

PRIVATISING HEALTH CARE

The record of private companies
in NHS support services

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in NHS support services**

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for
London Health Emergency
and
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Preface

In the period since the June General Election, privatisation has become a key issue in the context of discussions on the future of the National Health Service.

The Secretary of State, John Moore MP, has made it abundantly clear - not least in his speech to the Conservative Party Conference in Blackpool - that he favours privatisation of Health Services, clinical and non-clinical, wherever possible.

In recent weeks the Government has introduced its Health and Medicines Bill and its White Paper on Primary Health Care, both of which shift the funding emphasis away from Exchequer support to private sources of income and individual charges for services.

The Association of London Authorities (ALA) and London Health Emergency (LHE) believe that these developments have alarming implications for the future of the NHS, especially for Londoners who have suffered the brunt of the loss of revenue to the NHS through the Government's RAWP allocations process and privatisation.

LHE has consistently documented the progress of privatisation since 1983, when the first government Health Circular calling for competitive tendering of ancillary services was issued. The ALA shares this concern and in the context of extensive competitive tendering being introduced into local government believes there is a great deal to be learnt from the NHS experience so far.

This report reveals the disastrous effect which competitive tendering and privatisation have had on London's NHS. Yet this has largely been confined to ancillary services such as cleaning, catering and laundry services. We have found a serious decline in standards and a worsening of conditions of ancillary and of nursing staff where private companies, and indeed some in-house tenders, have won contracts.

The whole process of competitive tendering, particularly if the result is privatisation, is one which threatens the quality and effectiveness of services. This process is now to affect local government to an unprecedented extent.

Within the NHS competitive tendering is now to be extended - not just to other support services such as transport, portering and maintenance - but the possibility of contracting out of pathology and even clinical services is now a reality.

This report emphasises the need to assess standards as well as cost; to take into account the quality of service provision as well as the quantity of staff employed - to put the interests of consumers and users above the short-term interests and cash limit mechanism of management.

With public concern growing about the effects of cash limits imposed on the NHS, this report points out the effects of other policies and the potential implications of privatisation for local government.

Councillor Margaret Hodge
Chair Association of London Authorities

Councillor Roger Harris
Chair ALA Health Sub Committee

Introduction

An ever-growing list of scandals and failures; a toll of suffering, inconvenience, hygiene risks and increased unpaid work foisted onto nursing and other NHS staff: these are the bitter fruits of the government's policy of putting hospital ancillary services out to competitive tender.

The very term is deceptive: any real competition has been almost totally eliminated. A process of mergers and takeovers has resulted in the overwhelming dominance of two large conglomerates - the Hawley Group (owning Crothall, Mediclean and Home Counties); and BET (who own Initial, Exclusive and ICC). Between them these two firms operate a virtual monopoly of public service contracting in both the NHS and local government.

Meanwhile other firms less successful at winning contracts - some of them stung by the failure of loss leaders or by trade union resistance - have pulled out of tendering, among them Reckitts, Blue Arrow, Executive, OCS and Spinneys.

This change, like other developments in the seventeen months since the first (June '86) edition of the London Health Emergency survey of the impact of privatisation, has very much confirmed the predictions made then on the likely shape of things to come.

Furthermore, it is now becoming increasingly apparent that privatisation of NHS services will be extended far beyond cleaning, catering and laundry services. A new 'hit list' has appeared. Even before Mr John Moore's speech to this year's Tory Conference, Wirral Health Authority had begun to consider a list of possible new services for tendering, including Transport, Telephones, Gardening, Maintenance, Energy Management, Portering, CSSD, Pathology, EMBE, and Residential Accommodation.

Already some of these services - and others such as pest control and waste disposal - have been subjected to competitive tendering.

With increasing financial pressure on cash-strapped health authorities and "income generation", the current buzz-words, it is clear that greater collaboration between the NHS and the private sector threatens to bite deeper and deeper, with other medical and professional services under threat. Kidney dialysis has already been contracted out in some districts. Recently South Lincolnshire DHA awarded a £100,000 contract for orthopaedic surgery to the private AMI Park Hospital, Nottingham.

Equally predictable was the extent to which unreliable and unknown firms would find themselves increasingly squeezed out of NHS contracts once hospital management showed themselves as willing as private firms to make heavy cuts in standards, in jobs and in the pay and conditions of ancillary staff.

The tide has swung quite strongly against the private contractors, whose main successes were relatively early in the tendering process. Latest figures show that from over 1,000 contracts awarded, some 79% have gone "in-house" and only 21% to private firms. However the proportion of services privatised in London is far higher: some 60 out of 132 contracts awarded in the capital have gone to contractors - 45% of the total.

While unions and the labour movement have consistently argued against privatisation, bitter experience of the effects of competitive tendering is beginning to shift opinion among those who previously took little interest. The 1987 Conference of the Royal College of Nursing, which previously stood aloof from the problems of ancillary staff, was forced to recognise the impact of tendering on RCN members. As the Nursing Times reported:

"Appalling conditions in dirty hospital wards have led the RCN to reconsider its policy on privatisation of support services such as cleaning and laundry. Speaker after speaker at the Glasgow conference criticised deteriorating standards of cleanliness in hospitals during a debate

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calling for the college to rethink its privatisation policy.”

London hospitals were among the examples quoted:

Susie Jewell (City and Hackney) said that in the last hospital where she worked, the successful in-house tender meant one cleaner was in charge of three wards and serving all the food, ordering supplies and cleaning. “The result was doctors, nurses and even patients doing most of the cleaning. The wards were squalid to say the least,” said Ms Jewell.

Christine Hancock, general manager (Waltham Forest) said Florence Nightingale would be horrified at the so-called hotel services that now existed in many hospitals.

(Nursing Times, April 22, 1981)

Yet though nurses' pay, conditions and short-staffing have grabbed recent headlines, the equally serious problems of short-staffing and virtually casual labour in crucial support services have received little press attention.

Meanwhile patients, staff and health authorities are faced with the depressing consequences of cynical “loss leader” bids, cheapskate contractors seeking profits by cutting corners, and ridiculously high work-effort being demanded from the largely- female ancillary workforce in exchange for actual cuts in their pay and conditions.

An example of this decline reaching crisis level is Oxford's flagship John Radcliffe Hospital, where conditions under the in- house tender have become so dreadful that less than one newly-hired domestic in three stays longer than one day. The hospital began offering up to £50 “bounty” payments to domestics who find a friend willing to work there, and management has been forced to admit to unions that the hospital had become so dirty that it was contemplating bringing in a private firm to carry out a “blitz clean”. This type of problem is becoming the rule rather than the exception in our hospitals.

Readers might draw the conclusion that after more than 3 years of competitive tendering have wreaked such damage it is high time to look again at this way of “saving” a claimed £100m a year from a health budget of £18 billion.

It is to help those new to the issue to form an opinion that LHE and the ALA have produced this new, updated survey, covering the story of privatisation so far, a look at each London district, a profile of the two leading firms and some examples of in-house tenders.

Ancillary staff, like nurses, are not angels but people, who need a living wage and civilised conditions to do a vital job for patients.

Cuts by any other name

Since the forced introduction of "competitive tendering" by the Government in September 1983, there have been a number of key developments in the privatisation of hospital services in London.

One factor has been common to almost every one of the hospitals where competitive tendering has been carried through, irrespective of whether the contract has gone to a private firm or to an "in-house" tender involving loss of hours, bonus payments and reduced workforce.

In every case, the cash "savings" realised by competitive tendering or privatisation have been at the expense of real CUTS in standards of patient care, hospital hygiene and the break-up of the experienced dedicated workforce that has endured decades of low pay to carry out vital tasks for the NHS.

It has become fashionable to downgrade the importance of ancillary services in our hospitals, and to equate them in some way with simple commercial transactions: the term "hotel services" has been coined to virtually suggest that the work of domestics who clean, serve meals, bring clean laundry and support the caring work of nursing and medical staff is some kind of superfluous luxury over and above "real" treatment.

It is from this one-sided notion of domestic services that it is relatively easy to suggest that money cut from this type of work can be better spent "treating more patients". This ignores the fact that in many cases the jobs left undone by reducing the hours of work done by domestics are vital for the welfare of the patients - and wind up falling on the shoulders of over-stressed nurses.

Quantity - or Quality of care?

Hospitals are not fast-food joints or factories, in which "efficiency" can be adequately measured simply by the quantity of patients rushed through in minimum time by a minimum of low-paid staff.

Just as it would be ridiculous to suggest that a doubling of class sizes in schools would amount to a doubling of efficiency for each teacher, to whittle down the size of the caring team in our hospitals while boasting of the increase in numbers of patients treated each year is to substitute quantity for quality of care.

Much of the work undertaken by domestics is labour-intensive, manual work, not readily susceptible to mechanisation. To cut back on the hours of work and numbers of staff employed must necessarily cut back on the level of service, the actual care delivered to the patient. Every report received by London Health Emergency on the new contracts awarded under competitive tendering confirms that just such a decline is under way. Indeed the average successful tender under the new system has involved cuts in working hours of as much as 60%, with a 40% cutback commonplace.

For a fistful of dollars

In return for these sacrifices in standards and the massive loss of jobs involved, competitive tendering has saved less than 10% of the annual bill for catering, laundry and domestic services in the NHS - much less if account is taken of the havoc created by numerous contract failures and management effort involved in tendering exercises and subsequent monitoring.

But of course competitive tendering is not just about "efficiency", measured by cuts in spending on ancillary services: it is also centrally about attempting to bring private firms into the arena of the NHS, to exploit a multi-million pound market for low-paid labour. Firms were set up specifically to take advantage of these opportunities opened up by the government, and looking for profits - necessarily at the expense of services.

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The introduction of privatisation brought attempts to make profits out of a system not designed to produce them, at a time when cash cuts imposed by the Government forced many hard-pressed District Health Authorities to clutch at a seemingly easy way of saving money - by cutting costs in domestic, laundry and catering services.

DHAs have always had the option of privatising services - a few new hospitals such as Barking had always had private domestics - but most recognised the value of keeping services in-house.

The 1983 Government guidelines, which had the effect of making tendering compulsory, have led to a slashing of hours worked. Thousands of jobs have been lost. The result - a massive reduction in hygiene and standards of care for patients. Nursing staff have found themselves saddled with jobs previously done by NHS domestics - and their efforts thus exploited to help make profits for private firms.

For a few dollars more

However, it soon became apparent that the high profits the private contract firms had first expected were not to be forthcoming.

A number of private contractors have pulled out of tendering for NHS domestic service contracts, including Sunlight, Reckitts, OCS and Blue Arrow. The finance director of Blue Arrow declared "There is nobody making any money out of the National Health Service". A recent study by the Institute of Personnel Management "Competitive Tendering in the Public Sector" points out that only very large companies can afford the investment needed to take part in tendering for NHS work.

Catering tenders, for instance, can cost up to £2,000 to compile, and only have a 1 in 15 chance of success. Hence the trend towards "monopoly tendering".

Also, as time progressed, and the September 1986 deadline for the completion of competitive tendering exercises drew closer, more and more contracts were being awarded in-house. By October 1984 two thirds of domestic, catering and laundry contracts awarded had gone to private companies, but by July 1985 the pattern had changed dramatically with the percentage of contracts won by private firms reduced to 40 per cent.

Figures produced by Health Minister Tony Newton in March 1987 show that by 31/12/86 almost 75% of domestic, laundry and catering services had been out to tender. Annual savings were, according to Mr. Newton, £86 million. 187 contracts had been awarded to private companies, compared with 936 in-house tenders. As of February 1987, 79% of contracts awarded had gone in-house, with only 21% awarded to private contractors.(source-NUPE)

This negative development from the point of view of the contract firms has had two effects upon services and standards in the NHS:

- * Firstly, NHS management have themselves begun to reduce the standard and staffing levels of in-house NHS domestic tenders so much that they began to undercut the lowest bids of the private contractors (see Haringey) in order to maintain control over their ancillary services;
- * Secondly, faced with less contracts and less profits, the private contractors began to lobby the Government, urging Ministers to "move the goalposts" to make it easier for private firms to win (and retain!) ancillary contracts.

