here over a year ago and they couldn’t find four solid walls they could install it on.”**

**Norfolk & Norwich UNISON Steward**

“There is a huge problem of ventilation. During the summer the normal offices were running at 28 degrees: the fourth floor in the centre block was the hottest place: the kitchens were running at 44 degrees and some of the secretaries’ offices were working at temperatures of 35 degrees or more.”

“It turns out there is no legal maximum temperature set for health and safety.”

“There are cooling systems in some areas where the machinery has to be kept cool. There are air circulation ducts in here, but if you hold a piece of paper up to them, there is no sign of movement. Anyway if you move around the same air, then once it’s hot, it stays hot.”

## **Hereford: Privatised Engineering Services Worker, over 20 years working for NHS**

“It’s cheap and nasty, that’s the problem. The way the government looked at it was that part of the PFI consortium was running the hospital and maintaining it, so the building and what went into it was going to be good.”

“But it’s not at all what I expected. Especially with part of the company I work for having designed it. None of my colleagues is impressed with the quality of the building. It’s very poor in those areas of finish. If Atkins were a lot stricter, with their monitoring of the defects, they would be facing a loss of money.”

**“The new lifts we’ve got have been pretty dire as well. I had to shut one down last week because some of the welds were starting to open up in the floor pan.”**

“The boilerhouse opened with no water treatment plant and we had a temporary boiler stuck outside on a trailer for six months. Our carpenter is continuously making good damaged doors. Some of them have stainless steel all over them to stop them being bashed around. But that does make them even heavier and puts a strain on the hinges. They attached the door closers to the architrave. But they can just pull the whole frame off.”

“As for the toilets, all the aids – the handles and fittings – are all screwed into plasterboard and our chippie is continuously having to go into the disabled toilets and picking them up after they fall off the wall.”

“Our workshops were designed for five people: but we’ve got thirteen up there working at the moment – with just one toilet between us. That’s a nightmare. We can’t all get into our messroom together. If you see the building now they are bashing it around putting air conditioning units into our offices because the place is unbearable. They have had portable plant in there for two summers.”

“The hospital was built by McAlpine and Haden Young. Atkins gave them a design and it has to be to a certain specification. Unfortunately it seems it’s always going to be the cheapest.”

“The new lifts we’ve got have been pretty dire as well. I had to shut one down last week because some of the welds were starting to open up in the floor pan. It’s not as serious as we first thought, but in lifts three four and five we have had to take the floors up and start putting extra bracing pieces underneath and then rewelding them. That’s after less than twelve months. We shouldn’t have to do that sort of thing so soon.”

“If my company get stricter with their charging it will wind up costing you and me and other taxpayers more money because it will come from the Trust. At the moment it is being covered by the contract. We are supposed to respond to emergency issues and say whether or not it’s safe to carry on.”

“We can’t get out of that old way we were in with the NHS, where the patients and the staff come first for us. But now I’m working for a private contractor my bosses are saying we are not supposed to do things like that and we are supposed to make sure the bills are sent to the right place.”

## **Hairmyres Porter**

“I used to work in the building trade and I have to say I think this hospital has been built as cheaply and nastily as possible.”

## **Edinburgh UNISON Steward**

“The fabric of the building gives grounds for concern. We have had several roof collapses so far and we’re not even a year in. It looks nice and white from the outside, but you just know that in



# Poor buildings

five or seven years' time it's going to be grey: if you come out and walk round you can see where the rain is already discolouring the building."

**"I used to work in the building trade and I have to say I think this hospital has been built as cheaply and nastily as possible."**

"This was a greenfield site and there are quite a lot of old mine workings in the area, so when they start to flood, there tends to be an infestation of rats and we've had a few instances of that here."

"This place is such political dynamite. We were having an open day about three weeks ago and we'd let everyone know there was going to be a demonstration, with leaflets all prepared on the two-tier workforce on the real problems of the hospital. We had posters – billboards – with "You are here... the rats are here."

"There are very big problems with heating and ventilation and in my opinion the walls aren't thick enough either. Hit the wall with anything and it will go right through. We had one near miss with a runaway laundry trolley down a bay in the basement, which took four transformers off the wall."

"Part of the problem is getting Haden to pay for changes, because they want the Trust to pay. Of course Haden will get their money back, they will just put their prices up."

## **Durham UNISON Steward**

"There have been a few mishaps: we've had the path lab flooded three times in 18 months, twice with raw sewage. They keep blaming the nursing staff for putting pads and other stuff down the toilet – despite the fact that they never ever do this. But it is impossible to stop an occasional patient doing it and the drains can't cope."

"Some of the permanent staff who have transferred to Haden estates have looked at the

drainage system and have said the drains just aren't big enough. We've had CSSD department — which is in the basement — flooded once because it's in a part of the hospital grounds where the ground slopes away down towards it."

"Ventilation is a problem in quite a few areas of the hospital. They haven't got a proper air conditioning and air filtration system. In the first year we couldn't open any windows in the new hospital, not because they wouldn't open but because we weren't allowed because of control of infection reasons while they were demolishing the old hospital around us. The dust could have caused an infection in an open wound. So the first summer, which was red hot, all the windows stayed closed."

"On my ward we heard a loud crack at about two in the morning during a night shift and wondered what it could be. Then we looked and the linen cupboard doors flew open and all the shelves had somehow broken off and all the linen fell forward on the floor. If a patient had been walking past when that happened, they could have been killed."

"All the walls here are hollow and the shelves were not held on by the proper brackets. They had to come back and fit a metal grip behind the wall. The fittings have been a problem in other parts too: we had a patient go in to take a shower, only to find the shower chair come off the wall when she sat in it." "We've had bathrooms flood, but the main difficulty is with the baths themselves. The bath is designed to be moveable up and down on an electric hoist and for safety reasons we can't allow an able bodied person to get in the bath on their own: they have to get in and out on the chair hoist. The powers that be at the time thought these new baths were wonderful: they would save nurses hurting their backs bending to bath patients. They never thought about patients who are well enough to be able to take a bath on their own and prefer to do so in private."

"Within the first few months there were a few injuries to patients who tried to get in and out of the bath on their own. They leaned on the button accidentally so that as they were trying to get out of the bath, the bath was being raised into the air!"

“We have got showers, so anyone able bodied is likely to say “I’m not having a bath like that, I’ll have a shower instead.”

**“All the walls here are hollow and the shelves were not held on by the proper brackets. We had a patient go in to take a shower, only to find the shower chair come off the wall when she sat in it.”**

#### **Durham Pathology Worker**

“There have been continuing plumbing problems. We’ve had sewage coming out of hand-washing sinks, despite the fact that there shouldn’t be any connection between dirty drains and clean drains and we’ve even had sewage coming through the ceiling, because the pipes were blocked.”

“Recently we’ve had a smell in pathology which we think is coming from the mortuary. We’ve reported it, but we’ve had problems getting anything done. Our health and safety lad couldn’t get in to have a look, because it’s a Consort building and they don’t want NHS staff in there inspecting.”

“We think the problem is that our intake of air is right next to the mortuary exhaust.”

“With every problem there are arguments between the Trust and Haden over whose fault it is and who is going to pay for it. Instead of just doing the job they just discuss whose fault it is.”

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#### **Durham UNISON Steward**

“One of the ward sisters went to pick some books up from the floor, trying to tidy up her office, heard a loud crack and a set of shelves came down on her. She had to go home with a collar round her neck. But Haden have to put up any shelving in the hospital: they won’t let you put anything on their walls.”

#### **Durham UNISON Steward**

“One of the most ludicrous things is the delivery bay. All the deliveries have to come through fire doors. The stores have got big roller doors you don’t want to open up in winter time.”

“Patients have to go down to the basement because they have put the pharmacy down there. The basement pharmacy was originally just for staff to use, with another one for patients to use in the outpatient department. But they couldn’t staff it, so all we’ve got is the basement one. The pharmacy itself is not much bigger than a telephone kiosk. They say ‘just take a seat’: but the seats are out in the corridor.”

“If you pick a body up off one of the wards, you have to bring it past people sat waiting for their prescriptions.”

“There is also only one service lift in the whole hospital, so again it can be difficult to bring bodies down from the wards. Also the doors are so heavy it is murder trying to wheel a patient back from theatre. We just don’t like it.”

“Seven pairs of doors have been modified out of something like 300 sets of doors in the hospital. They have been fitted with a device to delay their closing: some have a mechanical delay. I think it cost them £1000 a time for seven sets of doors. But out of the 300 pairs of doors, 500 doors have been taken off, taken outside to a little hut and they are fitting little plastic strips on the edges so that when they actually do hit beds they don’t damage the wood.”

#### **Bishop Auckland UNISON Steward**

“Of course on the outside it looks a very nice building. But the people who worked on the

contract, building it, tell us it is cheap and nasty. There have been problems with the electrics, with the generator not switching in. To put things right they had to redesign it. Two workmen were electrocuted.”

“This was before the opening of the hospital, which was delayed for two months so that modification work could be carried out. Who pays for these and other repairs? There is a lot of money involved. When the hospital opened we found there were a lot of power points which had no wires attached to them.”

#### Carlisle UNISON Convenor

“I talk to all the trades people that work in the hospital, electricians, joiners, plumbers and so on and they tell me that all the components used in the new building are the cheapest possible that anybody could use. That makes the job of maintenance even more difficult.”

“Every screw costs £10. So If I was to ask them to come and put that noticeboard up for me it would

“When the hospital opened we found there were a lot of power points which had no wires attached to them.”

cost me £40, with the bill sent to the Trust. And because the walls are plasterboard we can't put any weight on the walls, so everything is free-standing. This means that whereas in the old hospital we could keep everything off the floor, avoiding safety risks, everything now has to go on the floor: but there is nowhere to stand anything.”

“As for the temperatures, you have to remember that the guy who designed it had only designed airports. You will see when you go in, it has this revolutionary roof, with four skins. So when it gets hot it is supposed to expand and cause a buffer: but it didn't work. This was the first time anyone had tried it.”

“So on the top floor of this hospital the temperatures were getting so high that when the elderly patients (who are on the top floor) were

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out practising walking, they couldn't hold the handrail because it was burning their hands. To put blinds up will cost an arm and a leg, which the Trust doesn't want to do. The bill will land on the Trust even though it was the consortium's mistake and the architect's error.”

“The first day we had operations in there, I was in one of the theatres designated for orthopaedics (which has special precautions including a high-tech air exchange ventilation system to keep the bugs out). A patient is lying there having had a local anaesthetic for a minor op.”

“The surgeon and I were scrubbed, ready to do an operation. It was a windy day outside... and the blooming window blows in! Literally, the whole thing – the frame and everything – blew in. The floor nurse immediately rushed over to the window and stood there holding it up. The surgeon stood there, furious, taking his gloves off and throwing them on the floor and stamping his feet. The patient sat up and came out with a string of expletives.”

“It was like something out of Cartoon Cuts. The shock was unbelievable. But it turns out that they should have ordered special sealed units for windows that weren't to open and as you know you're not supposed to open windows in theatre. But they didn't do that. They used the ordinary windows that open in the rest of the hospital and squirted some stuff in the lock.”

“There are so many incidents regarding the plumbing. The first was that the maternity unit had to close because in the ward above some patient had had a bath – but there was no pipe connected to the bath, so as a result the water came cascading through the floor space and the ceiling of the room below and all over the mothers and babies.”

“The incident I feel was the worst was that from the moment we moved in to the hospital the smell of faeces was terrible – and it got worse and worse. One weekend there was an emergency call from the people down in TSSU, but they couldn’t reach their manager and they couldn’t reach any manager and in the end they had to get Dyno-rod in and they came – because there was raw sewage backing up in the drains beneath the floor of TSSU, which is in the basement.”

“This is where they sterilise all the instruments for theatre. The next thing is that in all the scrub sinks up in the main theatres raw sewage was bubbling up and out over the top of the sink as the girls were washing their hands for theatre. It went over the sink, onto the floor. So they brought in a plumber with an endoscopic camera which went along the pipes.”

“It seems that what had happened was that when they were doing the testing on the pipes, they have to do air tests and pipes are capped as part of this. They had forgotten to take the caps back off. So the sewage could only go so far and was backing up anywhere it could go. That was why it was appearing in all these places.”

“So on the top floor of this hospital the temperatures were getting so high that when the elderly patients (who are on the top floor) were out practising walking, they couldn’t hold the handrail because it was burning their hands.”

“So I asked who was going to pay for all this, for the cleaning of the theatres which have had to be closed, for uncapping the pipes and the Dyno-rod bill? Nobody would answer that question, but it appears that the building contractors got away with it: the Trust had to pay.”

“Another problem is that the roof leaks in. There are three ward levels and then a sort of service

level on the top next to the roof. It had been raining, and raining, in and it filtered down, ruined equipment up there in an area they had been storing stuff, cascaded again down through the ceiling into HDU unit and because they had nowhere to store anything, a lot of very expensive electronic equipment was standing on the floor. That was ruined.”