Ministers step in

One of the early actions taken by the Government was to intervene in the awarding of tenders. On at least three occasions, DHAs which believed that the lowest tender (by a private contractor)

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was unworkable, and awarded contracts for domestic services in-house, found themselves overruled by Health Ministers.

The Ministers insisted upon upholding the letter of the government's tendering guidelines, which stated that contracts could only be awarded to other than the lowest tender for "exceptional" reasons.

In March 1985, Bromley Health Authority, one of the keenest to introduce privatisation, became so dissatisfied with the work being done by Hospital Hygiene Services that they terminated their domestic services contract after six miserable months. It was the first contract to be broken off by a health authority in mid-term.

The option of dismissing unsatisfactory contractors had previously been lauded - not least in publicity from the contractors' own trade confederation, the Contract Cleaners and Maintenance Association (CCMA) - as one of the advantages of the competitive tendering method over keeping in-house staff.

However Hospital Hygiene Services, (HHS) whose directors included Shipley's Tory MP Marcus Fox, immediately piled pressure upon Health Minister Kenneth Clarke, who within 24 hours authorised a telephone directive to all health authorities, changing the rules dramatically in the contractors' favour.

Under the new instructions, no DHA could decide to throw out a contractor, no matter how bad their performance, without prior Ministry approval. The DHA now had first to make recommendation to the DHSS if it wanted to remove a contractor.

The delays and red tape this introduced into the process gave a company under threat the chance for a short period to throw extra resources into the contract to stave off the danger of dismissal, before reverting back to its unsatisfactory ways. This new system also brought increased possibilities for political intervention at Ministerial level.

But even these changes were not enough for the contractors; The beginning of 1986 brought news that Maidstone DHA had finally managed to break through the bureaucratic log-jam and terminate its contract with Crothalls.

Once again, out came a new set of directives from NHS Management Board Chair Victor Paige, adding yet another series of restrictions on the dismissal of incompetent contractors and discouraging even the imposition of penalty payments for unsatisfactory work.

Victor Paige shifts the goalposts

A confidential January 1986 letter from Mr. Paige to regional health authority chairs set out to;

- * Make it even more difficult for DHAs to sack incompetent contractors. DHAs must refer any proposed cancellation both to the RHA and to the DHSS before kicking out a firm.
- * Oppose "unreasonably punitive systems" of penalty clauses for incompetent and sub-standard work, despite the fact that management in many hospitals already found extremely difficult to invoke existing penalty clauses.
- * Debar DHAs from asking contractors to specify performance rates of employees - opening the way for some of the more impossible workloads which have previously been the basis of artificially cheap private tenders. Paige rules out DHAs checking on union recognition policies or grievance procedures operated by contract firms - despite the fact that these could well lead to disruption of services.
- * Oppose DHAs inquiring into the profit margins expected for particular contracts.
- * Bar DHAs from doing their own vetting of contract firms; they are told to rely instead on less discerning Regional lists. RHAs themselves are told to avoid "intrusive" questions on the finances and competence of contract firms.

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This battery of proposals to tilt the balance even more in favour of private firms came as a result of heavy lobbying by the CCMA, whose 46 member firms had been losing out heavily to in-house tenders: most have won no NHS contracts at all.

More than a third of the privatised contracts had, up to July 1986, been awarded in the London area, and the large majority have been concentrated in the South East.

One reason why the contractors have had problems is that DHAs fear loss of direct management control over crucial ancillary services and are less than impressed with the performance of the contractors already at work in the NHS. In this context it is doubtful whether the Paige letter, adding massively to the already formidable legal and bureaucratic obstacles in ditching an incompetent contractor, significantly helped the firms concerned.

A Riverside Health Authority report on the performance of Crothalls in cleaning the prestige Westminster Hospital gives a hint of why NHS management are reluctant to allow firms which they cannot control to take over vital services.

Riverside's General Manager Barry Elliot condemned Crothall's "totally unacceptable performance", warns that the situation "cannot be allowed to continue" and points to the "risk of infection, the damage to the hospital's reputation and image, and the impact on staff morale." None of the efforts made - including daily work checks, reduction in Crothall's monthly payments and meetings with management - had resulted in satisfactory improvements in standards of cleaning which had undergone a "significant deterioration" since Crothalls took over in July 1985.

Elliot also pointed out that Crothalls had had enormous difficulties in recruiting and retaining staff on the pay, hours and conditions they offer, and that few of the old NHS workforce opted to work for Crothall. (This experience is replicated in hospital after hospital across the country, with staff turnover as high as 550% being reported!)

Barry Elliot's conclusion is an important warning note for all would-be privatisers of ancillary services:

"The problems associated with the Westminster contract have demonstrated that regardless of how good monitoring systems and procedures are, there is little direct action that we can take to get a contractor to perform."

Gloomy contractors hit the skids

Matters have changed dramatically since the heady days of Spring 1985 when the CCMA newsletter "Reflections" headlined "We Are Winning", and confidently asserted that "We are currently winning over 75% of the competitive tenders in the NHS, which is well above our previous expectations. And there is no indication that this ratio will decline."

Such is the shift in the climate that CCMA member firms have increasingly run into financial problems, and others have begun to withdraw from tendering. A mere half-dozen CCMA companies have between them cornered the lion's share of all contracts awarded.

Meanwhile the less successful CCMA firms have raised their voices in protest, forcing the CCMA itself to reverse much of its previous advice to DHAs, and effectively to scrap clauses from its own much-vaunted "Codes of Practice" adopted in 1984.

A February 1986 document from the CCMA, entitled "Competitive Tendering in the NHS", called for even more concessions to contractors. It demanded changes including:

- * Less information to be requested from the contractor;
- * Contractors should be able to terminate contracts more easily;
- * DHAs, rather than the contractors, should provide the cleaning materials;
- * A reduction in the fines charged by DHAs when contractors fail to carry out their work.

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Such changes would make conditions much more favourable for NHS contractors than for contract cleaners in private industry.

Not satisfied, the CCMA secretary general, Mr John Hall, argued in November 1986 that private contractors should be given more help by central government to help them win NHS and local government contracts. He called on the government to abandon compulsory competitive tendering, and switch to a policy of compulsory contracting out.

Mr Hall did admit however that the present emphasis on giving the contract to the lowest bidder can lead to a lowering of standards to an unacceptable level.

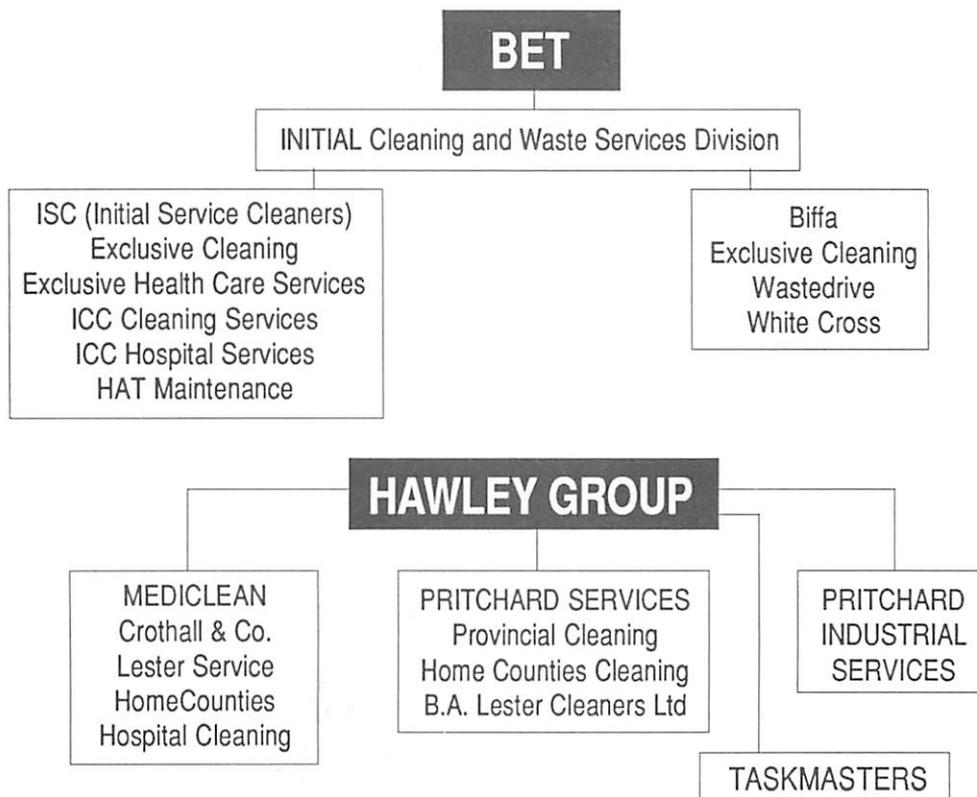
Monopolies and Mergers - Cleaning up the Competition

Probably the most significant trend since 1983 has been the increasing domination of the contract cleaning market by two particular multinational companies, Hawley and BET.

The Hawley Group has expanded from Mediclean to buy up Pritchards group, parent company of Crothall and Home Counties. BET includes ICC and Exclusive.

The trend towards growing monopoly has been compounded by a number of companies pulling out of further tendering for NHS contracts. The dominance of BET and Hawley is not confined to NHS contracts but extends to privatised services in local government and the civil service.

Two of the original fancied front-runners - Crothalls and OCS - have suffered badly as a result of discrediting strikes at Barking and Addenbrookes Hospitals, with further embarrassing revelations about their standards of cleaning. OCS are no longer tendering for NHS cleaning contracts.



(Diagrams from Labour Research November 1986:)

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Crothalls lost their Maidstone DHA contract; failed to win renewal of their prestige New East Surrey Hospital contract, faced fines, penalties and angry NHS management in Croydon, Birmingham, and South Warwickshire; and lost out to a much dearer in-house tender in West Suffolk. Losses on Crothall's NHS operations were a major factor in losses by the parent company, Pritchards; and its takeover by the Hawley Group.

Hawley's own NHS cleaning subsidiary, Mediclean, a relative newcomer set up to take advantage of the government's privatisation of services, managed to scoop nearly 20% of the initial round of private contracts, including a number of large London hospitals (St Helier, Hammersmith, St Georges, St James, St Mary's and Ealing).

Loss Leaders and Privatisation Disasters

ICC (now ultimately owned by BET through the Initial cleaning and waste services division) won the contract last year for domestic services at Edgware Hospital in Barnet DHA.

Having won the contract, ICC then asked for higher payments and were sacked before the contract even started!

At Scarsdale Hospital in Chesterfield, ICC were "released" from their cleaning contract because it was operating at a loss, and the DHA refused ICC's request for extra money. Domestics who had been involved in a six month strike against privatisation at the hospital had warned of the unrealistically low tender submitted by ICC.

At Botleys Park Hospital, where Mediclean gave six months notice that they would be pulling out of their domestic services contract, North West Surrey's general manager said "It is all too easy for firms to pull out and leave us to pick up the mess."

Spinneys, the catering firm which pulled out of a contract at Birmingham's Queen Elizabeth's Hospital, admitted that they actually got their figures wrong when tendering for the contract. They have now announced that they are pulling out of competition for all NHS contracts.

The ever-growing list of contractors' failures continues. A report in May 1987 by the Joint NHS Privatisation Research Unit (Contractors' Failures: The Whole Story 1983-1987), covers 64 failures from September 1983 to May 1987.

The report charts the feeble record of private contractors in the NHS and show that 1 in 5 private NHS contracts are failing. Catering gets the biggest thumbs down, with a staggering 37% failure rate with 27% of all laundry contracts failing. The two big monopolies - BET and Hawley - have particularly disastrous records. BET has a failure rate of one in three, and Hawley one in four.