### Carlisle Staff Nurse

“The outpatient department is like a rabbit warren: the signage is abysmal and because we have one of the main areas of the hospital, cardiology, through here, we have patients in wheelchairs having to go through five sets of double doors which won’t stay open (although it’s amazing – since CHI’s coming we’ve actually been told we are going to get suckers to hold these doors open. We’ve only been waiting two and a half years!)”

“The atrium is beautiful isn’t it? Like a cross between a prison and an airport! In the summer they have put the shades on the roof. But of course the rain comes through the roof, too. Anyone could have told you that any greenhouse will rain in, won’t it? So come the rain we are out there with buckets up and down to see where the latest leak is. There are buckets all up and down the corridor: it’s a farce.”

“The phones don’t work. Most of the rooms are supposed to have a PC and a phone so that the doctors can work and report. Things wouldn’t be paper based any more. But here there is no PC.”

“We had a cardiac arrest – very rare in outpatients – in the department the week after we moved in. The phone didn’t work. So we were running round like headless chickens trying to find a phone to report this cardiac arrest. When the team came, the room where this patient had had the arrest was so small they couldn’t get the equipment in. We had to stand this man up to put him on the trolley to be taken up to ITU.”

“We have a venepuncture room, but there can be four different clinics trying to use that room at the same time and that’s just on this side of the

department... the other side doesn't have a dedicated room. The one we've got doesn't have a proper bed where you can lay people down and they wouldn't even buy us proper venepuncture chairs, where the patient can relax back with their legs up if they are feeling strange. We've only just managed to get another couple of those within the last few weeks. Perhaps that's something to do with the CHI visit? Who knows?"

"We have what we call sub-waiting areas within the outpatient department and we curtained off part of that space, trundled in a trolley and ordinary chairs and we take blood in that area: now it's not really safe, but it's a compromise which we have had to make do with. We managed to get one curtain up. We need them because sometimes ladies come in with tight jumpers on, not realising they have to have blood taken and have to take their jumpers off. You can't have them sitting there half dressed in the middle of the waiting room with people backwards and forwards."

"So they brought us one curtain, then said they couldn't put it up because it was the wrong type of fitting. It took us three months and eventually last week we got our two curtains up to close round the area, so we can pull ourselves together now!"

"We've got this pod system for specimens. You load them up into these Perspex pods like the old Co-op system and they go whizzing off to pharmacy or pathology. But a lot of the time they don't work and although they fix them quite quickly you can get a huge build-up of specimens."

"But some of the specimens are shattering in the pods, so you have to pad them out with tissues. You should be able to get four in at a time, but with a hundred in a clinic it can take a while to send them over: and we have the one pod to share with all the clinics in the area here."

"In the old hospital somebody would come around and collect them with a trolley. Apparently the only other place that this system is up and running is in Germany, but it hadn't worked terribly well there either."

"We had a cardiac arrest – very rare in outpatients – in the department the week after we moved in. The phone didn't work. So we were running round like headless chickens trying to find a phone to report this cardiac arrest. When the team came, the room where this patient had had the arrest was so small they couldn't get the equipment in. We had to stand this man up to put him on the trolley to be taken up to ITU."

"When the pods come back they arrive with tremendous force and the lock on the door doesn't work. If you're not careful they can just burst out. It could be really dangerous. So we improvised a kind of Heath-Robinson affair with elastic to hold the door shut and had it padded with towels and things in the bottom. We have got a big cardboard box in there now, which seems to do the trick. The old technology is always the best!"

### **Carlisle Convenor**

"We are now nearly two years in the hospital and we are still waiting for things to be put right that should have been picked up on the six-month inspection."

"We have had a team of guys going round resurfacing the floors, redoing the carpets and so on because of the faults and cracks that have developed with the building settling. They just keep on going round and round: it's just like painting the Forth Bridge. The trust is footing the bill for this."

"But they are just going on throwing money at this hospital because they can't allow it to be seen to fail."

## Poor value support services

### **Worcester Porter**

“The system here is that every portering job has to go through the Help Desk. The Help Desk sends a bit of paper to the dispatch room. The dispatcher gives you a ticket stating the ward, the time, where you are going, who the person is and what the job is. You can’t do anything without that ticket.”

“So a porter comes to the ward and says he has come to pick up a patient to go to X-ray. As soon as he gets to the patient, in the chair or on the bed, he radios the dispatch room to say “job completed”. But he’s half an hour away from completing the job.”

“This policy comes from the top level – to report the job complete as soon as you get to the job. In my opinion it’s total fraud, because then what happens is when the patient has been picked up, the job has been ticked off.”

“So the Trust always think that the company are completing the work within the allocated time. The performance figures must make good reading. I think each time they are caught taking longer than the allocated time it’s a £99 penalty.”

“We have heard that each time one of these tickets is completed and a job is done, then ISS charge the Trust £40. But that’s just to get you down to X-ray. But if I take you there and then bring you back, that would be two jobs – £80. They get paid for each completed ticket.”

“Sometimes when you get to a ward to collect a blood sample they will say “while you’re here, here’s a specimen”. I would say no problem, I’m going that way anyway, but ISS say no, don’t take it: you leave it. I have to tell them to ring the Help Desk.”

“It’s the same with collecting rubbish and laundry: if a ward rings and says collect X amount of black bags, if there are two more when they get there, officially they should leave them. That’s another job.”

“It’s all about money. They are ripping off the NHS.”

“If you look at the cleanliness of the hospital, they aren’t delivering a service there, either.”

“It is amazing to me that ISS have come to us with contracts in other hospitals: so what we are experiencing must be exactly the same as other people are experiencing and nobody is learning by their mistakes.”

**“It’s all about money. They are ripping off the NHS.”**

### **Worcester Nursing Assistant**

“The cleanliness here is a joke. The domestics have a lot of work to get done in a short space of time.”

“On a lot of wards they have to clean toilets and clean the ward, but their first job of the day is to make patients’ toast.”

“When they are cleaning they often don’t have time to change the water or rinse out the bucket, they are just spreading dirt around and often just wipe things down.”

“The only time the wards are really clean now is after an outbreak of diarrhoea and vomiting, or when we have a visit: you should have seen how clean the hospital looked when Alan Milburn came down to open it the other week. It was lovely!”

**“The only time the wards are really clean now is after an outbreak of diarrhoea and vomiting, or when we have a visit: you should have seen how clean the hospital looked when Alan Milburn came down to open it the other week. It was lovely!”**

### **Hairmyres Nurse**

“I helped commission this hospital. I was here when it was empty and I asked how porters can do effectively double the work in a 3-level building without an increase in staff.”

## Poor value support services

“I was told that the staffing is calculated not per person but per specified job. Now to my mind that means that if the specification calls for two porters to be on hand to move a patient they must supply them – and they are not doing so. This isn’t just a health and safety risk. We’ve got these guys running around like blue arsed flies, they cannot find a wheelchair, there’s no back-up support for them: I think patient care has suffered.”

“I think patient care has suffered.”

“I had a patient for X-ray and a porter came up with a trolley and I’m sure there was only one or two porters on for the whole hospital because it was a night shift, a back shift. I said sorry, but I’m not handing my patient over to you. It’s nothing against you, but it’s a health and safety risk. It’s stated in the specification that a patient must be moved by two porters, sometimes with an escort.”

“Some nurses would let one porter wheel a patient away. Often they don’t know any better, either. I am just a vocal person. Sometimes I wish I could just shut my mouth. But it’s not fair on them. It’s not fair on the patients. And the contractors are being paid to provide it.”

“Of course you need more people because there is much more work. But the domestics are supposed to make our beds, put out our meals. The domestic side has doubled. All those who were over the road as domestics are now hostesses.”

“We used to just have one domestic working on the ward and we all worked together. If we had any problems we could talk it through with them, but in this place it is a mess. It is all split up.”

“The level of stress is phenomenal.”

“The place is manky, because the cleaners also have to do the beds and do the meals: those jobs come out of their cleaning time.”

“The level of stress is phenomenal. I don’t blame the poor lassies involved, because I don’t think they ever quite know what they should be doing

anyway, when they keep getting bleeped to go and do something else in the middle of their cleaning.”

“And the quality of the bed-making has gone downhill, because the beds are supposed to be made by two people. The bed policy is supposed to state that there will be a “rapid response”, with two or four people who will not be allocated to other jobs and can come at short notice to make up a bed. We can wait up to four hours for a bed to be made.”

“These young girls are not being properly trained how to make beds. Mind you I think if I was sixteen years old and taken into a cupboard and

“We can wait up to four hours for a bed to be made.”

shouted at until I broke out into tears, I wouldn’t give a toss how well I did the job.”

“Somebody needs to audit the specification outputs for the work they are making these porters and domestics and hostesses do – we need an outside person to speak to these people. I have spoken to some of them and my heart bleeds for them.”

**Porter (interrupting):** “They have had somebody auditing – but he works for ISS!”

**Nurse:** “How do the Trust know what is being done? How do they get any proof? We would have to have an ad-hoc monitoring, because you know what they are like. If they knew auditors would be coming in a week, they would get everything ready to make it look good.”

**Porter:** “We get sent to a job and they record the time we get there, so that they don’t get fined.”

**Nurse:** “Yes they should get fined £1,000 per breach of specification per month. If I was in charge of this Trust I would be insisting on getting all the information. They were very keen at the beginning on the fact that the company would be monitored and fined for every breach, but nothing seems to be happening.”

**“They built an operating theatre, but with no lights: they weren’t in the specification. If you want lights you’ll have to pay extra!”**

### Edinburgh UNISON Branch Secretary

“I mentioned that the Trust hasn’t got 24-hour cover for estates staff at night. They said ‘Oh yes we do. I demanded that go in the contract.’ I said I can assure you it’s not in the contract: what you have is a guarantee they will answer the phone within an hour. They don’t have to respond within an hour.”

“The contract is watertight for Haden: but it has

**“The contract is watertight for Haden: but it has so many holes in it for the Trust.”**

so many holes in it for the Trust. Of course Haden would offer 24-hour cover: but that would be a change in the contract and cost more money. The original domestic contract involved no patient contact at all, no more making cups of tea. That was to fall onto health care assistants, who would spend most of their time doing part of what used to be a domestic’s job.”

“Haden then said they could include tea-making in the domestic contract, but obviously it would cost more money.”

“Part of the problem was the way the contracts were drawn up. For example on the domestic contract, they didn’t bother asking the managers and staff who work in domestic services what needs to be done in a working day. They never even asked them. So we had someone who thinks he knows what domestics do saying they must do this and missing out all kinds of things.”

“They built an operating theatre, but with no lights: they weren’t in the specification. If you want lights you’ll have to pay extra!”

“Car parking is a huge issue here. The charges are similar to those at an airport. It’s horrendous. Parking rates here are comparable with those in the centre of the city, despite the fact that we are 4–5 miles out. Two friends have just had a child, it was a difficult birth and the child was in a special care unit for four weeks.”

“After a week they started staying how expensive it was to park in the hospital... it was costing them around £100 a week, because they were taking it in shifts to come in and sit with the baby. But when they find out that the money was actually going to a private company – Meteor – rather than back into the NHS they were absolutely livid about it.”

“When Prince Charles was up recently opening the University part of the complex, which is not funded by PFI, he commented on the level of traffic congestion in this area. He’s obviously not a regular in these parts. The traffic round here was hellish even before they built this place. And it’s nowhere near fully open yet.”

### Carlisle Convenor

“What we couldn’t find out was how much of the £11.8m a year that the Trust pays for the building goes directly to Interserve as the facilities provider.”

“They wouldn’t let us know: they say it is a corporate secret. We asked and asked. But now we have found out it is 43%: that’s over £5million a year.”

“In 1999 when B&P took over, let’s assume there were say 40 cleaners and 20 porters (duty operatives) and they were getting £5m a year. Those numbers have now been reduced. I think we now have only around 20 cleaners, two team leaders and ten duty operatives – and yet Interserve are still getting the same money, the same £5 million which B&P were getting. They are squeezing out more and more profit, from the staff who are expected to cover the extra work.”

“One porter from the old hospital, who took a job at £20,000 a year as a duty manager for Interserve, only to find he was having to work seven days a week, with no paid overtime and that his marriage and health have suffered, has just gone back to work in the TSSU at £4.20 an hour to get away from the pressure. Now he is trying to transfer his pension, which must be about 20 years of more of pension, which was transferred with him to Interserve, back to the NHS and they won’t allow him to do it.”



## Poor value support services

“That sort of thing is happening all over. The stress that this company is causing is ruining people’s lives.”

“Seven weeks ago one of the duty operatives came and told me that they had been approached by Interserve and told that they had to do whatever Interserve thought of for them to do – regardless of what was in their contract of employment. He said that they felt it was highly dangerous and a threat to health and safety.”

“He gave an instance in which they were short of cleaners on the wards, so they told a porter to go up to a ward and clean the toilets. But while he was cleaning the toilets, the radio goes – and he had to respond at once. The call was instructing him to go and serve patients’ drinks – with no time allowed to wash his hands or anything. He has only one uniform.”

“I wrote to Interserve about this and also informed the Trust’s health and safety and infection control people and occupational health. I didn’t hear from any of them. I went away on holiday – and came back to find there had been a severe outbreak of diarrhoea and vomiting in the hospital and wards were being closed. It was a really nasty salmonella. The porters are really worried that the working practices they are being forced to carry out by Interserve are self-generating this infection and spreading it in the hospital.”

“The nurses are cleaning up the main mess: but the porters are cleaning the rest, cleaning the toilets and then serving meals, serving drinks, making toast for patients. The hospital sets the contract with Interserve and the company is supposed to provide it. Infection control is supposed to monitor what is done, but... nothing has been done.”

“The duty operatives get £4.65 or £4.85 an hour. But they are expected to do anything and everything. Interserve’s attitude to them is a disgrace: they literally tell them that if they don’t

like it then... on your bike. Their HR director when he took over systematically went through the employees list and looked at those who had been TUPE transferred over.”

“One by one he called them in the office and said to them that none of the special agreements that had been made with UNISON mattered a jot and that as of January 2002 they would end. One long-serving porter, not far off retirement, lost around £100 a week.”

“Since Interserve have been here I have tried and tried to get copies of their policies. I haven’t got one. Not at all, so I don’t officially know what their policy is on sick pay. There is never a reply to any letter that I write to them.”

It’s so bad that Interserve occasionally bring in agency staff to make up staff numbers, but after working one shift the agency worker will normally say “If this is the conditions there’s no way I’m coming back here again” – and the problem is back: so they can’t even get agency staff.”

### Carlisle Staff nurse

“Is the hospital clean? No. It’s a terrible thing to say, but you get to the point when you recognise the dust. The cleaners we have do their best, they are lovely lasses and they do work hard, but they have a huge area to cover.”

“This office has not been used this morning, but it obviously hasn’t been hoovered, has it? We had clinics in here all day yesterday, so it should have been. There are not enough of them to physically do what needs to be done. “

“They have started putting on more evening clinics as part of the waiting list initiative: but nobody comes in to clean after these extra clinics have finished. Across the whole hospital there are only four cleaners to do all that needs to be done at night. One of the main jobs that needs to be done at night is not only these clinics, but also the operating theatres upstairs. But there are not enough staff and the place gets filthier.”

“The stress that this company is causing is ruining people’s lives.”

## Space problems and bed numbers

### **Worcester Porter**

“Originally Newtown (hospital wing) was going to go altogether, but eventually they realised that without it they wouldn’t have enough beds, so they decided to keep it open, first of all to deal with winter pressures and then as permanent beds.”

“There are no winter pressure beds now, so god knows what they will do when winter comes.”

### **Worcester UNISON Steward**

“Nobody is saying that Worcester didn’t need a new hospital. But everyone is paying for this now: Redditch is paying and Kidderminster has paid dearly for it. When we’re on red alert here now, nobody talks about it because it’s a dirty word. All they do is shunt the extra patients over to the Alex, so the Alex is on Red Alert.” (Alexandra Hospital, Birmingham)

“And what about Kidderminster? They can’t send anybody there, because it’s a political minefield. For somebody to stand up and say “I think we should reopen some beds in Kidderminster” would just mean they would be chopped – so nobody will say it. This hospital has only been open since March, so we haven’t seen the effects of winter pressures yet. We don’t get told about red alerts.”

*Nursing Assistant:* “The first we hear about red alerts is often on a Friday afternoon when we are asked if we can send any elderly patients home.”

*Porter:* “The other day I had a call to collect a dead patient from a ward and said I would be up as soon as I could. They said ‘Well hurry up, we’ve got somebody here to go in that bed.’”

### **Norfolk and Norwich waiting list manager**

“Another thing is bed numbers, because there is always a very fine line on who we can bring in for their operation and who gets cancelled.”

“There is definitely a far greater pressure on beds than there was before. The new hospital has made that worse.”

### **Norfolk & Norwich Stroke Specialist Nurse**

“The single biggest thing for nurses is the constant

bed crush. The hospital seems to be continually in a beds crisis. Given that the hospital is smaller than the one we moved from and that they had a chance to build on a clear site suggests that the hospital was built too small, which in turn suggests that it was to save money.”

“The single biggest thing for nurses is the constant bed crush. The hospital seems to be continually in a beds crisis.”

“It means you are always trying to discharge patients and discharge can sometimes take priority over crossing the Ts and dotting the Is, shall we say. You are always under pressure and that adds to the stress of the job.”

“The problem comes when you know that the patient is seriously ill, but at the back of your mind you always have the question of how soon you can get them out of the bed. We need some

“Whoever did the estimates here for bed capacity have been disastrously wrong.

time to let them stop being seriously ill before they are discharged. There should also be enough staff to deal with full wards of sick people.”

### **Norfolk & Norwich UNISON Branch Secretary**

“The hospital in terms of bed capacity is absolutely woeful. We have been on red alert here for most of the last two weeks (early October) before the most difficult time of the year and the bed utilisation has been 99% in recent weeks after running for months at 97%. The last week has gone beyond red alert – to 999s only.”

“Last Christmas we had eight or more ambulances queuing outside the A&E department: they couldn’t get their patients in there. Ambulance crews were required to stay with their patients for

# Space problems and bed numbers

hours within the hospital, because they couldn't hand over."

"Whoever did the estimates here for bed capacity have been disastrously wrong. To get ready for the move here, bed numbers were cut back from 1,256 in 1996 to 957 now. The Trust chief executive's propaganda line is that we didn't lose any beds in the move – but that's because we had already lost them beforehand!"

"Clearly we can't manage our caseload with the present bed numbers."

"Because finance is expensive, they had to keep their costs down. To do that they made optimistic assumptions about the capacity we would require. And they have also cut costs by trimming on things like air conditioning and other aspects of the quality of the building. In other words it has been finance that has been the driver on capacity."

"We have to challenge your Tony Blairs and others who keep saying we've got these few beds not because of PFI, but because 'the experts told us we only needed these few beds'. In fact they only identified the need on the basis of how much money they could afford to borrow."

"The way it has been described to me is that managers were asked what they needed. They

**“these brand new workshops, only open for about 3-4 months, have been smashed up and put into skips”**

would look at the space they had before and then go back and say to the PFI team that the new space was not going to be enough to do the job. And essentially their response was "Well that's the space you've got, go back and make it work."

"The overall capacity problem means that we are now hiring space in the city, hiring space along the road here, because we can't fit in the sort of services which we run, such as mechanical engineering and key clinical departments."

"Occupational health can't come up here – there's no room. Health and safety at the moment is on split sites and I'm not sure if they will all come here, but these things should be hands on services in site. SERCO's management are out in portakabins."

**Norfolk & Norwich Admin & Clerical worker**  
"The offices where I work now are being moved from our nice new location into a store cupboard. The reason is that this hospital just isn't big enough."

"The area dedicated to the electrical and mechanical engineers in one of the Octagon-shaped buildings at the end of the site, along with the physics workshop and the X-ray engineers and the private contractors who handle all computer repairs and IT problems, are now being moved out, so that the area can be turned into a ward."

"It's an emergency measure, but it means that these brand new workshops, only open for about 3-4 months, have been smashed up and put into skips – and all these people have been moved back to the old Norfolk and Norwich, to the old workshops they started from originally."

"Their space will now be a ward, as we thought it should have been in the first place. But there is a problem now, because all the X-ray engineers and all their equipment, are sitting four miles away in the old hospital. The electrical and mechanical engineers, too, service all the equipment in the ITU department, neonatal intensive care unit and so on."

"They need to be on site and to have their workshop on site. Without that, to put something on test they have to come over here, put it in a van, take it back, test it and then put it in a van and return with it!"

**Hereford UNISON Steward**

"UNISON said in 1997 that the original plan meant a 40% cut in beds. The Trust pooh-poohed it, of course and insisted that we'd got it wrong. But now it has been accepted. We were right."

"They fiddled the figures on the bed numbers because they excluded things like incubators and

**“We expected a whole new hospital, but we’ve still got all sorts of old bits that we have to keep using.”**

day beds from the count of existing beds, but then included them in the future plans.”

“We were all over the papers and the radio raising these issues, but nobody would take any notice.”

“There was a bit of blackmail involved because we were given to believe that if we didn’t agree to this scheme the way it was, we wouldn’t get the new hospital and there were fears that we’d end up with a cottage hospital and have to go to Worcester for any in-patient treatment. It was more or less a case of ‘it’s this or nothing.’”

#### **Hereford UNISON Secretary**

“We expected a whole new hospital, but we’ve still got all sorts of old bits that we have to keep using.”

“One block is about 200 years old, another bit built in 1938, some of which has been knocked down for the car park. And the bit they have kept is the wards which were thrown up in the war, called the Canadian huts. They are still there, with asbestos roofs, asbestos walls. They have ninety-odd 1940s beds, next door to this state of the art hospital.”

“We’re going to see David Lammy the junior health minister tomorrow with the Chairman, two consultant physicians and two theatre staff and two MPs. We’ve got to be there tomorrow afternoon to discuss the extra 120 beds, to be built where the hutted wards are.”

“The reason why they cut the bed numbers so far was because they thought the operations would all be so quick, they would all be day cases: it hasn’t actually worked out that way. If anything it has got worse, because as they try to get the patients out quicker, a number are having to be readmitted because they were sent home too soon.”

“The original plan was to cut the bed numbers from 460 to 250, getting rid of the hutted wards. But now we are running 99% full all the time, in fact we often close to admissions. If there is no bed here it can mean going to Worcester or Shrewsbury. So now we hope we are going to get another 120 beds.”

#### **Hairmyres Nurse**

“The other thing you notice, compared with the old hospital, is that they are trying to shove patients out quicker. The beds are running at 99 percent capacity every day. You can’t have that. You need at least some kind of respite to check the ward is clean.”

“We have 100 fewer beds in this hospital: across the Trust, taking Hairmyres and Wishaw together, we have lost 300 acute beds since 1997. How can you plan to lose 300 beds, while covering a larger area?”

“I work on the acute receiving unit. Three weeks ago we were receiving for Monklands, the Royal and the whole of Lanarkshire.”

“They were even trying to put patients into my day room. I’ve got 24 beds on an acute ward: that extra patient could collapse and die. I refused to be responsible for that. We should shut the same as any other hospital when our beds are full. “

#### **Hairmyres Porter (following on)**

“Yes, three weeks ago there wasn’t a spare bed in the hospital, casualty was completely full: every trolley down there had a patient on it and eventually they had to take three patients out of Ward 16 and send them up to a wee place in Hamilton.”

#### **Edinburgh UNISON Stewards**

“The final bed figure they settled on is 852. We used to have about 1200. But we’re supposed to cope because there are supposed to be a number of smaller units already built and operating, offering step-down type beds, for example Midlothian Hospital.”

“But not a brick has yet been laid for that. The plan was that this would already be in place. So we’ve got bed blocking already and it’s going to get worse. They have reduced some of the units to prepare us for the move.”

“But in reality this is not working, because as soon as they close one unit they open another one up to deal with delayed discharges.”

“So on paper, yes, they are preparing. But this

# Space problems and bed numbers

means that they are expecting to discharge all maternity cases within 24 hours of giving birth, unless there are complications.”

“There was a study done on the numbers of beds that would be needed to handle patients coming in from accident & emergency and the consultant who had done it calculated that he needed 44 beds. The room went quiet and somebody from the management says that has to be wrong – so he explains how he got the figure. Then he was told he would only have 24. They knew they would need 44, but were told they couldn’t have that many. A number of senior clinical managers have since resigned so as to take no part of the blame for what’s going to happen.”

## **Durham Nurse**

“Bed occupancy is very high, with beds seldom left empty for any time especially in the medical sector. Lots of patients are boarded out on other wards for lack of beds.”

“The Trust has been talking about expanding – building another new wing. Nursing staff also complain that it is more difficult to observe patients, given the layout of the new K-shaped wards and that most beds are in small 4-bed bays.”

## **Bishop Auckland UNISON Steward**

“Rather than build offices to take the staff we have, admin and clerical staff have had to squash into the office space available.”

“The porters face an even worse situation: there is no place allocated for them, not even a small room where they can sit down during their break and make a cup of tea. They just have to stand round where the help desk is.”

“Porters and other support staff are not comfortable. And because the building is privately-owned, you can’t even hang a picture on the wall without permission from Criterion: they keep telling us it’s “their” building.”

“Loads of paintings were donated to the old hospital by patients: but they haven’t been hung in the new one.”

“We wanted a UNISON notice board – but we have had to ask them for permission.”

“Space has been skimped everywhere. This restaurant is theirs – and this is one of the bigger areas in the hospital.”