Catering for Profits?

Only about 4% of catering contracts - a mere handful across Britain - have been awarded to private contractors. One early contract, awarded to Allied Medical, was returned in-house when the loss-leader bankrupted the firm.

Suffice to say that standards here have also been severely reduced - as seen in Frenchay Health Authority, where the local District Council took the contractors, Spinneys, to court for lack of hygiene in the hospital kitchens.

Cook-chill is becoming an increasingly popular concept as Health Authorities continue with their cost cutting exercises. The district by district survey reveals the growing prevalence of cook-chill ideas and methods in London's NHS. The London Food Commission has warned that introducing cook-chill catering into hospital kitchens may be a 'recipe for disaster'. This is particularly the case where the reconstitution of food on the wards is left up to domestic staff working under contracts

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which mean a constant turnover, making it virtually impossible to train them in the necessary skills: the dangers from wrongly-treated cook-chill catering are considerable.

Privatised out of a Home

Some ancillary workers have faced not only the loss of their jobs, or cuts in pay, hours and conditions as a result of privatisation, but also the loss of their rights to health service accommodation.

As a result of privatisation and government policy on NHS accommodation (which aims to reduce the availability of NHS homes, in order to sell off land and property assets), ancillary workers are in a particularly vulnerable situation.

A report ("Homes for Sale", by Mandana Hendessi and Dick Barbor-Might, produced and published by the Migrant Services Unit - London Voluntary Service Council) highlights the racism, sexism and class exploitation inherent in Government policy and practice with regard to NHS accommodation.

The report draws attention to the plight of migrant workers; many of whom were specifically recruited to work in the NHS and were required, at least for an initial period, to live in NHS accommodation.

About 35,000 ancillary staff are estimated to live in hospital accommodation, and their right to remain in these homes is seriously under threat.

Catering workers were evicted at Farnham Road Hospital, Surrey and Northwick Park Hospital, when private contractors took over.

A major campaign in Paddington by women workers, nearly all of whom are migrant workers, forced the DHA to agree that the women should not be evicted, a pledge on which the DHA reneged in October 1987. (see District by District survey on Paddington and North Kensington DHA).

Conclusions: How much damage has been done?

The full picture of the damage done to health service standards and staff morale, and a full assessment of the total number of low-paid jobs axed as a result of the competitive tendering exercise are still not yet clear.

But as this survey shows, the experience in the London area is one of a substantial further erosion of a hard-pressed and struggling health service, carried through by reluctant but subservient administrators and general managers under the misleading guise of "greater efficiency".

While patients lose out on standards of basic hygiene in hospital wards, and are denied the friendly attention and extra care traditionally given by NHS domestics, the experienced NHS ancillary workforce itself is being broken up and dispersed under the hammer blows of wage cuts, cruel unpaid increases in work effort, redundancies and a wholesale demolition of the conditions painfully established by health unions over the years.

Under private firms, with their reliance upon the exploitation of part-time female staff, or under new in-house tenders which slash hours, jobs, and bonuses and increase workload, staff turnover is increasing to the levels of fast-food joints.

The effects of contracting out on the labour force were highlighted in a recent report by market analysts Key Note in their survey "Contract Cleaning": according to the report, no less than 75% of the cleaners are women working less than 16 hours a week and therefore not entitled to sick pay, holiday provision and maternity benefit. Labour turnover in contract cleaning is generally high, and 100% in some areas. Only 10% of the workforce is unionised.

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The toll of jobs lost on a London-wide basis is not easy to assess, particularly in view of the increased prevalence of part-time working, and the varying (though generally low) numbers of NHS staff who opt to take jobs with contractors.

However some estimates are possible: the NE Thames Region Strategic Plan, for example, predicts that under competitive tendering, even if no contracting-out took place, ancillary staff numbers would be cut by 14% - some 1,540 jobs, mainly in London.

Broadly similar results are likely in the other three Thames regions: but these figures do not distinguish between the ancillary staff still directly employed by the NHS on existing conditions, and the number subsequently employed by contractors: SW Thames RHA predicts that as much as 50% of its reduced ancillary workforce of 8,000 by 1994 might be employed by contractors.

It is important to recognise that these are low-paid, low status jobs, traditionally held by women, and in London overwhelmingly done by black women and women from ethnic minorities. The reduced level of job opportunities and the heavy cuts in levels of wages for reduced hours of work will have a severe impact upon these women.

Clearly this does not disturb managements such as those at NE Thames, whose Strategic Plan cynically points out that "The numbers of the unemployed appear set to remain high for some years to come, especially amongst the unskilled. A shortage of ancillary staff is therefore most unlikely".

Yet, as Riverside management has discovered, a limitless pool of potential cheap labour does not necessarily produce either a stable workforce or a sufficiently trained and dedicated workforce to keep our hospitals clean and care for patients. The raw economic theory seems inadequate to guarantee the standards most Londoners would expect.

A patient's-eye view

In drawing attention to the impact of competitive tendering and privatisation of NHS ancillary services, the effects of the "efficiency" measures on patient care should be the starting point.

We would ask hospital management, government ministers and the concerned public to consider: is this really the kind of "efficiency" we need in our health service? Is it the kind of "efficiency" you would want to experience if you were a hospital patient?

In our view the facts speak for themselves. It is time to change course, and restore the standards that have been cut back. It is time to put patients before profits.

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District by District Survey:

PRIVATISATION AND COMPETITIVE TENDERING IN LONDON'S NHS

SOUTH EAST THAMES REGIONAL HEALTH AUTHORITY HEAD-QUARTERS

Private Contracts

Domestic Services - Home Counties
Catering - Hazard Catering

BEXLEY

Private contracts

Queen Mary's Hospital: Domestic Services - RCO

In-House contracts

Community Services: Domestic
Bexley Hospital: Domestic
Bexley Hospital: Laundry

At Bexley Hospital the in-house tender succeeded in beating off strong competition for the domestic service. Whilst all remaining staff kept their same hours, jobs have been lost.

BROMLEY

Private Contracts

Cane Hill Hospital: Domestic - Exclusive (51 redundancies)
Bromley General Hospital: Domestic - Crothalls (49 redundancies)
Beckenham Maternity Hospital: Domestic - ISS Hospital Service Ltd (19 redundancies)
Orpington Hospital: Catering - Spinneys (39 redundancies)
Cane Hill Hospital: Catering - Spinneys
Beckenham Hospital: Domestic - HHS (25 redundancies)
Farnborough Hospital: Domestic - Exclusive: WITHDREW MID-TERM (96 redundancies)
Orpington Hospital: Domestic - Hospital Hygiene Services (72 redundancies): SACKED in March 1985; contract now awarded in house.

In-House Contracts

District: Laundry
Orpington Hospital: Domestic

Having been one of the DHAs most advanced in its privatisation programme, Bromley also became the first to throw out a contractor mid-term for failing to meet standards. HHS consistently failed to meet standards required in cleaning the 451 bed Orpington Hospital, and in March 1985 after six months had failed to show any prospect of improvement, the DHA voted to terminate the contract. The contract has now returned in-house and HHS have since been "rested" from the South East Thames approved list.

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At Farnborough Hospital, Exclusive withdrew in the middle of their contract, being unable either to clean the hospital properly or make a profit. An investigation by Riverside DHA revealed that "Exclusive's management team responsible for the Farnborough tender have all been replaced."

At the small Beckenham Maternity Hospital (45 beds) 15 out of 19 domestic cleaning jobs were axed when ISS took over the contract.

Orpington was one of the first large hospitals to hand over catering services to an outside contractor; Spinneys. Spinneys were able to undercut other tenders by not paying London weighting, and allowing only 10 days holiday per year.

The laundry stayed in-house with a cut of just £16,000.

CAMBERWELL

Private Contracts

Part of District: Laundry - National Sunlight Group (due to end soon)

In-House Contracts

Part of District: Laundry
District Catering
King's College: Domestic
Community: Domestic
Dulwich Hospital: Domestic

The Sunlight contract will come to an end in the new year when all laundry services will be provided on an in-house basis at Dulwich.

The October 1986 meeting of Camberwell DHA considered a tender from Mediclean for domestic services; however the in-house tender was accepted.

Camberwell has been involved in the Regional working party on cook-chill although there are no definite proposals as yet. The RHA has done a feasibility study on cook-chill.

GREENWICH

In order to avoid privatisation, local and regional trade union officials agreed to take part in a "cost reduction committee" and supported its recommendations. This includes a cut of £1,046,000 in the ancillary services budget which means:

- about 150 jobs lost (104.7 whole time equivalents)
- increased prices for staff meals
- closure of some kitchens
- more "housekeeping duties" carried out by nurses.

There will be no compulsory redundancies and the number of jobs will be reduced by "natural wastage". The agreement was extremely controversial locally with the local borough council opposing the loss of jobs.

The unions argue that in exchange they have guarantees of conditions which have not been conceded by other Health Authorities or private contractors.

PRIVATISING HEALTH CARE

The Health Authority took a decision to drop competitive tendering in favour of this deal. However Greenwich DHA were instructed following a meeting with Ray Whitney to put their services out to tender immediately so that they could be tested by the market.

Between 1982 and 1984, 119 catering jobs were lost in Greenwich (NUPE).

LEWISHAM AND NORTH SOUTHWARK

The DHA have agreed to put domestic services out to tender for the district. An in-house tender could result in a possible loss of hours and/or bonus payments. However nothing definite has yet been agreed.

The latest news is that Servicemaster, a US-based company, has displayed an interest in bidding for the management of domestic and portering services at Guy's acute, Lewisham acute and priority care.

There is the possibility of cook-chill at Hither Green, Beckett House and a day hospital (on the site of New Cross Hospital).

Gardner Merchant lost its executive lease contract for catering at Guy's Hospital only three weeks after it was awarded, when the DHA appointed its own manager.

WEST LAMBETH

Private Contracts

St. John Lisle Street: Domestic - Victoria, Window and General Cleaning Services.

St Johns Homerton Grove (now closed): Domestic - RCO

4 Clinics: Domestic - Crothalls

In-House Contracts

Tooting Bec: Laundry

Community: Domestic

South Western Hospital: Domestic

Further moves on competitive tendering were held back to 1986-87 following a productivity deal with the unions. Community clinics stayed in-house.

PRIVATISING HEALTH CARE

SOUTH WEST THAMES REGIONAL HEALTH AUTHORITY REGIONAL HEALTH AUTHORITY HEAD-QUARTERS

Private Contracts

All catering, domestic and laundry at RHA HQ and Regional BTS is contracted out except for BTS laundry done by St Georges Hospital.

CROYDON

Private Contracts

Community Clinics: Domestic - Crothalls
Part of District (including Mayday Hospital): Laundry - Advance
Part of District: Laundry - Sunlight

In-House Contracts

Mayday Hospital: Domestic
Walingham Park Hospital: Domestic
St. Lawrences Hospital: Catering
Geriatric Beds: Laundry

Advance have been repeatedly subject to complaints both from local unions and from nursing staff over laundry returned stained, crumpled, damp, damaged, late or not at all. In July 1985 there were fresh complaints over trolley-loads of laundry returned and stained duvets which had to be thrown away. Meanwhile laundry done by Sunlight laundries for Queens, Croydon General and Purley Hospital has also been strongly criticised.

Cleaning of health centres, taken over by Crothalls, was condemned in reports by DHA member, Julian Gannon, who found dirty toilets, floors with dirt and grime, physiotherapy rooms not cleaned since the start of the contract, walls not washed, fridges and cookers not cleaned and NHS staff having to do the contractors work for them.

District General Manager, Martin Roberts told the Guardian in December 1985: "The specification has definitely not been met fully at any of the twelve locations".

Crothalls have been consistently fined for failing to meet standards. The ridiculous performance rates on which they tendered (including 198 *BSI for one clinic) have been exposed, vindicating local trades council opinion that the tenders were unworkable.