## **Carlisle Staff nurse**

“Outpatients have nowhere to put clean linen. It’s stacked on a trolley out in the corridor – another piece of equipment from the old hospital. We were supposed to house the linen at the back of one of the nurse reception desks. But you couldn’t swing a cat in there. And we were supposed to have trolleys with all the notes, which could be slid under the desk.”

“Well apart from the fact they forgot to order the trolleys, you couldn’t actually sit at the desk and do the job you are supposed to be doing if you have these things underneath.”

“Medical records are moving off site to an industrial unit over the road – a long way to go in the dark. At least the new records unit will give plenty of space, but you need prompt access to the notes... and who is going to get them when they are needed?”

“We’re supposed to get all the notes across for every clinic: we’re going to have to get them the day before. Now that gives us a huge storage problem. Where can we put them?”

**“Porters and other support staff are not comfortable. And because the building is privately-owned, you can’t even hang a picture on the wall without permission from Criterion: they keep telling us it’s “their” building.”**

## Working conditions

### Worcester Porter

“I have given out loads of recruitment forms recently, to people wanting to join the union because they are worried and frightened. They want union protection straight away. They don’t trust ISS.”

“There is a hell of a turnover of staff, especially the domestics. The new ones come in on ISS contracts. They only get one day’s sick pay per month.”

“A young lad who works for the ISS security was recently stabbed, while doing his job. They were short-staffed that day. He was where he should have been, but came across somebody who stabbed him. He was stabbed for £4.87 an hour – and he has had no back-up.”

“This bloke is more than capable of looking after himself, with martial arts. But two of them are supposed to go out and monitor the grounds. This particular night they were short staffed and his supervisor asked if he was OK to go out on his own.”

“Nobody from ISS has been to see him to offer any form of counselling. He has lost a lot of confidence, he’s on anti-depressants. The company don’t care at all.”

“The Trust didn’t even know it had happened.”

### Norfolk & Norwich Occupational Therapist (saying she was generally positive about PFI):

“I think we have landed up with a good sized department, generally the atmosphere within it is good, especially with everything being new.”

“Staffing levels have not changed, but the workload does feel heavier. It’s difficult to know whether that is because it is split on two sites or the workload is higher because the bed occupancy levels are very high. Occupational Therapy staff play a key role in preparing patients, especially older patients, for discharge.”

“We do get a sensation that there is much greater pressure on the available number of beds. We get wards ringing down, including some of the wards

we don’t normally cover, like gynaecology, because they have got half their beds filled with Medicine for the Elderly patients as a result of the pressure on beds.”

“Part of this comes from the reduction in number of beds in the Community Trust as well as the reduced numbers here.”

“Often patients are sent on from here to community beds, when possibly we might have been able to discharge them home if bed occupancy wasn’t so high and we could have given them more care.”

“Morale among the support staff that we work with on the wards is not so good, certainly among the cleaning and domestic staff. That is highlighted on the wards because there is a frustration that standards have gone down. And yet you feel the staff are working as hard as they can: they just haven’t got the resources or the time to do the job properly.”

### Norfolk & Norwich Waiting List Manager

“Because it was a PFI development, it seems they weren’t willing to redevelop the old hospital site. Instead they moved out to this greenfield site with no infrastructure. They put it in this field, where all the land is privately owned. Because there

“there is a frustration that standards have gone down. And yet you feel the staff are working as hard as they can”

aren’t enough parking spaces a colleague has to catch two buses here and two buses home. It takes just over an hour each way compared with 15 minutes by car.”

“That is one issue. But because the building is privately owned the restrictions we’ve got in our office mean we are not allowed a kettle, we are not allowed to eat at our desks and we are not allowed to put anything on the wall – with bluetack, sellotape or anything.”

“The only things on the walls that are allowed are the designated pinboards which SERCO put up for us. Anything over an above that is not allowed. Because the walls are not weight-bearing we are limited in the amount of shelving we can have. A lot of case notes end up stacked on the floor, which is a health and safety risk, because we are forever tripping over them.”

“That in my working day is the down-side of a PFI hospital, because apart from the desks that we brought with us, they owned everything in my

**“Because the walls are not weight-bearing we are limited in the amount of shelving we can have. A lot of case notes end up stacked on the floor, which is a health and safety risk, because we are forever tripping over them.”**

office. The restrictions mean that we have nowhere near enough shelf space but can't have any more because the walls won't take the load.”

“There are silly things, too, like not even being allowed to put up Christmas decorations. We had a box of them that the department has had for years, but because we couldn't put them up properly we wound up having to drape them over our chairs. That might sound really, really trivial, but these things add up.”

“We were not allowed to bring in the little fridge we used to have before in our old office – or anything electrical, even though they have been tested and found safe by the electricians here. So we now find that you either have to eat in the canteen, or bring things that won't go off in the heat in the summer. The canteen prices are much higher here – a sandwich is just under £2, whereas I can make the same for much less at home. “

“But it's worse because there is no proper air conditioning and our office is desperately hot, so things just go off in no time. If you bring in a

chicken sandwich and a yoghurt at 7.30 in the morning, by lunchtime it's not going to be too nice. We are really lucky in my office: we've got two windows.”

**Norfolk & Norwich UNISON Convenor,  
SERCO Staff**

“I am basically on-call 24/7 to help sort things out and chair the meetings of the Negotiation Consultation Forum, which deals with all the big policy issues relating to private contract staff on this site. The arrangement was negotiated back in 1998 when SERCO were first taking over in the new hospital in readiness for the new hospital contract.”

“We signed an agreement with SERCO last year, which also involves Amicus, which states that any changes or any proposed changes will be discussed with the staff side before they actually happen. If there is not an agreement, the change will not take place.”

“So we have set up a very nice tight network that looks after our members. It has worked well for UNISON, because we have got about 83% membership across SERCO now.”

“Tony Blair visited this hospital two months ago and I asked him if he would use his influence to harmonise the terms and conditions for all the people here, the people who have been left behind as a result of the PFI project?”

“I didn't think that he really took it in but it seems as if he must have done, because SERCO have now got in touch with me, unofficially at this point, saying that we should negotiate putting everyone onto Whitley contracts. That's something I have been knocking on their door about for the last four years.”

“Certainly to retain staff it is a big issue. Everyone who has transferred over under TUPE with Whitley terms and conditions has been retained, with only a natural wastage of a few retirements. The big turnover has been among their own SERCO staff. Two years ago when they were bringing people in on just £3.74 an hour, while Whitley staff were on £4.50.”

“Non-TUPE SERCO staff came here on the minimum wage, no sick scheme, no bonuses or anything like that.”

“In this last year what we have done is harmonise with the pay rises on the Whitley spine point pay scale. So everyone is now on the same Whitley spine point.”

“We have now got a sick pay scheme, which pays them when they are off sick, an attendance bonus as well.”

### Norfolk & Norwich Privatised Catering Worker

“One problem with this new hospital is the amount of walking. The old hospital was basically packed into two blocks, but this is spread out. I’ve never known my legs ache so much at the end of the day.”

“That’s where the porters come unstuck here, too. Here it’s around a quarter of a mile for every trip.”

“And of course there’s the problems of getting here, so people do turn up in a bad mood before they even get started. If I get a lift it’s lovely: I can be here in about 20 minutes. But if I get a bus coming it can take a good 45 minutes. And going home you are talking about an hour or an hour and a half.”

“99% of the staff were hoping that they wouldn’t build out here but decide to refurbish or rebuild the old Norfolk & Norwich. Most people in the area around the city didn’t want the new hospital to be put here. There were protests and complaints. But the powers that be don’t listen to ordinary people, do they?”

**“Privatisation has taken the care out of our jobs.”**

“Privatisation has taken the care out of our jobs. We just haven’t got time to do those extra things that show we care. I find myself saying ‘I haven’t got time to do that. And if I do that for you, ten other people won’t get anything.’ Do I help you put butter on your piece of bread and jam, or

**“For us, the question is how the hell a company can just want to make money out of ill people. That is beyond me.”**

make sure the other patients at least get the food put in front of them?”

“If we do decide to help, we wind up getting late for our break: it snowballs and you should have been finishing at three but you’re still working at ten past, wondering what the hell you are doing there.”

### Norfolk & Norwich SERCO Convenor

“The original people like me who worked at the old hospital and are still here have come and stayed because we want to look after patients. For us, the question is how the hell a company can just want to make money out of ill people. That is beyond me.”

**“It used to feel good going to work and you had some satisfaction going home at the end of the day. Now there is no more satisfaction for porters than working in a factory or a shop.”**

“People from the old portering side will tell you that whatever the problems were before privatisation there was more time to do these sort of things; you took them upon yourself and you were expected to do so — you were part of the team.”

“It used to feel good going to work and you had some satisfaction going home at the end of the day. Now there is no more satisfaction for porters than working in a factory or a shop.”

### Norfolk & Norwich Stroke Specialist Nurse

“Another issue for us is that the support staff are no longer NHS employees. They have such a huge turnover of staff that these people don’t have a chance to become members of the ward team.”

“In terms of patient care, for support staff to understand what they are offering to patients is vital, whether in terms of infection control, or in my area of stroke treatment.”

“This doesn’t always mean that nurses wind up



doing support staff duties, but it can often mean that these jobs are not done as effectively as we would like, while the support staff could potentially play a much bigger role in helping the patients.”

## “clerical staff are sharing rabbit-hutch style offices”

“It’s nice to have new clinical areas, let’s not beat about the bush and the old hospital did not offer that: the clinical areas here are not perfect but they are better than we had before. However we have a situation where clerical staff are sharing rabbit-hutch style offices and there are more off-site staff for whom there is no room on site, who are going to have to be based somewhere else, some of whom have clinical roles and should be based in the hospital.”

“The transport is pretty grim and although that is not directly to do with who paid for the hospital, somewhere along the line the people who took responsibility for that must be seen not to have planned it properly. “

“So clinically it is a step forward, which is nice, but in terms of goodwill and back-up and morale, the things that make the hospital tick along smoothly, then it gives the impression of being badly thought-out – a botched job.”

“If somebody told me there was going to be a new PFI hospital built in their town, my advice would be to look very closely at the small print.”

### Neath UNISON Stewards (in advance of December transfer)

“We’ve got OCS who are going to be dealing with the catering and hotel services domestic side. Dalkia who will be dealing with the engineering element of the hospital. Sunlight will be dealing with the laundry services and Caxton are going to be the providers of the portering, security, car parking, telephonists and crèche facilities.”

“Only car parking and a small percentage of the portering were privatised before PFI, the rest have

been in-house throughout, so we also have a lot of staff with long service. One lady going over has been 32 years here.”

“We’ve probably lost about ten percent of the original staff since the plan for the new hospital came into being. Some have retired, but most have gone because they weren’t sure there would be any future for them in the new hospital and they needed some security.”

“At the moment there are about 35 members of staff on fixed term contracts, with length of service as long as 22 months. They and any new starters will be substantially worse off – getting in the region of 80p per hour less than the current rate. They will be allowed to join the company pension scheme, but not on the same final salary terms that we have. They will only get what tends to be the norm in private industry these days.”

“Sick pay will be limited to two weeks, after which it will be statutory cover only, compared with the NHS which pays six months full pay and six more months on half pay. All in all, it doesn’t look good for any new staff coming in.”

“And these conditions apply to everybody on short term contracts, including my manager, who is only on one of these contracts himself.”

“This can stop people wanting to move up the ladder, because if people have been here a number of years they might think they wouldn’t mind putting in to be a team leader, which would be promotion. But if they do that, will they have to lose the contract and conditions they’ve got now and move over to an OCS contract? We still don’t even know the answer to that question. It would be a change of job.”

“What makes matters especially uncomfortable for our members who are transferring is that they can’t take out their NHS pension. It has to stay, unless they break their service – and if they break their service they would lose their protected terms and conditions. Yet pensions are not linked to the TUPE arrangement: and they will no longer be NHS employees.”

“They are only interested in keeping the wages down, never mind the quality of the care that the porters can give to patients. The porters always used to chat with the patients and make them laugh: you could see people smile and feel a little bit better. Nobody laughs so much in the hospital now.”

“We should be ensuring that if people in the future have to go down this road they have the choice of what to do with their pensions. If people take their money now they could invest in their own pension provision, because they are not going to get much pension from the company anyway.”

### Neath UNISON Stewards

“Most of the nursing staff here don’t seem to have had a clue on what is happening. We have talked to nursing staff for a number of years, warning them of the issues surrounding PFI and how it could change their relationships with the other staff who will be working for the contractors. Up to now they have taken absolutely no notice of us.”

“But now, when it is beginning to affect them, in the planning stage of things, they are up in arms. They are trying to make sure they get staff they know, to ensure their wards run as smoothly as possible.”

“For years cuts have been made on the backs of ancillary staff. But after PFI, the Trust won’t be able to make cuts that way any more – so where are they going to look to make their savings? Nursing and patient care.”

“They won’t be able to go to the contractor and say “We’re a bit short of money this year, can we pay you a little bit less?” You’re in the real world now, that’s not going to happen. The deal is legally binding.”