In his report to the DHA, Roberts points out that Crothalls had to bring in additional staff at their own expense, including a permanent part-time supervisor and a temporary full-time manager.

Staff turnover was so high that occupational health checks have been dropped. Crothalls were fined £9,000 in the first six months of the contract because of their failure to meet standards. Senior officials warned that patients may be in danger from cross infection in dirty dental surgeries. A senior Croydon official said the authority was "extremely angry at the appalling standards since the firm took over".

Domestic services at Warlingham Park Hospital were retained in-house but with 25% bonus scheme axed, reduced staffing levels and increased work rate.

PRIVATISING HEALTH CARE

KINGSTON AND ESHER

Private Contracts

District: Laundry - Advance: WITHDREW MID-TERM
Tolworth Hospital: Domestic - Exclusive

In-House Contracts

Surbiton and others: Catering
Kingston Hospital: Domestic

At the same time as awarding the contract to Advance the DHA closed the local NHS Carshalton laundry. Strike action followed.

Following many complaints about standards, such as nurses having to launder their own uniforms, Advance withdrew from their laundry contract (one of only 3 NHS contracts they held) from Sept 86.

The domestic services at Kingston Hospital were retained in-house, but with a cut of 57 whole time equivalent jobs, a 50% cut in bonuses and a reduction of some shifts to only 2 hours per day. This has resulted in a filthy hospital and very rapid turnover of staff.

Since August 1985, 30 cleaners employed by Kingston and Esher DHA have been waiting to hear if their jobs are secure. The DHA decided behind "closed doors" that staff proposals on cleaning NHS premises were not up to scratch. The cleaners have had to wait until summer 1987 to hear who will clean Surbiton and Molesley Hospitals, clinics, some nurse accommodation and the district Head Quarters in Upper Brighton Road, Surbiton.

MERTON AND SUTTON

Private Contracts

St. Helier: Domestic - Mediclean (200 redundancies)
Community Clinics: Domestic - Exclusive
Carshalton War Memorial: Laundry - Advance
St. Helier: Part of Portering - Mediclean

In-House Contracts

St. Helier: Catering
Nelson Hospital: Domestic
Sutton and Henderson Hospitals and District HQ: Catering
Ellen Terry Home: Catering
St. Ebbas: Domestic
Sutton General: Domestic
Carshalton War Memorial: Domestic
Henderson Hospital: Domestic
Queen Mary' Hospital: Domestic

When Mediclean took over the domestic contract at St Helier Hospital, all NHS staff at the hospital were made redundant and hours of cleaning work were halved. A cleaner working at St Helier Hospital reported being taken on with no health check, no training or instructions on cross-infections and hospital cleaning methods. She witnessed cleaners using the toilet mop to clean the clinical examining room of a surgical ward. She described the hospital as "an infectious time bomb waiting to go off".

PRIVATISING HEALTH CARE

NHS catering staff at St Helier won the contract when all the companies involved withdrew from tendering. But the DHA changed the rules to restrict the contract to 12 months rather than 3 years.

The domestic services at Queen Marys stayed in-house, but with what management described as a "tightening of belts and changes of practice".

RICHMOND, TWICKENHAM AND ROEHAMPTON

Private Contracts

Queen Marys Acute Unit and Putney Hospitals: Laundry - Initial

Queen Marys Hospital: Domestic - Mediclean St Marys, St Johns, Normansfield and Barnes Hospitals: Laundry - Advance

Queen Marys Hospital: Laundry - Sunlight

In-House Contracts

Barnes Hospital: Catering

Barnes Hospital: Domestic

Normansfield Hospital: Domestic

St John Hospital: Catering

Exclusive's tender for domestic services at Putney included the claim of being able to clean a bath in 13 seconds.

Domestic services at Queen Marys awarded to Sunlight with 170 redundancies. In January 1987 the DHA ended the Sunlight contract.

The local CHC had to deal with numerous complaints about cleaning standards. The chair of the CHC said "The contract seemed to be inflexible and ward sisters ended up doing the monitoring." (Health Service Journal 22 1 87)

In the 18 months of the contract hardly a week went by without a complaint - dirty lavatories, especially in the Out-patients, dust and dirt in the surgical areas, blood stains left uncleaned in the operating theatre unit. Patients in the Gynaecological Ward petitioned the Health Authority about the filthy state of the ward.

The DHA and Sunlight "came to an agreement" to terminate the contract; the company clearly could not clean the hospital and weren't making any profits. Trade unionists at the hospital report that Sunlight put in a "loss leader bid" and were operating at a £100,000 loss as well as facing fines and penalties. (Public Service Action - February 1987)

Mediclean was then awarded the contract at Queen Mary's Hospital and began on May 1 1987. The COHSE district convenor warned that the cleaning standards have since "dropped to danger levels".

A survey of the state of the hospital produced the following results: Bloodstains on theatre walls and floors left for as long as three weeks, patients' toilets and sluices have remained filthy for weeks, rubbish left for days in various areas of the hospital before taken away and the Nurses' residents complex, Arton Wilson House, was reported as not being cleaned for a month.

The COHSE district convenor, commenting on Mediclean's performance and the fact that the DHA rejected the in-house tender on the grounds that it was too expensive, said "direct labour would have provided a far cheaper alternative if staff were expected to upkeep the type of standards Mediclean have set at the hospital". (Public Service Action July 1987).

The report also adds that management is not taking any notice of the problems and Mediclean

PRIVATISING HEALTH CARE

is not being monitored. In June 87 a local paper reported that a pensioner slipped on a wet corridor floor which was covered in cleaning fluid and had not been sectioned off, rupturing her leg nerves. She may be permanently disabled as a result. The pensioner now plans to sue Mediclean.

WANDSWORTH

Private Contracts

St. Georges Hospital: Domestic - Mediclean
St. James Hospital: Domestic - Mediclean
Springfield Hospital and Morris Markowe Unit: Domestic - ICC
Health Centre and Clinics: Domestic -RCO (173 redundancies)

In-House Contracts

Atkinson Morley Hospital: Domestic
St. Georges Hospital: Laundry
Bolingbroke Hospital: Domestic - In-House
St. Georges Hospital: Catering
Springfield Hospital and Morris Markowe Unit: Catering

The large, prestige contracts for domestic services at St Georges and St James Hospitals were won by Mediclean as the only tenders received; 402 domestics were made redundant at St Georges, out of a total of 739 redundancies in the District.

At Bolingbroke Hospital, the contract went to an in-house tender which the workers refused to sign, and involved sacking all but 2 of the existing staff.

Atkinson Morley (172 beds) domestic contract retained in-house after rejecting Executive Health Care for inadequate and incompetent tender (Jan 85). Later domestics walked out on strike when management ignored the contract and put only one cleaner on each ward instead of two.

At Springfield Hospital, the DHA originally voted to keep the contract in-house because the lowest tender, ICC, caused concern as: "Amount of supervision provided was considered low ... cleans by such groups as team machine operators was considered to be low ... the contractor indicated that staff would be expected to wash (uniforms) themselves at home ... provision for cleaning the Nurses Home was 7.5 hours per week, although it admitted it should have been 7.5 hours per day."

Following pressure from the DHSS, Health Authority, Chair Sam Dougherty reversed the decision to stay in-house, and on his casting vote the contract was awarded to ICC.

The cleaning contract for health centres and clinics was awarded to the little-known firm RCO who plainly hoped (but failed) to win Springfield Hospital contract too.

PRIVATISING HEALTH CARE

NORTH WEST THAMES REGIONAL HEALTH AUTHORITY REGIONAL HEALTH AUTHORITY HEAD-QUARTERS

Private Contracts

Design Services in the RHA have been privatised.
Domestic Services: Public Health Service Laboratory - Mediguard Services Ltd.

BARNET

Private Contracts

Barnet Hospital: Domestic - Exclusive
Edgware Hospitals Unit: Domestic - RCO

In-House contracts

Barnet Colindale Edgware Napsbury: Catering
Community Napsbury: Domestic
Napsbury Colindale: Laundry

In 1986 Barnet DHA awarded cleaning contracts to ICC and Exclusive. ICC was awarded the contract for cleaning Edgware Hospital. The contract was due to start in early 1987. However the DHA sacked the ICC even before the contract commenced because ICC demanded higher payment for the work after their tender had won.

RCO was then awarded the contract after another tendering exercise. The RCO contract began in September 87.

BRENT

The DHA held firm in opposition to government pressure to put ancillary services out to private tender until October 1987.

However, in the current financial crisis facing most of the London districts (Brent face £2.5million cuts) the DHA have considered a number of drastic measures in order to achieve savings.

A finance paper taken in the confidential part of the September DHA meeting included a proposal to put out to tender certain ancillary services. This was agreed at the October DHA meeting - savings were estimated to be £114,000 - for 1987/88 and £38,000 for 1988/89.

EALING

Private Contracts

District: Catering - Gardner Merchant (Approx 100 redundancies)
Ealing and Perivale Hospitals: Domestic - Mediclean
Clayponds, Mount Pleasant, Southall Norwood and all Community Health Centres and Clinics:
Cleaning - Blue Arrow (contract was to be re-tendered for in April 1986)

In-House Contracts

District: Laundry
St. Bernards: Domestic

PRIVATISING HEALTH CARE

Earlier in the year Mediclean asked the DHA to increase their payments: from £553,000 to £631,500 for 1987-88.

In February 1986, Blue Arrow announced they were withdrawing from NHS tendering, leaving the Ealing contract their only NHS work in London. Blue Arrow have also asked the DHA for more money from £122,000 to £194,000 for 1987-88.

At Mount Pleasant Hospital, management threatened to bring in private contractors if NHS domestics did not accept a 40% cut in hours and wages.

Gardner Merchant - a subsidiary of Trust House Forte - who withdrew from NHS tendering in November 1984 re-appeared on the scene with the promotion of their "fixed fee" contracts.

Within an annual Budget, they submit a monthly invoice covering food costs and wages costs, plus a fixed fee (2.5% of contract price) to cover their management and support services and of course their profits - a further 2.5%.

Ealing is the first of these contracts, but Gardner Merchant claim to be negotiating similar contracts with several other District Health Authorities, plus consultancies with RHAs. (Public Service Action Sept 1986)

Public Service Action reported that Gardner Merchant had undertaken to re-employ the NHS staff but at the "local going rate" and with reduced hours, rather than Whitley rates of pay and conditions.

Just over a month after the contract commenced in September 1986, the Acton Gazette carried an article about complaints of the food at Ealing Hospital. According to the article there were complaints of late arrival of meals, smaller portions and the quality of food had deteriorated. A union spokesperson for COHSE said that one person found a piece of metal in the food.

More recently a woman patient recovering from a bladder operation was revolted to find what she claimed was a cow's eye in her beef stew. Management claimed "It was just a bit of skin with hair on it".

HARROW

Private Contracts

District: Catering - Spinneys (120 Redundancies)

Harrow and Roxbourne Hospitals: Laundry - Royal Jersey - WITHDREW

Harrow and Roxbourne Hospitals: Laundry - Westcotts - WITHDREW

In-House Contracts

District: Domestic

Northwick Park Hospital: Laundry (Brent Health Authority)

Harrow and Roxbourne Hospitals: Laundry (Barnet Health Authority)

The experience of privatised laundry proved to be a total disaster for Harrow DHA. In 1982 Sunlight were awarded the contract but lasted only 9 months.

In 1983 Westcotts won a three year contract at Harrow and Roxbourne Hospitals. At the end of the first year the contractor sought an increase in price, citing the formula written into the contract, and saying they were not making any profit.

When the DHA refused Westcotts request, the company gave three months notice to terminate the contract.

PRIVATISING HEALTH CARE

The work was then awarded to Royal Jersey, despite tendering a higher price than the Central Middlesex Hospital. But having failed to meet the standards specified, Royal Jersey pulled out. The laundry work was returned "in-house" to Napsbury Hospital Laundry.