“I don’t think it’s really dawned on the nursing staff what this will mean for them. And it will come to that. There is no other avenue that the Trust can go down.”

### Hereford UNISON Secretary

“We’ve had a problem with a lot of office spaces that have been halved because there wasn’t enough room for consultants or clinical areas. They have actually had to partition rooms. One of them was the porters’ room: that is appalling now, not much more than a cupboard. There can be twelve or more on a shift, but nowhere for them to sit and have a drink.”

“They couldn’t put anything on the walls, such as

the keys to the cupboards that have to be locked: they had to reinforce the wall first before they could put anything on.”

“I am very keen to press for the porters to be brought back into the NHS. I see them as a clinical area and I don’t think any PFI that comes into the hospital should mean that the porters are transferred. It doesn’t work.”

“They are only interested in keeping the wages down, never mind the quality of the care that the porters can give to patients. The porters always used to chat with the patients and make them laugh: you could see people smile and feel a little bit better. Nobody laughs so much in the hospital now.”

“The porters, bless their hearts, are everything, aren’t they? If you need some help on security, you ring for a porter. The problem is now that a porter can be called in to help and the next thing is someone has made a complaint about a porter using what they call “unreasonable force”. We have had to ask the Trust if they will support these staff. I don’t think porters should be asked to do security.”

“The domestic staff have very low morale. Turnover is again very high. They are so stretched that they can’t clean all the departments. When they go in, if it’s tidy they have to leave it and go to the next one. That is very difficult for them. Stress comes in and then sickness and then the pressure on those who are still in work gets worse and worse.”

“They are almost all on Sodexho contracts, but some have transferred on TUPE. Those on Sodexho contracts are especially annoyed by the fact that they don’t get paid if they are off sick after hurting themselves while working. We have brought the MP in on that.”

“I meet the general manager here regularly and try to get the levels of the two contracts the same. I am hopeful of achieving that, but it will take some time.”

“There has been a real problem with the laundry: they didn’t have anybody for some weeks, so the domestic and portering managers had to do it.”

“That’s the other thing where there are a lot of complaints about: there is never enough bed linen. You’re not supposed to over-stock. But two to three people can need to use the same bed in a day. They don’t seem to understand that.”

### Hereford Porter

“If you go on a Trust contract you get sick pay, double time for a Sunday, but the only time we get double time is on a Bank Holiday – when the Trust contract staff get a day off in lieu as well, that we don’t get. They get a bonus at the end of the year, too, that we don’t get.”

“Morale is zero: I think that’s because we all know what it used to be like and I think that makes it even worse.”

“I used to work for the Trust but I left and then came back, so now I’m on a Sodexo contract. Ten or twelve of us are in the same situation, out of around 30 porters.”

“Overtime is at time and a half. Some staff are on time and a quarter, even though they work for the same company! The average wage round here is pretty low, so the employers seem to think they can get away with it.”

### Hairmyres Nurse

“I’ve been a nurse for over 20 years. I may go around in a blue dress, but I don’t behave any different from the fresh-faced staff nurse I was when I qualified. I love being a nurse. But I can’t tolerate things that are not right, especially if I can’t change them. I have been told to adjust my priorities and respond to each situation as it comes.”

“But we’ve got professional codes of conduct that do give us the opportunity to stand up and argue for improved standards. The problem is to get other nurses to do the same.”

“Morale is zero: I think that’s because we all know what it used to be like and I think that makes it

“It seems that PFI can be summed up as ‘lower your standards’.”

even worse. You know it used to be better. Sickness levels are alarmingly high. It’s like a bomb waiting to go off – and everyone seems to be simply covering their own arses and hoping for the best.”

### Hairmyres Porter

“It seems that PFI can be summed up as ‘lower your standards’.

“Far from improving morale and helping staff concentrate on patients, it has meant the exact opposite. I worked in the old hospital over the road for a while and the atmosphere over there was much friendlier, it was like a family and everybody pulled together: porters, domestics, nurses, even the doctors.”

“Over here, ask anybody, it just doesn’t feel the same.”

### Hairmyres Hostess

“It’s ten times worse over here than it was in the old hospital. For instance you have to make beds here, but we didn’t before and they haven’t given us more staff to cope with the extra work. I’d say we have slightly less staff but they put more on you. We have to make beds, serve meals, clear out linen bags, which we didn’t do and deal with sharps boxes. I don’t think we should be doing that.”

“They do train you how to make a bed. About half an hour. But to me they shouldn’t be doing them anyway. If you are doing them the way it should be done it takes at least half an hour to do a bed. We are told to do it as quickly as we possibly can. You don’t get half an hour. It should be two people to make a bed, but we only get two if there is someone else available. A lot of the time there isn’t.”

“I’ve worked in hospitals for 15 years and this is the worst I’ve ever worked in.”

“There was a single domestic workforce, that was divided into two, so now the domestics do as much cleaning as they ever did, while the hostesses

do everything else, including bed making and serving meals. The domestics got their hours cut, because they worked from 10 till 6 and now they work from 8 o'clock to 2: that's a cut of two hours per shift, despite still doing the same job. That's over £40 per week less money."

"There is no morale. I've worked in hospitals for 15 years and this is the worst I've ever worked in. The only thing that keeps us coming back is that we need the money. If there was another job going I'd take it."

**"If I could change something I would bring staff back in house, give us back NHS terms and conditions, make us part of the team again."**

"It's just a constant "them and us" with the nursing staff, but it wasn't like that in the old hospital. There we were a team. We know that the reason is they don't like the company and they are looking to complain about them: But the problem isn't ISS that is getting it, it's us!"

"If I could change something I would bring staff back in house, give us back NHS terms and conditions, make us part of the team again. I don't think I've got anything polite left to say."

### **Edinburgh UNISON Stewards**

"What we are already hearing from nursing staff is that although it's a nice-looking shiny new hospital, conditions are worse."

"We've heard that from admin and clerical staff as well. Because of the hospital information system HISS project that was supposed to be in, we weren't going to need patients' notes any more. But of course that's not working yet, so we've got all these notes and nowhere to put them. It's worse because they can't put shelves on the walls, since they are not designed to take the weight."

"There is also a problem with the air conditioning in the maternity unit, staff are having to take four

showers a day because they have been working in temperatures of a hundred and ten degrees-plus. Apparently they can't fix it, because it means closing down the whole facility."

"It's going to get worse when all the staff arrive, because there isn't enough office space. It might seem quite airy in here in the canteen because it's empty: but when it's full of people the noise levels will rise and everything is already echoing now."

"There is going to be very little office space. What they are planning is that a centre for the management side will be somewhere else and that people will hot-desk. It's bizarre."

"There is a big problem here with offices that have no natural light. When they were designing the building, it was announced that unless you were working full-time you were not going to get a window in your office. You have to work full-time for a consultant to get a window."

"When the consultants come over and see what they will have to work in they will be shocked. They are used to being treated like gods in their own areas and now they will get areas just like anyone else."

### **Durham NHS-employed Driver**

"Haden won't let their staff talk to me, even though I've worked with some of them for 28 years. Haden drivers have their own room: it's segregation. It's them and us now. There is no team work any more."

"Haden management have sent out a memo to their staff saying that they are not allowed to talk to my manager. His job is to monitor services delivered by Haden, as well as to manage some of the in-house NHS services."

"He is not allowed to go to their supervisor, or to their manager, even though there are times where having a quiet word about a problem might be the best and easiest way to put things right. Everything has to be official."

# Working conditions

“Now some domestics are coming in for an extra half hour before their shift, without pay, just to make sure they can finish the work.”

## **Bishop Auckland Domestics**

“When you’ve finished, you still don’t think the wards are properly clean. We like to go home thinking that we’ve done a good job. But I don’t think we are achieving that.”

“Now some domestics are coming in for an extra half hour before their shift, without pay, just to make sure they can finish the work. That is not right. It shouldn’t have to happen. We need more staff to make sure we can cover the work.”

“It used to be easier in the old hospital. Now the rooms are too small for us to be able to move the furniture properly so that we can clean behind and under it.”

“We have to come down here to the restaurant for our meals and I have to get changed in a cleaning cupboard, because we haven’t got a changing room any more. There is not even a staff discount in the canteen.”

“We are just not happy with this company. We have been treated like crap.”

“Some of us who have been here the longest have come under the heaviest pressure. They seem to want us out and new ones in on their terms and conditions, people they can dictate to.”

“Sickness levels, especially from stress, have gone through the roof. But ISS sick pay is a scandal, just one day sick pay per month or 12 days per year. You can’t afford to be off.”

“The contractor is supposed to meet standards, but they have just been producing figures claiming to meet 97% of requirements. We want to see the contracts properly monitored by the Trust. They have just allowed themselves to be misled.”

“We liked our jobs. But I’m beginning to hate mine now.”

“We are also angry at the way we have been taken out of the NHS pension scheme. Some of us have

paid 24 or even 30 years, but now we are excluded from it.”

“We just want to be treated with a bit of respect. We have been on the brink of strike action here over the way we have been treated. ISS Mediclean have turned us into a bunch of militants.”

“We liked our jobs. But I’m beginning to hate mine now.”

## **Carlisle Convenor**

“We had a hospital which, even though parts of it had been built a hundred and odd years ago, was well-run, well-staffed, very clean and patients were extremely well looked after. Patients were better looked after there than they are in the new hospital.”

“We are not well staffed at all now. The workforce plan that they formulated and have not yet reviewed, did not include an adequate replacement factor for staff on study leave or sick leave or anything like that.”

“We just want to be treated with a bit of respect.”

“The wards are short staffed and the staff who work here are under pressure: there is no storage space for anything and the pressure builds up stress, resulting in higher levels of sickness. Sickness levels have gone sky high. That puts even more pressure on the staff who are left. It’s a vicious circle.”

“People are leaving. We don’t have any up and running agency cashing in on this problem, but what does happen is that there is much more overtime working.”

“The facilities management company is Interserve. I have never in all my days seen an employer like them before. The way they treat their employees is absolutely abysmal. They had never provided facilities for a hospital before: this was their first one.”

“At least with the NHS, even if the wages weren’t great you know that nobody is making a fat profit out of you and the morale was a lot better.”

“They had never come across a highly unionised organisation and they couldn’t cope. They still don’t acknowledge the rules. I am the full time convenor on this site, but they won’t speak to me, no way. According to their new HR manager, their policy is that as I am not employed by Interserve I cannot represent their staff. They recognise the full time official, but not me.”

“The staff transferred initially to Building and Property (B&P) about twelve months prior to us moving into the new hospital. But B&P had made some vast underestimates on how much things would cost, how many staff they would need and so on and ended up in difficulties. So last year they were sold to Interserve and B&P made millions from the sale.”

“Since they took over, Interserve have cut the workforce further and further.”

### **Carlisle Cook**

“I have worked here since 1975 and I’ve always been a cook. Across the road I always did all the baking – scones and bread rolls, puddings, pies and so on — but when the contractors took over, they told us it was all going to be cook chill... no need for any cooks, so they made everybody redundant.”

“I was supposed to be made redundant, but they said there would be a job for me, just not the job I had before.”

“I’m not happy with the quality of the food we serve.”

“My money hasn’t changed, because TUPE meant I kept my Whitley council terms and conditions. The ones who work on Interserve contracts get less money. Their conditions are worse. But we are all working side by side.”

“I’m not happy with the quality of the food we serve. It comes up from Manchester: I suspect they don’t have proper cooks either. I think it must just be a mass production unit and they don’t work as cooks do. People say “Can you tell

me what’s in this?” and I have so say “Sorry, I haven’t a clue! Even the sandwiches are brought in from somewhere else, we’re not allowed to make sandwiches. All we make here is salads, I cook for buffets – but then that’s all stuff you take from the freezer, put in the oven and then put on a plate, so that’s not proper cooking – I don’t cook anything from scratch except possibly an occasional pan of soup.”

“I’m not here to cook: I don’t even have a proper title. For diet patients we are not even allowed to make scrambled egg, we can’t use raw eggs.”

“I see to the patient meals: we have a conveyor belt system. Somebody at the top puts on a tray and the soup and the pudding: the soup and pudding are all prepared the night before, in bowls with lids. All of this is cold: we are working at 4 degrees. It goes in the regeneration room and the trolleys all switch on and heat it up. The workload compared to the old hospital is horrendous. At least with the NHS, even if the wages weren’t great you know that nobody is making a fat profit out of you and the morale was a lot better. The only ones who are satisfied with this firm are the bosses – those sitting across the road. It makes us feel totally undervalued. It’s not working. It’s not providing a 21st century health service.”

### **Carlisle Convenor**

“The shortage of beds also makes it more difficult to recruit and retain nurses. Take the example of a newly qualified nurse who wants to work with gynae patients.”

“She may sign on to work here on the gynae ward, but because they are so short of beds, what does she deal with? Medical patients: elderly medical patients! They are pushing patients of all sorts here, there and everywhere.”