Since they started the catering contract back in June 1986 there have been numerous complaints about Spinneys. Harrow Health Emergency carried out a survey among patients, staff and visitors. The survey revealed hairs in sandwiches, cigarette ends in water fountains, lukewarm food, one patient said that only one meal out of six was edible and Spinneys were revealed to be selling "risky" foods which have been banned in the USA.

The local press has reported that meals are delivered to patients at the wrong times, prices have been raised, staff queues for meals have grown, there have been cuts in pay and workers are discouraged from joining a trade union.

Upwards of 50 Health Authority staff went to work for Spinneys but are reportedly very disappointed with the company; people are leaving and Spinneys are being forced to recruit casual labour. (Harrow and Northwood Informer).

At the July 1987 DHA meeting a report went to the DHA stating that Spinneys' standards had improved. This report was attacked by local health campaigners Harrow Health Emergency, as an attempt by the DHA to cover up Spinney's inadequacies. Harrow Health Emergency cited a number of reasons why standards were far from satisfactory including the fact that temperature levels are 3 degrees lower than they should be.

They also say that Spinneys were, for a long time, in breach of contract as they failed to provide an all night canteen service which the initial contract specified.

HILLINGDON

Private Contracts

Hillingdon Hospital: Domestic - ICC (Staff cut from 213-180)
Mount Vernon Hospital: Domestic - Mediclean (80 redundancies)
Community Clinics: Cleaning - Andmarc
Hillingdon District: Laundry Management Contract - Healthtex

In-House Contracts

Mount Vernon Hillingdon Hospital: Catering
Harefield Hospital: Domestic

213 domestic staff were made redundant at Hillingdon Hospital following the DHA decision to award the contract to ICC (started Feb 86). ICC admitted that at least 30 jobs would be lost, with reduced sickness and holiday pay. In March 1986, the Nursing Officer stated that ICC were not fulfilling their contract.

At Mount Vernon Hospital, 100 domestics voted to reject pay cuts of £15 per week included in a management in-house tender. The contract was awarded to Mediclean. District management quoted the right-wing pressure group, PULSE, in their replies to criticisms of Mediclean elsewhere.

Mount Vernon laundry contract was returned from private contractors to in-house after contractors were found to have been falsely inflating figures for work done.

PRIVATISING HEALTH CARE

Harefields Hospital domestic contract was won by in-house tender bringing 20% pay cut for cleaners, whose numbers had already been cut back from 80 whole time equivalents to 53.

Despite the fact that they have only one NHS contract, and that for cleaning Family Planning Clinics, Andmarc were awarded the Community Clinics contract at a time when they were being fined by Kent County Council for failing to clean their schools properly. Despite agreeing to provide medical checks for staff, after 2 months this had not been done. DHA management admit the cleaning standards are poor.

Healthtex (Varobo Holdings - Dutch owned) won the laundry management contract. Healthtex's managing Director, Ian Slater came from Hillingdon DHA.

HOUNSLOW AND SPELTHORNE

Private Contracts

District: Laundry - National Sunlight

Ashford Hospital: Domestic -ICC (273 redundancies)

Brentford, South Middlesex Hospitals and Clinics: Domestic - Reckitts (NHS-82; P-40)

In-House Contracts

West Middlesex Hospital: Domestic (42 redundancies)

District: Catering

Domestic contract at West Middlesex Hospital awarded to in-house tender involving 42 redundancies, a cut of 2,500 cleaning hours a week, and staff working to BSI 100 levels of effort without the usual NHS bonus of 33%.

Domestic services at Ashford Hospital awarded to ICC, bidding £100,000 less than a very low in-house tender: 273 redundancies.

Domestic cleaning of small hospitals and clinics won by Reckitt Cleaning Services, whose contract breached DHA pledges of no redundancies to 82 cleaning staff: Reckitts employ only 35-40 in contract. Riverside DHA, in refusing to invite Reckitts to tender, cited the firm's "prolonged teething problems" at another contract, believed to be Hounslow.

Reckitts were fined for substandard work during the first month of their contract. Unable to supply enough staff, waste bins unemptied, nurses having to do cleaning, spillages left on floors, staff untrained, lack of high level cleaning. A DHA member reported "dust under every bed and cockroaches on the floor."

Cook-chill catering methods are to be introduced. The in-house tender resulted in a reduced bonus.

PRIVATISING HEALTH CARE

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY REGIONAL HEALTH AUTHORITY HEAD-QUARTERS

PADDINGTON AND NORTH KENSINGTON

Private Contracts

HQ: Domestic - Sketchley

St. Mary's, Praed Street and St. Charles: Domestic - Mediclean

St. Mary's, Praed Street: Catering - Compass

St. Mary's, Harrow Road: Domestic - Berkeley Taylor Plan (Hospital now closed)

Samaritan and Western Ophthalmic: Domestic - RCO

District: Laundry - Westcotts

In-House Contracts

Princess Louise: Domestic

Western Ophthalmic, St Charles and Samaritan: Catering

St Mary's, Harrow Road awarded to Berkeley Taylorplan, a firm rejected by Ealing DHA because their tender could not meet specifications; excluded by Croydon because of their unsatisfactory response; and not invited by Riverside because of their "poor tendering performance to date".

The Paddington contract doubled the firm's annual turnover! This was ended with the premature closure of the Hospital as part of DHA's spending cuts.

Catering at St. Mary's Praed Street awarded to Compass Services, cutting 400 hours per week in a contract combining "fixed price" with a management fee.

This means the DHA are still paying all the costs of foodstuffs. Compass cut staff by 8%, along with a large change from full-timers to part-timers. Spinneys, the main competitors for the contract, claim that Compass had submitted a "loss leader".

A Riverside DHA document shows that the "trading position and capacity of Compass services will, for the time being, be very closely monitored" The firm quickly agreed to recognise NUPE and the GMBU.

Domestic services won by Mediclean. When one woman employed by Mediclean at St. Charles Hospital was asked what her job involved she stated that she had to "give out breakfasts, change the drinking water, clean the lockers, wash the beds, clean out the toilets. I'm also expected to scrub and mop the ward floors - which once was the second person's job." "Mediclean treat us like criminals. As if we're not human. To them we're just robots."(NUPE Journal Number 10 1986)

As a result of privatisation and government policy on NHS accommodation, Paddington and North Kensington DHA were at the centre of a major controversy in August 1986. Resident domestics, mainly migrant women, whose jobs were privatised or lost as a result of Mediclean getting the domestic contract at St Mary's and St Charles, were threatened with the possibility of evictions from their health service homes.

The women domestics, the vast majority of whom are migrant workers, organised and successfully resisted attempts to move them out but have been threatened once again with the possibility of eviction by a decision taken at the October 1987 DHA.

PRIVATISING HEALTH CARE

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PRIVATISING HEALTH CARE

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY REGIONAL HEALTH AUTHORITY HEAD-QUARTERS

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PRIVATISING HEALTH CARE

RIVERSIDE

Private Contracts

Charing Cross Hospital: Domestic - Exclusive
West London Hospital and Community Unit: Domestic - Exclusive
Westminster Hospital: Domestic - Crothalls - (125 redundancies)
St Mary Abbots Hospital: Domestic - Crothalls (60 redundancies)
Victoria Community Unit: Domestic - Executive Healthcare
St Stephens, St Mary Abbots, Cheyne Centre: Catering - Compass
West London and Charing Cross: Laundry - Initial (started Oct 87)

In-House Contracts

Westminster Hospital: Catering
St Stephens: Domestic
St Stephens, Westminster and St Mary Abbots Hospitals: Laundry - Horton Hospital

Within weeks of Compass winning the contract from an in-house tender earlier in February 87, the hospital's infection control officer was demanding the closure of the kitchens on hygiene grounds.

Riverside's General Manager had to intervene to prevent the local Environmental Health Officer prosecuting or making a closure order. A few weeks later, rats were seen in the kitchens but no action was taken.

The situation continued to deteriorate so that in September senior nurses joined with consultants and other members of staff to sign a 300 strong petition attacking the company's poor performance.

Catering managers elsewhere in Riverside speculate that Compass may have won the St Stephen's contract on a "loss leader" bid, and are now trying to cut standards to raise profits.

The major contract for domestic services at Charing Cross Hospital was awarded to Exclusive, despite the fact that the DHA at first rejected the firm and ordered the tendering process to be run again.

Of the 270 staff made redundant, only 30 took up jobs with Exclusive. Since the contract began in March 1986, staff have complained of bars of soap cut in half to save money, filthy toilets without lavatory paper and a general slump in standards of hygiene.

The new "monitoring officer" was, within months of the contract starting, swamped with demands for action. Exclusive has strongly opposed union organisation of its hard-pressed staff, sacking on the spot one woman who campaigned to recruit workers to the GMB. Hospital unions accused Exclusive of carrying through a wave of up to 10 sackings in only a few weeks, along with arbitrary cuts in hours.

The Community Clinics contract went to Executive, to become their only NHS contract.

Crothalls (Mediclean) standards at the Westminster Hospital have come in for severe criticism from the unit's general manager who stated in February 86 that "I consider the current standards of cleanliness and performance of the contractors to be totally unacceptable". After 7 months, "the contractor has still failed to meet the standards required by the contract specification the Health Service or the domestic cleaning industry and was simply incapable of doing the job."

A Contract Monitoring Officer was employed by the Health Authority. Mr. Inglis, Divisional

PRIVATISING HEALTH CARE

Supplies Officer, stated in March 86 that "It is not unlikely that, either by the end of the month or during any period of notice, standards will improve, but not to the satisfaction of the Authority." He also pointed out that it was extremely difficult to remove private contractors now that new Government guidelines had been introduced.

In June 1986 Riverside CHC made an unannounced visit to the Westminster. The visit revealed:

- * 1 of 3 baths (for 30 women) was unusable because a dirty floor mop and cleaning materials had been left in it, the shower tray was thick with built up dirt and the shower head was virtually blocked and a washbasin had been blocked for three weeks.
- * Sinks and draining boards in ward kitchens were encrusted with dirt and long term grease.
- * In the treatment room where sterile dressing and equipment are stored, sink and draining boards were filthy, the floors were dirty and there was dust on the shelves.
- * There was broken glass on the floor of the ante-natal ward, not cleaned for 2 days.
- * Dirty cups, uncleaned spillages and overflowing ashtrays in the patients day room.
- * Low morale among mid-wives who were spending much of their time on cleaning tasks (The Health Service CHC press released their findings only after the District General Manager refused to table a report to the DHA meeting. At that stage the CHC were advising women not to have their babies at Westminster Hospital (Public Service Action).

In total, the district has axed 25% of ancillary jobs since 1982, with as many as 450 more to go in cuts already built in to the DHA's reducing budget up to 1994.

CITY AND HACKNEY

In-House Contracts

District: Laundry
St Marks and St Bartholomews Hospitals: Domestic

In 1985 the DHA resolved "unable to agree a programme until terms include safeguards for services, staff pay, etc."

The in-house contract for domestic services at Barts started in early January 1987. At the Jan DHA meeting domestics lobbied the DHA to protest at deteriorating conditions at Barts.

The Barts domestics voted to ban all overtime and called for assessing panel to visit Barts unannounced to see conditions for themselves. Domestics pointed out that they had never agreed to work the in-house tender (in fact they were never asked), and they felt that they could not do the work as required in the specifications.

ENFIELD

Private Contracts

Highlands Hospital: Domestic - Exclusive (84 redundancies)
St Michaels Hospital: Domestic - Initial (45 redundancies)

In-House contracts

Chase Farm and Community Clinics: Domestic
District: Laundry

RIVERSIDE

Private Contracts

Charing Cross Hospital: Domestic - Exclusive
West London Hospital and Community Unit: Domestic - Exclusive
Westminster Hospital: Domestic - Crothalls - (125 redundancies)
St Mary Abbots Hospital: Domestic - Crothalls (60 redundancies)
Victoria Community Unit: Domestic - Executive Healthcare
St Stephens, St Mary Abbots, Cheyne Centre: Catering - Compass
West London and Charing Cross: Laundry - Initial (started Oct 87)

In-House Contracts

Westminster Hospital: Catering
St Stephens: Domestic
St Stephens, Westminster and St Mary Abbots Hospitals: Laundry - Horton Hospital

Within weeks of Compass winning the contract from an in-house tender earlier in February 87, the hospital's infection control officer was demanding the closure of the kitchens on hygiene grounds.

Riverside's General Manager had to intervene to prevent the local Environmental Health Officer prosecuting or making a closure order. A few weeks later, rats were seen in the kitchens but no action was taken.

The situation continued to deteriorate so that in September senior nurses joined with consultants and other members of staff to sign a 300 strong petition attacking the company's poor performance.

Catering managers elsewhere in Riverside speculate that Compass may have won the St Stephen's contract on a "loss leader" bid, and are now trying to cut standards to raise profits.

The major contract for domestic services at Charing Cross Hospital was awarded to Exclusive, despite the fact that the DHA at first rejected the firm and ordered the tendering process to be run again.

Of the 270 staff made redundant, only 30 took up jobs with Exclusive. Since the contract began in March 1986, staff have complained of bars of soap cut in half to save money, filthy toilets without lavatory paper and a general slump in standards of hygiene.

The new "monitoring officer" was, within months of the contract starting, swamped with demands for action. Exclusive has strongly opposed union organisation of its hard-pressed staff, sacking on the spot one woman who campaigned to recruit workers to the GMB. Hospital unions accused Exclusive of carrying through a wave of up to 10 sackings in only a few weeks, along with arbitrary cuts in hours.

The Community Clinics contract went to Executive, to become their only NHS contract.

Crothalls (Mediclean) standards at the Westminster Hospital have come in for severe criticism from the unit's general manager who stated in February 86 that "I consider the current standards of cleanliness and performance of the contractors to be totally unacceptable". After 7 months, "the contractor has still failed to meet the standards required by the contract specification the Health Service or the domestic cleaning industry and was simply incapable of doing the job."

A Contract Monitoring Officer was employed by the Health Authority. Mr. Inglis, Divisional

PRIVATISING HEALTH CARE

Supplies Officer, stated in March 86 that "It is not unlikely that, either by the end of the month or during any period of notice, standards will improve, but not to the satisfaction of the Authority." He also pointed out that it was extremely difficult to remove private contractors now that new Government guidelines had been introduced.

In June 1986 Riverside CHC made an unannounced visit to the Westminster. The visit revealed:

- * 1 of 3 baths (for 30 women) was unusable because a dirty floor mop and cleaning materials had been left in it, the shower tray was thick with built up dirt and the shower head was virtually blocked and a washbasin had been blocked for three weeks.
- * Sinks and draining boards in ward kitchens were encrusted with dirt and long term grease.
- * In the treatment room where sterile dressing and equipment are stored, sink and draining boards were filthy, the floors were dirty and there was dust on the shelves.
- * There was broken glass on the floor of the ante-natal ward, not cleaned for 2 days.
- * Dirty cups, uncleaned spillages and overflowing ashtrays in the patients day room.
- * Low morale among mid-wives who were spending much of their time on cleaning tasks (The Health Service CHC press released their findings only after the District General Manager refused to table a report to the DHA meeting. At that stage the CHC were advising women not to have their babies at Westminster Hospital (Public Service Action).

In total, the district has axed 25% of ancillary jobs since 1982, with as many as 450 more to go in cuts already built in to the DHA's reducing budget up to 1994.

CITY AND HACKNEY

In-House Contracts

District: Laundry
St Marks and St Bartholomews Hospitals: Domestic

In 1985 the DHA resolved "unable to agree a programme until terms include safeguards for services, staff pay, etc."

The in-house contract for domestic services at Barts started in early January 1987. At the Jan DHA meeting domestics lobbied the DHA to protest at deteriorating conditions at Barts.

The Barts domestics voted to ban all overtime and called for assessing panel to visit Barts unannounced to see conditions for themselves. Domestics pointed out that they had never agreed to work the in-house tender (in fact they were never asked), and they felt that they could not do the work as required in the specifications.

ENFIELD

Private Contracts

Highlands Hospital: Domestic - Exclusive (84 redundancies)
St Michaels Hospital: Domestic - Initial (45 redundancies)

In-House contracts

Chase Farm and Community Clinics: Domestic
District: Laundry

PRIVATISING HEALTH CARE

HAMPSTEAD

Private Contracts

Community properties, residences, clinics and the Tavistock Centre: Domestic - ISC Exclusive Health Care Services Ltd (merger of Initial and Exclusive)

In-House Contracts

District: Laundry (at Royal Free)
Royal Free Hospital: Domestic (57 redundancies)

Privatisation finally hit Hampstead's NHS with the privatising of domestic services at the Tavistock and other health service premises.

The ISC tender to clean the Tavistock, the neighbouring Portman clinic, staff residences, community clinics and other "minor" properties was recommended by officers on the grounds that it offered a saving over the authority's own in-house tender of £46,356.

This move could mean up to 40 job losses. ISC is to take over in November. ISC's conditions include just 1 weeks holiday for 0-1 years services, 2 weeks for 1-3 years and 3 weeks holiday for over 3 years service. Sick pay for domestic workers will be left up to discretion of management!

The DHA voted to award cleaning services at Friern Barnet to the in-house tender - this has to be agreed by the RHA.

The district laundry was kept in-house, but with £50,000 cut from the service, mainly by freezing vacancies and scrapping the bonus.

The dilapidated state of the kitchens at the 13 year old Royal Free Hospital was cited as an obstacle in management's attempts to privatise catering services: apparently few contractors wish to tender for the work: the kitchens were the centre of a major hygiene scandal in the summer of 1985.

Hampstead have recently agreed to implement cook-chill methods with Enfield supplying Hampstead; jobs are expected to be lost at the Royal Free as a result. Cook-chill will also apply to Coppetts Wood Hospital.

Domestic services have remained in-house at the Royal Free but with 57 redundancies. This new job slashing tender has left nurses cleaning toilets, mopping floors and clearing away rubbish.

Six sisters from surgical wards have supported a protest letter to management from the RCN rep Sally Gooch, complaining of the extra workload foisted onto nurses and the dangers to patients from falling hygiene standards. One sister warned that:

"A dirty bath could lead to infection in a wound. A dirty floor could mean a patient falling down. If we don't fill in with these tasks, no one else will."

The protests cited "dust and fur" collecting under beds, mouldy food found behind a locker and a stain left on the floor for six days.

Prior to the in-house tender cuts, each 28-bed ward had a ward domestic for eight hours, a ward orderly for eight hours and a split domestic for five and a half hours, making a total of 21 and a half hours daily. As a direct result of the in-house redundancies, the cleaning hours per ward have been cut to a domestic for eight hours and a ward orderly for four hours, a total of 12 hours.

PRIVATISING HEALTH CARE

HARINGEY

In-House Contracts

North Middlesex (with 40 early retirements and 85 redundancies, St Anns Hospital including Prince of Wales site and local clinics health centres: Domestic
District: Laundry (Waltham Forest)

The in-house "victory" in winning the domestic contract at the North Middlesex has been the subject of much criticism, as the 50 full-time and 122 part-time staff were cut to 37 full-time and 84 part-time.

Of these, 38 staff took early retirement and 71 took redundancy. Only one domestic now operates on each ward, and the in-house tender was £106,000 lower than the nearest private contractor. Nurses were reportedly having to clean some areas and standards have been described as "poor".

ISLINGTON

In-House Contracts

Various Offices: Catering

Royal Northern Hospital: Domestic

Insurance House and Health Centres: Domestic

Hornsey Central, Southwood and Archway wing, Whittington Hospital: Domestic

Royal Northern, Hornsey Central and Southwood Hospitals: Catering

Islington DHA reversed their previous policy and agreed a timetable in 1984.

Catering at the DHA's headquarters - Insurance House - was allocated in-house with hours cut by half in a closed DHA session; none of the 12 private firms invited to tender had put in a bid. Hours were cut from 145 to 75. One whole time equivalent was cut.

The Royal Northern domestic contract was awarded in-house, with 21 staff being cut, despite the fact that no other tender was received.

Domestic services at Insurance House and Health Centres went to the in-house tender earlier this year resulting in a cut in costs from £124,000 to £93,000 and a reduction in hours from 16.8 whole time equivalents (WTE) pre-contract to 11.8 WTE post contract.

Domestic services at Hornsey Central, Southwood and Archway wing, Whittington Hospital went to the in-house contract with a total saving of £50,000. There have already been reports of difficulties with the new arrangements, which began in October 1987; rotas have been changed and there has been an increase in workload.

The in-house catering tender for the Royal Northern, Hornsey Central and Southwood Hospitals is due to begin in January 1988. There were no private tenders submitted. Hornsey Central and Southwood will receive a cook-chill service. 3 posts will go. The DHA are looking into cook-chill for the Whittington Hospital. (Information from Islington and Hornsey Health Emergency)

NEWHAM

Private Contracts

St Andrews Hospital: Domestic - RCO

PRIVATISING HEALTH CARE

In-House Contracts

Newham General, Plaistow, Community, Albert Dock: Domestic
St Andrews and Newham General Hospitals: Catering

The domestic services contract at Plaistow Hospital stayed in-house but with a cut in jobs, drastic cuts in hours and pay and split shifts.

REDBRIDGE

Private Contracts

Barking Hospital: Domestic - Crothalls

In-House Contracts

Chadwell Heath and Goodmayes Hospitals: Domestic

Redbridge DHA was one of the first to comply with the new government guidelines on competitive tendering - one result being the attempt by Crothalls to retain their long-standing domestic contract at Barking Hospital by slashing their price by 40% at the expense of hours and conditions of cleaning staff.

Hours were cut from 2189 to 1313 per week. This brought an all out strike by 92 domestics on March 19 1984, which continued for over 18 months maintaining a 24-hour picket line.

Crothalls sacked all the strikers - who won their case at an Industrial Tribunal, though an appeal by Crothalls reversed this decision. Eventually the DHA voted to extend Crothall's contract by another 4 years! Since then, however, Redbridge has shown no enthusiasm to engage in further privatisation.

TOWER HAMLETS

In-House Contracts

London Hospital, St Clements, Mile End and Community: Domestic
District: Laundry

The large contract for domestic services at the London Hospital went in-house at a cost of 9-10% cuts in wages and loss of bonus for cleaners over three years, with the halving of bonus payments introduced in December 1985.

A management report from Tower Hamlets indicates a grim picture of domestic staff on reduced wages struggling to maintain a bare minimum standard of cleaning. Though management claim that standards were "satisfactory" they admit that at times large numbers of vacancies mean that frequency of cleaning "may be reduced temporarily in a non-clinical area".

Staff turnover at 6.5% in the first year had exceeded the estimates with "as many as 40 part-time vacancies in one week" (amounting to nearly 10% of the total cleaning hours allocated), suggesting that it is not easy to find people prepared to work under the new conditions and that standards could only be maintained by superhuman effort from a reduced workforce.

Managers point out that even by local NHS standards pay and conditions are dreadful. Staff at the London hospital suffered pay cuts of up to £9 per week when the successful in-house tender set out to match outside cowboy contractors rates by axing their 24% bonus, while leaving their heavy workload unchanged.

PRIVATISING HEALTH CARE

The community in-house domestic tender was accepted cutting 93.5 hours, against private bids ranging from £23,483 to £88,095.