“So many of the girls who used to work on gynae and had really specialist skills and brought them up from the City General Hospital have either left for other hospitals or got totally disillusioned and gone off to do other things. Our director of nursing even has difficulty admitting that there are such things as specialist nurses and nurse practitioners.”

## Two-tier workforce

### **Worcester UNISON Stewards**

“Since the transfer there are so many different contracts: they really wish that we weren’t there with our TUPE arrangements. There are staff on ISS, Trust and Whitley contracts.”

“Morale is very low. ISS have just brought in a night rate for porters on their contracts – not for us on TUPE. That was only because three domestic porters jobs were advertised, stating that there would be a night rate. We spotted it and told them they couldn’t just pay these three posts, so they are now paying all ISS porters and staff on nights a night rate. We don’t get it because we went over on TUPE.”

“I have said to ISS that what they want is for all the existing staff to leave so they can get their own people in and pay them less money. They don’t like our involvement either. They do recognise UNISON because they have no choice, but dealing with them is not easy.”

### **Neath Temporary Contract Domestic**

“At the moment I am a service assistant on a fixed term contract and I’ve been here since January 1999. The contract says that I am employed until the closure of the hospital.”

“Now the same jobs are being advertised in the new hospital and I think it is totally unfair that I should be expected to do the same job I am getting £5 an hour for now for £4.20 an hour on an OCS contract in the new hospital.”

“To be honest I wasn’t going to apply for it on a matter of principle. I’ve been here two years and I don’t want to go down there and find I’m working alongside somebody on £5 when I’m not getting that any more. We don’t know if they are paying time and a half or double time at weekends, or even what the exact hourly rate is, but the minimum wage has been mentioned.”

“The adverts for the jobs don’t specify any pay levels, increments or other details. There’s quite a few who started after me and they are all in the same situation. I don’t think I’d consider going down there on 80p less an hour. They are going to

have to do some thinking. I would like to go on and work in the health service, I enjoy working here, but it looks as if I can’t.”

### **Neath UNISON Steward**

“I think they are going to have to tread a bit carefully because this is the biggest PFI in Wales, with a high political focus and the Trust are getting very very twitchy about making sure that everything goes as it should: they want the standards maintained and they are going to be monitoring what the contractors do.”

“It will be very obvious if in the transfer from a successful in-house team to a private contractor there is a breakdown in cleaning services and standards in the new hospital.”

“Neath has been mentioned in the Welsh Assembly as one of the cleanest hospitals in Wales. They will want to keep the standards up.”

### **Neath Domestic Team Leader**

“Our workforce is being cut in half. But I don’t intend to do twice as much work. I can’t work any harder than I’m working at the moment – my hundred and ten percent every day. We do far more duties than we should be doing. And we’re willing to do that. That’s the way we are and because it’s the NHS. Well now I’m supposed to work for the PFI instead.”

“I saw my job description the other day and I just burst out laughing. They seemed to want me to put a brush up my bum and sweep the floor as I went along. It was so laughable. We’re down now from a team of six, with two having already gone. And we’re going to end up with a team of two! How can you do it?”

“If it is me, from day one I’ll be screaming blue murder and saying bring in the time and motion: they can come in and they can follow me round forever more.”

“I’ve got a medical problem which needs to be sorted out and means I will have to be on light duties: I hope not forever, but for six months. But there are no light duties available.”

“My dilemma is whether I should transfer over now to a lighter job within the NHS, or leave it, take a chance and then see how I get on asking for redeployment in the new hospital?”

“All the things that we can take for granted within the NHS are now uncertain with the new private contractor. If I have my operation and come back, what sort of job could I be redeployed to? At the moment there are many areas I could be redeployed to, but with OCS I just don’t know.”

“I’m happy on my ward: I’ve been there 23 years. It’s a long time and I’ve given my all and I love the ward. We work hard. I do my best: anyone can come in any time and see how hard we work.”

“There has been me and a team of three on the ward. That will be cut to me and one more person. How the hell do they think we can do it? If I was a lazy bugger and I knew I could easily do a bit more I wouldn’t be so angry. But I’m not and I can’t. So how can they get another 50 percent out of me?”

### **Hereford Former hospital Works Engineer**

“In 1999 at the age of 54 I was transferred to the private company WS Atkins as part of the PFI deal. My two main gripes were one that I started out working for the public and was forced to work for a bunch of shareholders and two on the pension: I was forced to leave the NHS pension scheme where I had 34 years service.”

“About 30 or 40 of us were caught in the same situation. There was very bad feeling at the time because some people in the works department didn’t transfer and they stayed in the NHS.”

“It seemed that the Trust couldn’t get us off the books soon enough, to hand the responsibility over to the private company. At first Atkins said they would be bringing in some more work for us, but that never happened. The Trust were happy for the company to make us redundant rather than do it themselves.”

“In the end I was made redundant, although I wasn’t too displeased because it triggered off a

pension and in many ways the deal that UNISON made was in the circumstances a very good one. It was almost the same as if I had still been in the NHS except that I don’t get my lump sum because I preserved my pension, I didn’t transfer it into the Atkins scheme. So I’ll have two pensions from the age of 60, the NHS one and this one from Atkins.”

“The NHS pension is fully inflation linked, while the private one is only linked up to five percent.”

“The government tell us that the pension schemes are ‘broadly comparable’ even though one is inflation linked and the other isn’t. Broadly comparable is such a stupid notion though: I’m broadly comparable to that lady over there: we are both human beings – but very different.”

“I notice that MPs have made sure *their* pensions are fully inflation linked and given themselves an even better deal: they used to be on 50ths and now they are on 40ths.”

### **Hairmyres UNISON Steward**

“Staff transferred under TUPE and at that time the only staff already privatised were the portering staff, privatised under CCT. They transferred with their terms and conditions, which at that time was a Granada contract. The Trust staff who transferred went over with their Whitley Council terms and conditions.”

“But all new starts went in with a new ISS contract and new rates of pay. For a domestic (which, along with catering was the biggest bulk of the staff transferred), this meant a 16p per hour difference from those on Whitley. ISS starting rate was £4.18 for ISS contract staff, but £4.34 if you were on the same job as a Whitley Council domestic.”

“There is a really big turnover of staff. There were over 100 domestics who transferred under TUPE, but almost half of them have gone now. As we speak the national minimum wage has gone up on October 1 to £4.20: this company for the last two weeks has been advertising in the local newspaper for new staff at £4.18. So their rates have stood still.”

“But in Wishaw, about 350 transferred to SERCO,



the vast majority of them under NHS terms and conditions: only porters were different. We managed to get an agreement with SERCO to put the porters on to Whitley Council terms and conditions and the same to apply to all new starters, so all front line staff have Whitley conditions. Their rate of pay with an attendance bonus is about £4.94 an hour, the basic £4.64.”

“We don’t know why they can afford to offer these improved terms at Wishaw, while other contractors have tried to cut back on hourly rates, terms and conditions.”

### **Hairmyres Porter**

“ISS are a funny company to work for: they have so many staff on such different rates and contracts. We’ve got some people here on zero hour contracts: they may work a few hours one week, nothing the next. I think five people are in that position just among the porters.”

“Everybody they are starting new is coming in on this type of zero hour contract. One new boy had just started two weeks ago, he’s one of these placements from the Job Centre. They have got him doing the same hours as us: he is doing Monday to Thursday 9–4 and they want him to do back shifts and everything. But all he gets is his dole money plus £15 expenses. They’ve got him running about doing the same work as us.”

“ISS just seem to be getting away with murder. The NHS doesn’t do it and I don’t know any other company that does it, either. He thinks it is just a placement from the Job Centre. If everyone comes in we can cope with the numbers of staff, but if somebody is off sick it can be difficult and there is such a complicated arrangement of shifts.”

“There is no sick pay. You work a month and you are entitled to one day’s sick pay, or two months and get two days, with a maximum of 12 days in a year. You may be young, but if you’re in work all the time you are going to catch more colds and bugs. Especially working in a hospital.”

“Sometimes you can catch a bug going into wards: they don’t always tell you. Like when they’ve got

sickness and diarrhoea on the ward: if you catch that you can wind up having to take a couple of days off, but not get sick pay.”

“For holidays we get 20 days plus bank holidays, but the payment for a bank holiday is not double time plus a day off in lieu, like the NHS, but just double time. Ordinary overtime is all worked at flat rate, with no extra for working over a weekend.”

### **Edinburgh UNISON Stewards**

“The company we are dealing with is Haden. We secured a low pay deal across Lothian in April, which brings in a minimum wage of £5.21 and Haden have also agreed to pay that to their staff. There are 550 staff involved, covering portering, catering, domestic, security sewing room and estates.”

“All terms and conditions that staff transfer with and more importantly those for new staff, will be comparable with NHS terms and conditions, the only real difference being that obviously it’s not the same superannuation type pension, new staff are on monthly pay and sick pay only goes up to six months full pay: there is not the half pay period you get in the NHS.”

“Other than that, all our terms and conditions are the same. It’s been a marked difference from other PFI schemes and it’s taken us a good three years of fighting to ensure that we covered everything.”

“The deal was signed in August 1998 and obviously we had [Scottish] parliamentary elections in 1999, in which we used PFI particularly this hospital as a bargaining point. Out of that we got certain concessions from Sam Galbraith the then health minister. They were on pensions, ensuring all staff would be eligible for pensions, because previously Haden and Balfour Beatty only offered pensions to staff earning over £16,000 a year, which tended to be supervisory grades.”

“No jobs have been lost, in fact one of the reasons we got the £5.21 minimum wage in Edinburgh is because both the NHS and Haden were actually losing staff.”

## **Durham UNISON Steward**

“Within Haden we’ve got two types of contract, a two tier workforce. They’ve got porters doing shift work, exactly the same shift work, in which the TUPE lads are getting £30-£40 more per week than the non-TUPE staff – for the same hours. Plus the Haden contract is for 40 hours a week, while TUPE is 39.”

“Only one TUPE porter has retired and none have left, compared with eight or so Haden staff who have left. Haden have promised to close the gap – but in fact it has widened over the last year.”

“But in catering it’s turned round the other way: because they have changed the shift patterns for the TUPE lasses, two cooks have ended up losing weekend work and are earning £50 less than they were with the NHS, while the Haden staff are earning £40 per week more than those on TUPE, because they are on a higher hourly rate. Though they don’t get shift allowances, they are working weekends and as a result they are earning more than the TUPE staff who are entitled to shift allowances but now only get to work Monday to Friday.”

## **Durham Catering Worker**

“I came up here to the new hospital on 39 hours and they asked us to transfer to Haden and I said I wouldn’t go. So they knocked me back to 35 hours and said right that’s the hours we want from you.”

“They won’t give us TUPE staff overtime, though they are paying overtime to non-TUPE staff. So we have been working extra hours and then taking them back later: now they have said they don’t want us doing that, either.”

“We need a certain number of people to cover all the different jobs of running the restaurant. There have been times there has just been one person in the restaurant – doing the till, doing the tables and doing the counter.”

“I’ve never known a place run like it. It’s total chaos. The prices change almost every day. You never know what they are. The rules change every day.”

“I never really wanted early retirement, I wanted to stay until I had finished, but there has been so much hassle I think I might go for it. I feel like I’m being pushed out of my job and I’ve done 24 years.”

## **Durham UNISON Steward**

“What may be different in this hospital from other PFI schemes is that they were trying to bring in patient-focused care on the wards and because most of the domestics in the old hospital were allocated permanent wards to look after and clean, they were already classed as part of the ward team by the managers and ward sisters.”

“They were called “team assistants,” and were divided into team assistant care – which is the auxiliary nurses – team assistant admin, which is the ward clerk and team assistant support, which is now the domestic/porter/cook. They are now called TASs.”

“They stayed NHS: so all domestics who worked on a ward and who wanted to take on the new role could stay with the NHS and stay on the wards, but they had to learn these new things, such as how to regenerate food in the new food trolleys.”

“In this hospital the auxiliaries have always done direct patient care duties, such as patient observations and minor clerical duties. Now their role has been a bit enhanced and we do phlebotomy and ECGs and more again when we get to level 3 NVQ.”

“By converting the job of the domestics the Trust found a way to keep 200 staff in-house within the NHS and in the pension scheme. They were not tendered out as part of the PFI – only about 50 domestic posts that were not based on wards were transferred – people cleaning offices, corridors and other areas.”

“Also the domestics who converted now get pay review body increases linked to those paid to Grade A&B nursing staff.”

## **Bishop Auckland Porter**

“New employees are coming in now on a lower rate of pay and are not getting paid the proper

money. They work alongside us, but have to work for a lower hourly rate and they don't get any bonus, but still have to do the same job.

PFI has also brought a pensions fiasco. Some of our members have written to Blackpool about it, but they say they know absolutely nothing about it. This company just doesn't want to know."

"They don't even know if their pension fund is in surplus or in deficit. They won't tell us about it. And yet they are still taking money from our pay – while we don't know where it's going, or which fund it is going into."

"ISS Mediclean put themselves forward as being a caring, progressive company, but the bottom line is that they will not spend money on anything. We need waterproofs for instance: there are just two between the lot of us porters."

"About a year ago we had a meeting with them, where they said they would carry on with the flu jabs. But we have been refused the jabs, because they have to be paid for – and even though Mediclean have been offered a good deal, they won't pay."

"They say we should each go to our GP and get it done for nothing, but the point is that we were supposed to transfer with our terms and conditions: we've always had flu jabs. It's a hospital, for goodness' sake."

"We are just lowly members of the portering staff and we haven't been trained as security staff, but we have to cope with all sorts of demands to carry out security jobs."

### **Bishop Auckland Domestics**

"There are three different contracts covering domestics here doing the same job: Whitley, Trust and ISS contracts. Whitley staff get a £14 a week bonus – an extra 39p an hour."

"Whichever contract you are on, there is far too much work for one person."

"We used to have one full time and one part time domestic for a 22- bed ward with two side rooms. Now we have just one full-time to cover a 28-bed

**"We are just lowly members of the portering staff and we haven't been trained as security staff, but we have to cope with all sorts of demands to carry out security jobs."**

ward. So we had fewer patients and more cleaners. But it's worse than that, because we are serving dinners now, when we used to have ward assistants doing that. It's horrible here."

"Now they are telling us that ISS won't pay for our flu jabs – and neither will the Trust, because we don't work for them any more."

"We are short of everything we need to do the job – toilet rolls, bin bags, cleaning materials. Then we are expected to lug big heavy black plastic bags down the corridor, even smash up cardboard boxes for them."

"We have to fetch and carry the food, cups, cutlery and everything and serve tea. There are 24 trays on each trolley, with everything on them, so they are really heavy to move and get stuck in bumps in the road. We have to go out of the hospital and down the road to the bungalow, where the kitchen is, to collect the food."

"That was never a domestic's job. We need waterproof and warm clothing and waterproof footwear to do that in the winter and in the dark. We have to walk right through the car park: we could easily get run over."

"But if we say no, we won't do the dinners, they will just take two hours pay off us each day and get someone else in to do the job. I can't afford to lose two hours a day: that's ten hours a week."

"It's wrong that we should have to do the cleaning and then handle food on the same shift. We are supposed to have certificates in food and hygiene, but none of us has got one."

**"We are short of everything we need to do the job."**

## PFI money problems

### Norfolk & Norwich UNISON Secretary

“We are now facing a £7-£8 million overspend by the end of the year and I would love to know more about the analysis of the figures. We’ve never overspent here, but we’ve now built a place that’s too small, we’re in a muddle to sort it out and having to buy in extra space – and by coincidence we are in the red.”

“The chief executive has left and it doesn’t look at all pretty for us.”

“And because of the £7-£8m black hole in the finances another argument used in the past is coming to the fore, namely that we should not only look to the jobs and conditions of the contractors’ staff: the budget for the Trust will squeeze spending on nursing and clinical care.”

“That is what we are finding now. We are trying to negotiate a deal for our phlebotomists – we’re told ‘No dice, there’s no money.’ Nurses last week came and told me they have been told they can’t work the extra nights they have been doing because the budget has got to be cut.”

“There is massive conflict here between our primary care Trust and this Trust.”

“We know that the reality is that we just haven’t got the capacity here for the demands placed upon us, but the local PCTs have got to commission any extra beds and they are saying, ‘Sorry, guys, you are hogging resources already. We aren’t playing ball.’ ”

“So unless Alan Milburn funds our health economy and the PCTs are prepared to agree that it’s appropriate to give more resources to the acute Trust, we’re in a shit hole and we’ll be staying there. There doesn’t seem to be a way forward. The optimistic assumptions they made were not helpful.”

### Kidderminster Health Campaigners

“I don’t think there is anywhere they haven’t cut: every department and every area has been cut and cut and cut.”

“The Trust are in the red but they won’t tell us how much, or where. We are trying to find out.

But of course all this started because the Health Authority was so far in the red. Worcester couldn’t pay the PFI out of its own income. But even now with the merged Trust they haven’t been able to clear the debts.”

“We are being attacked because the Trust still own the land here: but they hardly own anything else. That’s why they want to change the planning regulations on this and get clearance to build houses on it.”

“The cost of the Worcester hospital is very high: but it isn’t just the money they are spending: it is the lost morale of staff there and here, the lost services here, the people who have left the NHS, the knock-on impact on services all over the county.”

“Kidderminster was a fairly big hospital: but it was like a cottage hospital in the spirit of the people working here. They delivered high quality care. It must be costing more to run now than it did when it was fully functioning.”

“Look at all the money they are spending now on travel expenses. One consultant told me he is now spending more time in his car than he is seeing patients. That can’t be the right way to run a health service.”

### Hereford UNISON Secretary

“It has cost them more than they expected and the Trust is in a problem financially. We are well over a million overspent. It was supposed to be run at a certain capacity, but we have been well above that, so it has pushed up all the costs.”

“We have a big problem with agency nurse costs soaking up the money. The Trust has decided to put an end to using Thornbury and to bring in NHS Professionals from January.”

“The hospital may be built on time and to budget, but the key issue is the running costs. And if you find that something doesn’t work, whether that is extra portering required or more bed-making, whatever it is, it is going to cost the Trust more money. It’s incredible how much extra they can have to pay to extend these contracts.”

“It’s incredible how much extra they can have to pay to extend these contracts.”

## **Hairmyres UNISON Steward**

“We hear unofficially that the Trust is facing a shortfall of £20 million or so, across the two hospitals. The overspending is on supplies, not staff, because they are so short of staff.”

## **Nurse (adds)**

“Yes, but there is a problem on the nursing budgets as well, because they can’t keep staff and they have been bringing in agency nurses and paying them three times as much as they pay me. But they make matters worse because they don’t phone the agency until the moment they need the nurses and that means we are left short.”

## **Edinburgh UNISON Stewards**

“The new hospital will cost £31.9m a year over 25 years. The last we heard was that the Trust is £24.5 million over budget.”

## **Durham UNISON Steward**

“The PFI deal is costing the Trust £12 million a year, index-linked and it’s a 27-year deal. That’s split down the middle, £6m for the building and £6m for the support services, also index-linked. The Trust budget is, we were told at the last staff meeting with the managers, back in the red after breaking even for the last 12–15 months prior to moving.”

“As soon as the new hospital opened up, the bill for bank and agency nursing staff rocketed.”

“My biggest worry is if the Trust has to save money: because they are now getting into financial difficulties. The only areas they have direct financial control over now are ward staffing, admin and clerical staff.”

“So where are they going to make any savings? They can’t squeeze the wards: so they are going to squeeze admin and clerical staff. They are already over-worked, the stress levels have rocketed, the sickness levels from stress have gone up: I am now picking up around a case every month, compared to perhaps one or two cases a year before the move.”

## **Bishop Auckland UNISON Steward**

“The waste involved in this deal has been ridiculous. We had a brand new medical records

library, purpose built about four or five years ago at a cost of £250,000. That has been bulldozed to make way for the new hospital – and now the medical records aren’t kept on site at all.”

“They are in a converted factory, four miles from Darlington Hospital. It must be costing the Trust an arm and a leg to fetch and carry patients’ notes from there.”

“Why did this happen? Apparently a medical records department wasn’t in the plans for the new hospital.”

“But that’s not the only thing they left out. There is almost no office space at all. Rather than build offices to take the staff we have, admin and clerical staff have had to squash into the office space available.”

## **Carlisle UNISON Convenor**

“I was called to the chief executive’s office yesterday afternoon about cuts they are going to have to make. I had expected them: but most will not have a direct impact on staff, although they will be indirectly affected.”

“At the end of May the Trust was facing a shortfall of £7 million. Then they had a loan from the StHA, which they have to pay back, which on paper reduced the shortfall to £2m – and they will tell you it is £2m. But it must be up to about £10–£12m now.”

“In the meeting the first thing the chief exec said to me was that we have to balance the books in a year – which they will never, ever do. He wants to save £1m between now (October) and April.”

“They won’t acknowledge that PFI is at the bottom of their problems. This creates a real animosity between them and the staff.”

“But the underlying problem is both the costs of the new building and the related costs that arise from it. They are paying £11.8m per year index-linked to 1997 for the next 30 years. We didn’t have that much to pay out before. And because we are short of beds, the operations which should be done are not being done here:

“We had a brand new medical records library, purpose built about four or five years ago at a cost of £250,000. That has been bulldozed to make way for the new hospital – and now the medical records aren’t kept on site at all.”

instead they are using the local private hospital. That is costing hundreds of thousands of pounds.”

“In May and June they admitted they were spending at least £100,000 a month and the situation has got considerably worse since then.”

“Apparently a medical records department wasn’t in the plans for the new hospital.”

### Neath UNISON Steward

“Shall I tell you the answer we were given on the patients’ televisions? They said there will be day rooms on the ward and those day rooms will have televisions in them.”

“So I asked what happens if you have a high intake of elderly people who are bed-ridden, what do you do then? Do you wheel the beds into the day room, even if it would go through the door? Or do you just say “Tough: if you haven’t got the money you can’t watch the telly?”

“The charge for the TV is not linked to your ability to pay. We think this a social exclusion issue.”

“There will be many people on these wards who in their own home would have free television licenses: and yet when they come into hospital they have a television by the bed that costs them for every hour they watch.”

### Edinburgh UNISON Stewards

“Unlike most other PFI schemes, where the staff have been the main people who have lost out, here, because we have defended the staff, it’s going to be the patients and the taxpayer who carry the costs of PFI. It’s bad for them.”

“People get sick of the profiteering of the private contractors and people are fed up with the politicians who used to oppose PFI in opposition, but as soon as they get into office tell us it’s the best thing since sliced bread.”

“The Scottish Parliament Finance Committee has just done a report on PFI and I have to say the whole report is an absolute whitewash.”

“John McAllion, one of the decent Labour MSPs, asked how the Public Sector Comparator compared with the price under PFI and whether it was cheaper to have PFI involved. It was said that the maintenance of the hospital would be continuous under PFI and would cost £300,000 a year: but under the Public Sector Comparator there wouldn’t be any maintenance until year nineteen when it would cost £20 million! John McAllion sat there and said ‘You must be winding me up’.”

“What’s pathetic is to hear ministers defending PFI claiming that ‘it’s just like a mortgage’. It’s not like a mortgage at all: with a mortgage you own the building at the end.”

“After 30 years of payments here they will have to negotiate what happens: the building will not be ours, but owned by the consortium. We’ve had hospitals close and we will have fewer beds because of PFI.”

“The funny thing is that the very first patient here was asked on the television ‘Do you like it?’”

“She said ‘No I don’t, I preferred the old hospital. I could sit and speak to people, here there’s nobody to speak to and I’m on my own.’ ”

“The even funnier thing is that it turned out that she was a leading light of the campaign to keep one of the closed hospitals open: and that’s how out of touch the Trust’s public relations officer really was with local people.”

“This woman had fought for five or six years to keep the old hospital open – and yet they picked her to interview! It was on BBC Breakfast News: I was nearly in tears laughing.”

## Property sales

### Worcester UNISON Steward

“Under the PFI deal the consortium wound up paying £4.5 million for the old Ronkswood Hospital site and the Castle Street site. Now Castle Street was a terrible, appalling hospital, it was an old workhouse. But the front of it is the original BMA building. It’s a grade II listed building.”

“The back of it looks out over the river and the racecourse. That is prime building land. All this for a knockdown price.”

“The land with the new hospital on it and where the three office blocks are now, always belonged to the Trust. Now it is owned by Catalyst. They bought it. For a snip.”

“What is incredible is that they started building the hospital and then half way through these other blocks of offices went up, which completely mask the front of the hospital.”

“When we had a problem with office space I asked why they don’t just rent some office space in these blocks here? They said ‘It’s too expensive.’ You can just imagine the money the consortium must be making.”

“How did they get planning permission for that?”

“The hospital actually looks back to front. You see the rear end first and have to drive round to find the front.”

“When we had a problem with office space I asked why they don’t just rent some office space in these blocks here? They said ‘It’s too expensive.’ You can just imagine the money the consortium must be making.”

### Neath UNISON Stewards

“This is the biggest PFI in Wales. There hasn’t

been any of the transparency that the government has promised.”

“We still don’t know how much is being spent on this scheme, how much the related costs are and it puts us in a very bad position for trying to negotiate for our members.”

“They put Ronnie Biggs behind bars for the Great Train Robbery, but nobody is going to be serving a sentence at all for the great NHS rip-off – nobody at all.”

“This site here has planning permission for 100 houses. It’s supposed to be executive houses, we know what type of price they go for, even though this is not a high cost area. The consortium are going to be making a lot out of this site and that doesn’t include the site they are getting in Port Talbot as well, which is prime building land in a residential area and will command a very high price.”