WALTHAM FOREST

Private Contracts

Whipps Cross: Domestic - RCO

In-House Contracts

Leytonstone House Community, Langthorne Chingford, Wanstead (with loss of 25% bonus):
Domestic
Langthorne Hospital: Catering
District: Laundry

In the build-up to in-house tendering, hours at one community clinic were cut by two-thirds. Management attempted back in December 1985 to coerce staff at Whipps Cross Hospital into agreeing in-house tender terms involving a major reduction in hours, a scrapping of all bonus payments and an end to weekend working.

The DHA made a new-style appointment in 1986 of a Hotel Services Manager covering catering, cleaning, telephones and patient reception. David Cain who landed the £30,000 job was selected by the authority from a background in accountancy and the hotel and catering trade.

SPECIAL HEALTH AUTHORITIES

BETHLEM AND MAUDSLEY SHA

Private Contracts

Bethlem Royal and Maudsley: Catering - Spinneys

Bethlem Royal and Maudsley Hospitals: Domestic Services - ISC (Initial Health Care)

Initial's conditions of employment include demanding that their staff provide a doctor's note for the first day of sickness - and pay any fee for this out of their own pockets!

An inspection by Merton and Sutton DHA found that "although floor cleaning seemed to be of a good standard, other areas such as high and low dusting, glass work, wall washing and so on, was poor."

The firm was not considered to be acceptable for tendering at St.Helier.

HAMMERSMITH SHA

Private Contracts

Hammersmith Hospital: Domestic - Mediclean

Queen Charlotte, and the Chelsea Hospital: Domestic - Mediclean (99 redundancies)

Hammersmith and Acton Hospitals: Laundry - National Sunlight

Queen Charlotte and Chelsea Hospitals: Laundry - Westcotts

In August 1985, an Environmental Health Officer condemned the unhygienic condition of kitchens on the wards at Hammersmith: his report was suppressed by senior hospital management and withheld from the Hospital's Health and Safety Committee.

The Mediclean contract, awarded after a three-month strike against massive cuts in jobs and wages in the in-house tender, meant a cut in jobs from 207 to 158 - with full time jobs cut from 122 to 28.

Hammersmith Hospital was the first NHS hospital prosecuted for breach of food hygiene regulations. Hammersmith and Fulham council took the hospital to court in March 1987 to get an emergency closure order to shut down the hospital's cockroach infested kitchens.

The decision followed a spot check visit two weeks after a bad report from one officer, when 120 cockroaches were trapped in two days and many others were found dead in the kitchens and a staff dining room. (Health Service Journal 2.4.87).

Westcotts, who were awarded the laundry contract, pulled out of their laundry contract at Harrow.

MOORFIELDS SHA

At Moorfields Eye Hospital, Crothalls domestic contract was not renewed in October 1984. The Board of Governors had decided to give Crothalls 6 months notice of termination - the service was returned in-house, saved money on the old contract, and brought improved standards.

The SHA cited poor management and supervision as reasons for not renewing Crothalls contract; the DMT also went as far as to recommend that Crothalls should not be included on any future list of tenderers.

BROMPTON HOSPITALS GROUP

Private Contracts

Brompton Hospital: Domestic - Exclusive

NATIONAL HEART HOSPITAL

Private Contracts

National Heart Hospital : Domestic - Sunlight

National Heart Hospital: Laundry - Sunlight and Royal Jersey

LONDON CHEST HOSPITAL

London Chest Hospital: Domestic - In-House

ROYAL MARSDEN SHA

Private Contracts

Royal Marsden - Sutton, Surrey : Domestic - ISS

In-House Contracts

Royal Marsden, Fulham Road: Domestic

Laundry is done by Farnham Hospital Laundry

THE HOSPITALS FOR SICK CHILDREN

Private Contracts

Hospital for Sick Children - Great Ormond Street: Domestic - RCO

The RCO contract started in July 87. There were approximately 130 redundancies with 36 of the NHS staff offered a job on the new contract. There are likely to be about 150 staff in total on the contract with a major increase in part-time working.

About 15 workers, living in NHS accommodation, have been made redundant and are not to be re-employed by RCO. These workers have been told that they will have to find alternative accommodation - although there is no immediate threat of eviction.

NATIONAL HOSPITAL FOR NERVOUS DISEASES

Private Contracts

Maida Vale Hospital: Domestic and Catering - Mediclean

First contract of its kind for Mediclean (ie. combined catering and domestic) is due to start in January 1988. This contract will be Mediclean's entry into NHS catering (Caterer and Hotelkeeper).

APPENDIX

GLOSSARY OF TERMS

BSI: BSI is a form of measurement of work effort as a basis for Bonus Pay. Some manual and craft workers get bonus pay on top of their basic rate. The idea behind a bonus scheme is that pay is linked to performance - usually how quickly a job is done. In very simple terms this is how it works:

1) A work study officer studies the work. They break up each job into different tasks. This is sometimes known as "method study". Each task is timed with a stopwatch. Some tasks will take varying time each time they are done. These may be excluded from the study and known as "unmeasured work". (Sometimes bonus schemes are introduced without work study by using standard schemes worked out by others).

2) The work study officer works out a "standard" or "target" time for performing each task, taking into account rest times, cleaning up times etc. This is measured in "British Standard Institute" (BSI) Units. The standard or target performance to be achieved with the incentive of bonus is set at 100 BSI. The "day work rate" without this incentive is set at 75 BSI. In rough terms, if a job is done very slowly and it takes twice as long as the standard, the staff are said to be working at 50 BSI.

3) Bonus Payments are calculated by taking the day work rate of 75 BSI as the starting point. Better performance is rewarded. So a job done in the standard time of 100 BSI (25 BSI above the starting point) attracts bonus of $25/75 (= 1/3)$ of the basic rate. A job done even faster at 150 BSI might attract bonus of $75/75 (= 1)$ or 100% of the basic rate. The exact calculation of bonus varies between schemes.

(From NUPE Stewards Handbook, local government supplement - same principle for the NHS.)

COMPANY PROFILES

CROTHALL HOSPITAL SERVICES

In 1986 it was announced that the Hawley Group had acquired Pritchard Services Group, of which Crothall is a subsidiary. Crothall will continue existing contracts but will not bid for new ones. Hawley Group will honour any contracts in the pipe-line, but will continue the development of Mediclean.

More recently it was reported that Hawley acquired the Australian cleaning firm Berkeley Cleaning for £13.7 million from the Berkeley Group. Berkeley's British cleaning (8 NHS contracts) and catering (135 mainly commercial and industrial) contracts make it the sixth largest British contractor. Its subsidiaries such as Taylorplan Cleaning Services, were not included in the current deal.

Hawley has also added the US security firm Crime Control to its security operations in a £32 million deal. (Public Service Action)

CROTHALL CONTRACTS

AYLESBURY DHA: Stoke Mandeville and St Johns Psychiatric
BROMLEY DHA: Bromley General Hospital
CENTRAL BIRMINGHAM DHA: Jaffray Hospital
CHICHESTER DHA: St Richards Hospital
CORNWALL & SCILLY DHA: Barncoose Hospital
CROYDON DHA: 4 Community Clinics
EAST BIRMINGHAM DHA: Yardley Green Hospital
HEREFORDSHIRE DHA: Hereford County Hospital
LEICESTER DHA: 4 Health Centres and Chest Clinic
NORTH WEST HERTS DHA: Domestic Services Contract
REDBRIDGE DHA: Barking Hospital
RIVERSIDE DHA: Mary Abbots and Westminster Hospitals
SOUTH WARWICKSHIRE DHA: Warneford Hospital
WEST LAMBETH DHA: Cleaning small clinics
WORTHING DHA: Worthing Hospital
HUNTINGDON DHA: Papworth Hospital
PORTSMOUTH & SE HANTS DHA: St James Hospital
SOUTH LINCOLNSHIRE DHA: Rauceby Hospital
EAST SURREY DHA: Old Redhill Hospital
WORCESTER DHA: 3 hospitals and 2 health centres
WIRRAL DHA: St Catherines and Ashton House Hospitals
BOLTON DHA: Bolton Royal Infirmary and Blair Hospital
HARROGATE DHA: Scotton Banks Hospital

CROTHALL CONTRACT FAILURES

* *REDBRIDGE DHA*: Barking Hospital:

A strike began in March 1984 and lasted 18 months. Independent reports revealed unacceptable levels of dirt, dust and grease and infestations of ants and cockroaches. High turnover of contractors' bussed-in staff led to nurses doing domestics' duties. A relative of a patient who died in McKenzie ward stated... "for days on end, several dirty mops were left in his room, washing up was left piled in the sink for 3 days and the sink was blocked up with dirty water." Several patients on that ward have contracted skin diseases, which are transmitted through dust.
(Source: Public Service Action)

There have been subsequent reports of a failure to clean baths properly and filthy conditions on maternity wards. One mother stated... "There were blood spots on the ward floors; the toilet seats were filthy, and worst of all there were silverfish swimming around the bathroom floor" (Yellow Advertiser).

PRIVATISING HEALTH CARE

A state registered nurse who had just had a baby there said "The toilets and floors were not washed during my five-day stay in the unit and the rooms were not dusted". (LRD)

EAST SURREY DHA: New East Surrey Hospital:

The DHA received 64 written complaints against Crothalls for not fulfilling the original specifications of the contract. Eight extra staff were employed, showing the problems in original tender. Theatre nurses spent two weeks cleaning floors themselves - cleaners were only giving them a damp wipe. Crothalls' contract was not renewed in March 1986. (Source: COHSE Journal)

AYLESBURY DHA: Stoke Mandeville Hospital:

Reports of patients petitioning local press over poor standard of ward cleaning. Crothalls were given a deadline for improvements by the health authority. (Source: Joint NHS Privatisation Research Unit).

MOORFIELDS SHA:

Contract terminated due to poor standards of domestic services management and supervision. High level of turnover amongst off-site senior management. DMT Officer recommending against their inclusion on future lists of tenderers.

POWYS DHA

Tender rejected because it was based on a BSI performance rate of 115; no cover for sickness or annual holiday; no staff available for certain periods to cover spillages, etc. (source: DHA minute)

SOUTH TYNESIDE DHA

Removed from approved list - March 1985.

WANDSWORTH DHA

Rejected because "amount of supervision provided for was considered low...number of hours for machine operators was considered to be low...lack of continuity...grave doubts were expressed about the viability to recruit." (source: Wandsworth DHA)

MAIDSTONE DHA: Oakwood Hospital:

In March 1985, 3 months into the contract, the DHA withheld part of the payment to Crothalls due to unsatisfactory nature of work done. In August, Dr Bussey (General Manager DHA) said the Authority was unhappy about the standards of cleaning services. On September 3rd 1985, the DHA voted UNANIMOUSLY to sack Crothalls and awaited ministerial approval for this. Offices had not been cleaned, nurses had to get patients' breakfasts which should have been prepared by domestics, on one August weekend 5 wards were not cleaned at all; patients canteen had to be closed for 2 days because it was dirty; physiotherapy and other departments had to be closed for days at a time; nurses homes not cleaned properly.

At Oakwood, Crothalls sacked a domestic for living with a COHSE branch officer, despite admitting that there was nothing wrong with her work. COHSE took this to Industrial Tribunal.

CHC report of Thomas Ward, Oakwood showed "The dining area was filthy ... sputum and vomit excreta had dried onto the wall ... the treatment room was dusty and dirt lay on the floor ... The window sill was filthy and a dead crane fly lay next door to boxes of sterile dressings ... The toilets were in a positively filthy state, with excreta covering the toilet bowl on the inside and outside on the walls. Urine lay in a large puddle on the floor of another toilet ... the Charge Nurse told us ... the staff did not appear to be trained ... There was also a problem with cockroaches on the ward." (Source: CHC report published in NUPE Journal)

PRIVATISING HEALTH CARE

At both Maidstone and Worthing (below), nurses were having to cover for cleaning not carried out.

The contract was terminated by the DHA in January 1986.