“They put Ronnie Biggs behind bars for the Great Train Robbery, but nobody is going to be serving a sentence at all for the great NHS rip-off – nobody at all.”

“So the land itself could have paid for this, no problem.”

### Edinburgh Royal Infirmary Stewards

“The cost of the building itself was £184m, but that included selling off the City hospital, the Princess Margaret Rose Hospital and the Dental Hospital for £12 million. But the land of the city hospital and the PMR is now worth in excess of £200m. So the land itself could have paid for this, no problem.”

“The people who were responsible for signing the deal and negotiating it have all left: there is not

one of them here now. They were either incompetent, or they were on the take.”

“What Balfour Beatty and Consort had written into the contract for the city and Princess Margaret was that if they sold the land off within a year, the NHS would get 90 percent of the profits, the second year 80 percent down to zero – unless they sold to a subsidiary.”

“Obviously you can guess what happened. If you see something like that, you can spot what's happening, can't you? Imagine actually signing up to something like that!”

“The old Infirmary was not in the PFI deal at all, because it's not worth that much. But the City and the Princess Margaret were some of the most prime sites in Edinburgh.”



## Left on the sidelines

The small town of Kidderminster hit national headlines when its long-running campaign against closure of local A&E services and acute beds culminated in the ousting of the sitting Labour MP in the 2001 General Election by the independent Health Concern candidate, Richard Taylor. While Worcester 30 miles away has at least seen the construction of a glitzy new PFI hospital, Kidderminster's share of the deal has been the run-down of a once-thriving general hospital. We thought it important to get the feeling of staff and campaigners now the new hospital has opened down the road. Have the worst predictions been fulfilled?

**Kidderminster Voluntary worker,  
UNISON Steward and Health Concern Councillor.**

"This was a league table-topping hospital, with a Charter Mark for excellence and financially viable. Since then the hospital has died. There is almost nothing left here."

"We have four surgical wards plus five main, state of the art, operating theatres. But we are now running just one day surgery theatre and one ward – for day surgery cases only. We have got another ward which is supposed to be a 'step-down' ward, now clogged up with elderly patients."

"These were the 24 extra beds that were added in to the scheme. They are the only people who now stay here overnight, apart from people with the Community Trust, which has elderly mentally ill and psychiatric beds here."

"Politicians and managers now include those PCT beds in the total when they argue that Kidderminster hospital is still open. And there is a GP ward, which is entirely funded from the community services budget."

"But Kidderminster used to have 250 acute inpatient beds."

"We know that Worcester is under pressure, because there aren't enough beds in the new hospital – but we also know they won't bring any patients back here. They won't admit that they've got it so wrong."

"Everything is still here: nothing has been knocked down yet, although there is a planning application in for possible change of use of the site. At the moment it can only be used for health care."

"If they get the permission, they will knock down – C Block, A Block and the nurses' home and build houses. We will only be left with B Block, D Block and E Block."

"E Block is a brand new building, just seven years old, but it will now cost £16m to revamp it to what they want. It only cost about that when they built it. Apparently it wasn't built right: there is no big glass atrium in the middle, like they've got at Worcester."

"That's madness isn't it? You've got that huge glass area at the main entrance and yet not a single clinic has any windows to the outside. But the reason they gave for altering Kidderminster outpatients is because the patients have to wait in an area with no natural light. They've got a damn site more light and space in here than they have in Worcester!"

"We had a very nice open-plan outpatients, where every department had its own sitting area. But now they are all being squashed into a general sitting area. And some, like the ophthalmic, have been put into another building."

"They will also be moving our outpatients up to the first floor, which means that people have got to go in lifts or up staircases, while they used to be able to walk straight in from the car park."

"Right now it's complete chaos and people have to walk out of the car park, down the slope into the building, go up in the lift to the first floor, walk along the theatre corridor, past X-ray, to the bottom of B Block and then go up again in the lift to the second floor."

"That's when the lifts are working."

"The PCT now has to fork out to reinstate beds that were already here. The costs of bringing back some of the services we really want are going to be quite high."

“The CHC are about to do a survey taking stock of people’s travelling expenses getting back after going with a relative in the ambulance to Worcester and having to come back at night in a taxi.”

“It costs about £40 for a taxi back at night.”

“Children with a broken bone have to go to Worcester. There is X-ray here, but no plaster-room. Their mum may well have another child or two to look after at home. It can be really hard to do the journey there and back with kids in tow.”

“Another big problem is that pharmacy is closing here and will move to Redditch! It’s not convenient for anybody.”

“We have mental health patients on D Block who need medication before they can be discharged. It has to be written up by the doctor on the ward and then go to pharmacy and be checked by the nurse on the ward before they leave. What is going to happen now?”

“Pharmacy was deliberately built opposite the Milbrook Suite, for chemotherapy, so the drugs could be made up when the patient arrived: now they are having to be brought in by taxi, either the night before or during the day.”

“Most of pathology, supplies and finance have also gone to Redditch. Even Worcester is easier to get to than that.”

“They’ve got all this staff accommodation which they won’t sell. There’s a row of doctors’ houses, 17 of them in the next street along. And there is the tower block, floors one to five, with only a few parts being used. We can’t work out why they won’t use it. So staff have to live in Redditch and then get buses into Worcester. But we already run transport from here!”

“We never ever had a staffing problem in Kidderminster. The wards that are still here are fully staffed. The last job that came up they were inundated with applications.”

“Most of the Kidderminster staff who have gone

to Redditch have now left. They don’t work there any more. There are quite a few who are still working in Worcester: but if we did reopen in any way there are loads of local staff who have left the Trust completely who would come back.”

“Most of pathology, supplies and finance have also gone to Redditch. Even Worcester is easier to get to than that.”

## The Hospitals Visited

### England

#### **Cumberland Infirmary (Carlisle)**

£65m deal signed 1997, operational from 2000, giving a 45-year contract with an option to break after 30 years. 326 staff transferred under TUPE to private contractors B&P: 41 ancillary staff made redundant. Support services later transferred to Interserve.

The contract called for a 474 bed hospital but the new Cumberland Infirmary has a 444 bed capacity. There was 57,000 square feet of floor space in the old sites: the new hospital has only 42,000 square feet.

Health Management (Carlisle), a consortium of AMEC and Building and Property Group: hospital financed through a 30-year bond.

#### **Durham**

##### **(North Durham Health Care NHS Trust, Dryburn)**

A new £96 million, 450-bed District General Hospital on the Dryburn site to rationalise services previously provided at Shotley Bridge Hospital and the 665-bed Dryburn Hospital.

Consortium: Royal Bank of Scotland Plc; Balfour Beatty Plc. Hospital constructed by Haden Young Ltd. Non-clinical support services – Haden. Deal signed April 1998, operational 2001.

##### **South Durham NHS Trust**

###### **(Bishop Auckland)**

A new £67million, 347 bed general hospital at the existing Bishop Auckland General Hospital site for the South Durham Healthcare NHS Trust. Deal signed May 1999.

The Criterion Healthcare consortium includes Shepherd Construction Ltd, ISS Mediclean, hard FM managers Jarvis Facilities Ltd and project managers Health Care Development Advisory. The project's concession is for 60 years, with the Trust having the option to break the contract at the 30, 40 and 50 year marks.

##### **Norfolk & Norwich University Hospital**

The £229 million project involved the moving of two

acute general hospitals in Norwich to a greenfield site four miles out from the city centre. The new hospital provides 953 beds and occupies 103,000 square metres. The deal, signed in 1999 is a 60 year contract with a review clause at year 30 and then at each subsequent interval of 10 years. The hospital became operational from November 2001. The consortium comprises Serco Group Plc; John Laing Plc; General Healthcare Group Ltd and McKesson (IT).

##### **Hereford Hospitals NHS Trust**

Provision of a 354-bed new acute hospital.

Capital value: £65 million Deal signed April 1999. Consortium: Mercia Healthcare is comprising of WS Atkins, Gardner Merchant Services Group (now Sodexho), Alfred McAlpine Ltd and Charterhouse.

Alfred McAlpine and Haden Young built the hospital, with WS Atkins and Sodexho supplying the project's facilities design and main facilities management.

##### **Worcestershire Acute Hospitals NHS Trust**

###### **(Worcester)**

£116 million new hospital to provide a modern 452 bed facility “to replace the existing hospital's antiquated infrastructure.”

Deal signed March 1999, hospital operational 2002. Catalyst consortium comprised Bovis Limited, RCO Support Services Limited, the British Linen Bank and Societe Generale. Bovis Construction Limited carried out the construction of the hospital and RCO (subsequently taken over by ISS Mediclean) was to provide the soft facilities management services. Bovis Facilities Management provide the building maintenance service. As part of the arrangement, the Consortium was also given an exclusive right to exploit certain retail opportunities existing within the Trust.

Kidderminster Hospital functioned as a full district general hospital with 250 acute beds and its own Accident and Emergency unit. Despite a huge local campaign to defend it, in-patient services and A&E were axed as part of the “rationalisation” across the county to help pay for the new PFI hospital in Worcester, resulting in a county-wide loss of more than 25 percent of acute beds.

## Scotland

### Edinburgh Royal Infirmary

The PFI contract was for the building and management of an 869-bed, £180m hospital on a greenfield site, to replace the Edinburgh Royal Infirmary in the city centre. The deal was signed in 1998 and the first part of the hospital became operational in April 2002.

The Consort Healthcare consortium is a 4-way partnership of Royal Bank of Scotland Plc, Balfour Beatty Plc, AWG Project Investments Ltd and Haden Young Ltd. Facilities management is by Haden.

### Hairmyres Hospital

New £67.5m 416-bed District hospital to combine Hairmyres and Stonehouse hospitals. Signed April 1998, operational from May 2001.

The HGDH consortium comprised: AYH Plc, Innisfree Ltd and Kier Project Investment Ltd. The consortium subsequently appointed ISS Mediclean as facilities management.

Hairmyres Hospital was handed over to Lanarkshire Acute Hospitals NHS Trust three months ahead of schedule. The contract includes the operation and management of non-clinical support services and has a projected value of £644m over 30 years.

Wishaw General Hospital. £100m replacement of Law Hospital. The development of district general hospital facilities consisting of 633 inpatient beds and 56 day case beds with day hospitals for the elderly and mentally ill. Signed June 1998, operational from April 2001.

Consortium members: Bank of Scotland Corporate Banking; Edison Capital; Sir Robert McAlpine Ltd; Building & Property (Holdings) Ltd. Facilities management: SERCO.

## Wales

### Baglan (Neath and Port Talbot)

£67 million scheme signed May 2000 for provision of a new 270-bed local general hospital to replace existing facilities at Neath and Port Talbot. Operational December 2002.

The Baglan Moor Healthcare consortium, comprising construction and services company Keir Group, Swansea-based FM firm Tilbury Douglas, specialist healthcare designers SSL and Charterhouse Project Equity Investments, has claimed the contract is worth £432 million, by far the largest PFI health deal ever to close in the Principality.

The hospital itself will cost an estimated £56 million. Upon completion, Caxton FM, a wholly-owned subsidiary of Keir Group based in Cardiff, will provide non-clinical support services to the Trust for 27.5 years.

## Resources

<p><b>UNISON Publications are available free from Communications:</b>  <b>UNISON, 1 Mabledon Place, London WC1H 9AJ</b></p>		1858	Public Service, Private Finance: Accountability, affordability and the two-tier workforce. PFI in Local Government (March 2001)
<b>Stock No.</b>	<b>Title</b>		
2161	Foundation Hospitals and the NHS Plan (March 2003)	1704	*The Only Game in Town? A Report on the Cumberland Infirmary Carlisle PFI Scheme
2158	Profiting from PFI (February 2003)		
2147	Stitched Up: how the Big Four Accountancy Firms have PFI under their thumbs (January 2003)	1604	*Downsizing for the 21st Century (2nd Edition) A Report on the North Durham Acute Hospitals PFI Scheme
2108	PFI: Failing our future: A UNISON Audit of the Private Finance Initiative (September 2002)		
2092	A web of Private Interest: how the Big Five accountancy firms influence and profit from privatisation policy (June 2002)		
2034	Debts, Deficits and Service Reductions: Wakefield Health Authority's legacy to primary care trusts (April 2002)		
1967	Understanding the Private Finance Initiative: the school governor's essential guide to PFI (January 2002)		
1945	Public Service, Private Profit... how the fat Cats got the cream (September 2001)		
1763	Challenging The Private Finance Initiative Guidelines for UNISON Branches and Stewards (May 2000)		
1964	Contracting culture: from CCT to PPPs. The private provision of public services and its impact on employment relations. by Sanjiv Sachdev, Kingston University (November 2001)		

**UNISON has a special page on its website devoted to PFI:**  
[www.unison.org.uk/pfi](http://www.unison.org.uk/pfi)  
**as part of the Positively Public campaign**  
[www.unison.org.uk/positivelypublic](http://www.unison.org.uk/positivelypublic)



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