CROYDON DHA: Clinics:

Clearly ridiculous BSI performance rates were expected (eg Parkway Clinic 198), and 3.5 minutes to clean a Chiropody centre. Investigation by DHA member showed: dirty toilets, floors with dirt and grime; physiotherapy rooms were not cleaned since start of contract; walls not washed; fridges and cookers not cleaned; NHS staff having to do contractors work. Part of July 85 payment was withheld, and future payments are also believed to have been affected. (sources: DHA minutes; Julian Gannon (DHA); Croydon Advertiser; South West London Public Services Project).

Over the first 6 months of the contract, Crothalls were fined £9,000 for "appalling standards". DHA general manager commented in "The Guardian" 24.12.85: "The specification had definitely not been fully met at any of the twelve locations".

A DHA report stated that Crothalls only appear to be aiming to fulfill 75% of the specifications. Staff turnover was so high that occupational health clearance has been dropped. The DHA has reported stained lavatories; security lapses including lost keys; danger of cross-infection and gave Crothalls six weeks to improve. (Sources: Guardian; DHA Report; Labour Weekly; Croydon Advertiser)

NEWCASTLE DHA:

Tender rejected due to being unsatisfactory on work procedure and personnel submissions, and 16% below average on staffing.

EAST BIRMINGHAM DHA

17 staff left in first two weeks of contract; General Manager Howard Shaw admitted "teething problems". Washing crockery and wiping tables was left out of contract; one ward kitchen subsequently closed after nurses refused to carry out this work. Cleaning hours have been cut by 45%. (sources: HSSJ and West Midlands Health Watch)

Yardley Hospital: believed to be a loss leader, Crothall's price being only one-third of the in-house tender; at interview, Crothall stated they were committed to achieving specifications even at increased cost to themselves. 10 cleaners left after just one day due to extreme workload. (Source: West Midlands NHS Monitoring Unit)

HUNTINGDON DHA: Papworth:

Nurses had to make patients' early morning tea and clear up afterwards; nurses and relatives were reported to be having to carry out cleaning at Intensive Care Unit; Intensive Care Unit nurses had to do washing up; staff reportedly neither trained or supervised adequately; liquid spilled onto a floor was left for four days before being cleaned; very poor cleaning of nurses homes (source: Nursing Times).

OTHER CONTRACTS LOST

Contracts have also been lost/not renewed at Bethlem and Maudsley hospitals; Nuffield Orthopaedic Centre (Oxford); Addenbrokes (Cambridge), East Hertfordshire DHA, Milton Keynes DHA and Medway DHA.

PRIVATISING HEALTH CARE

RIVERSIDE DHA: Charing Cross Hospital:

Domestic tender rejected at the preliminary stage "as it did not satisfy the conditions of the specifications" (source: Riverside DHA minutes).

Westminster Hospital: Unit General Manager stated in February 1986, that "I consider the current standard of cleanliness and performance of the contractor to be totally unacceptable". After months, "the contractor has still failed to meet the standard required by the contract specification...Their original manager had no previous experience of either the Health Service or the domestic cleaning industry and was simply incapable of doing the job".

Supervisors and assistant managers were doing cleaning themselves because recruitment was impossible at wage rates offered; a Contract Monitoring Officer was employed by the DHA; Crothall were fined each month; the deadline for improvement was 20 4 86. "It is my opinion that the current situation cannot be allowed to continue. I am concerned...about the risk of infection, the damage to the hospital's reputation and image and the impact on staff morale." He points to the difficulties in terminating the contract after the new Government guidelines that mean the DHA would have to get approval of the RHA and DHSS. (Source: B Elliot, UGM, document to DHA)

Following a visit by Riverside CHC to Westminster Hospital in June 1986, women were advised by the CHC not to have their babies there because of poor levels of cleanliness. (See District by District survey on Riverside)

CHICHESTER DHA: Royal West Sussex:

General Manager reporting on the contract which started on April Fools Day 1985: "since that time their performance of the contract has not been entirely satisfactory ... the local monitoring system shows that overall 64-65% of tasks are being completed satisfactorily but in some areas this rises to 80% and above, and on others falls to 40% and below."

Crothalls are not carrying out contract specifications, including twice-yearly deep-clean. Outpatients treatment rooms dirty - only 2 cleaners under Crothalls (6 under previous in house). Also unsatisfactory: X-ray department: Maternity department stairs and lifts; wards. Unless standards improve contract will be terminated. (Source: Labour Research)

According to a COHSE round-up of Contractors' Failures, payments to Crothalls are being withheld because of poor cleaning standards at St. Richard's Hospital, Chichester. Crothall won the contract slashing the budget by more than half. A confidential management report issued to DHA members in September 1985 detailed the serious problems with the contract and proposed that the contractors be given three months to improve the standard of cleaning. £37,000 was withheld in 1986, when Crothalls were unable to recruit enough staff to do the job properly.

WORTHING DHA: Worthing General

Fined £11,500 in Oct and Nov 1985 for poor performance. Given to March 1986 to improve. There were complaints of dirty corridors, patients' drinking water left unchanged, food not cleared from plates. The hospital administrator stated "there are certainly concerns about how the contract is going". NUPE reports that they have been fined a total of £20,296 and that nurses are having to do the cleaning (Source: NUPE, Worthing Gazette).

PORTSMOUTH & SE HANTS DHA: St. James:

To win contract, Crothalls planned to reduce staff to 37 from the in-house tender of 65.5 Whole Time Equivalent (WTE). 117 staff were to be made redundant. (Source: Labour Weekly, NUPE)

PRIVATISING HEALTH CARE

SOUTH WARWICKSHIRE DHA: Warneford Hospital:

Penalised by 10% for 8 weeks because they fell short of specifications. High staff turnover, poor standard of cleaning in midwifery unit. (Source: NUPE)

As well as a poor standard of cleaning in midwifery section, cleaning was reportedly poor in outpatients and some non-clinical areas. DGM asked to present further report from January 1986 DHA. Crothalls were fined £1,760 for work not carried out (Feb 1986) (Source: West Midlands NHS Monitoring Unit)

WEST SUFFOLK DHA: Suffolk Hospital:

Despite being lowest tender, Crothalls were rejected by 12-2 at DHA because of the "intense local publicity" about Crothalls record. (Source: HSJ)

FINANCES

Published figures, from Hawley Group earlier this year, (priced in dollars, and issued from the firm's Bermuda headquarters) notched up a feeble \$4.43 million profit on hospital cleaning, housekeeping and food services from a total turnover of \$151m in Britain and the USA. These figures apparently include the results from Crothall, though it is not possible to separate out the contribution from the old Pritchard group. (FT, 5.3.87)

The financial power of the Hawley Group comes mainly from its rapid expansion in the USA where it is now one of the leading building maintenance and health service contractors. During the 1980s it has expanded its hold on cleaning and related markets in the US by weakening the hold of the union, the Service Employees International Union (SEIU), increasing use of casual and migrant labour paid below the poverty line, wage cuts and increased workloads.

In 1986, 62 per cent of Hawley's £53.2 million profits (93% up on 1985) came from North America. (Transnational Information Centre).

EXCLUSIVE HEALTH CARE SERVICES

CONTRACTS

BARNET DHA: Barnet Hospital
BROMLEY DHA: Farnborough and Cane Hill Hospitals
CANTERBURY DHA: Kent and Canterbury and Nunnery Fields Hospitals
MEDWAY DHA: 2 Hospitals
OXFORD DHA: Elstree Blood Products Lab-Cleaning
SOUTHMEAD DHA: Doctors residence
WEST BERKS DHA: Wokingham Hospital
RIVERSIDE DHA: Charing Cross- all domestic services
RIVERSIDE DHA: West London Hospital and Community- Domestic Services
KINGSTON AND ESHER DHA: Tolworth Hospital - Domestic Services
NATIONAL HEART AND CHEST HOSPITAL SHA: Brompton Hospital - Domestic
ENFIELD DHA: Highlands Hospital
BASILDON AND THURROCK DHA: Orsett Hospital
MERTON AND SUTTON DHA: Community
WORCESTER DHA: DHQ
TAMESIDE DHA: DHQ

RIVERSIDE DHA: Westminster Hospital:

Merton and Sutton DHA found that the cleaning here was "extremely poor" and that "on the basis of the standards observed at the hospital visited, this company would not be able to fulfill the requirements of the contract". (Source: DHA Minutes - Merton and Sutton)

PRIVATISING HEALTH CARE

WEST BERKSHIRE DHA:

Broke terms of contract by refusing to recognise Trade Unions and not providing health screening for employees.

West Berkshire DHA accepted a £22,042 bid from Exclusive when all other bids were between £40,000 and £69,000. The DHA admitted that Exclusive "might have to provide at their own expense more resources for the job than they had originally estimated."(LGIU)

Exclusive were discovered to be using child labour on their Wokingham hospital contract.

BURY, PENDLE AND ROSSINGTON DHA

Exclusive were rejected from tender, one reason being "disciplinary procedure management-biased with no preparation time for employees."(NUPE)

BROMLEY DHA: Farnborough Hospital:

"They are negotiating their withdrawal from the Farnborough contract, which is proving to be unworkable. Exclusive's management team responsible for the Farnborough team have all been replaced..." (Source: Riverside DHA document)

LOCAL GOVERNMENT

Exclusive have had many failures in local government: Ealing, Penwith, Eastbourne, Bromley, Wandsworth and Milton Keynes all provide examples of unsatisfactory work and or employment malpractices. They were sacked from a cleaning contract at Waltham Forest College.

COMMENTS

RICHMOND, TWICKENHAM AND ROEHAMPTON DHA:

Putney Hospital: failed to win contract with a low bid based on cleaning a bath in 13 seconds and floors at a rate of 1 second per square foot.

MEDWAY DHA:

Even Crothalls complained that Exclusive's tender was so ludicrously low that it must be a loss leader. This was later acknowledged by Medway.

RIVERSIDE DHA:

Management panel recommended Exclusive for Charing Cross domestic contract, but were rejected by DHA who called for fresh tendering process. Report revealed they have no trade union recognition agreements in industrial or NHS contracts. Report also claimed that they had received unsatisfactory reports of Exclusive's performances in Bromley and Medway DHAs. (Source: Riverside DHA document)

Exclusive were eventually awarded the contract, followed by two more in Riverside. 270 staff were affected by privatisation. (Source: Shepherds Bush Gazette)

GWENT DHA

The DHA did not include Exclusive on the approved list due to "unfavourable financial references".

PRIVATISING HEALTH CARE

WAGES

Exclusive cut the wages of cleaners at Atomic Energy Research Establishment from £1.71 an hour to £1.50, and cancelled holidays for 1985. In the same period, David Evans, Chair of Brengreen, had a rise in salary of £20,000 to £75,000.

FINANCES

Following the takeover of Brengreen, HAT and other firms, BET pre-tax profits rose 25% to £157.4 million in 1986-87 on turnover of £1.7 billion. The Initial services subsidiary increased profits to £59.3 million - up 19%. Profits from cleaning and waste disposal increased 70% as the acquisitions were incorporated with BET's existing businesses.

ICC HOSPITAL SERVICES

Established: Sept 1982 (dormant till 1984). Now, like Exclusive, ultimately owned by BET. ICC, Exclusive and Initial ISC have reportedly merged.

CONTRACTS

HILLINGDON DHA: Hillingdon hospital - Domestic

HOUNSLOW AND SPELTHORNE DHA: Ashford Hospital - Domestic

SOUTHPORT AND FORMBY DHA: Domestic

SUNDERLAND DHA: Clinics and Health Centres - Cleaning

TRENT RHA: Offices - Cleaning

WANDSWORTH DHA: Springfield Hospital and Morris Markowe Unit - Domestic

YORK DHA: City Hospital, Haxby Road - Domestic

MID-ESSEX DHA: St Peter's Hospital and Broomfield Hospital

CONTRACT FAILURES

PADDINGTON AND NORTH KENSINGTON DHA:

Evaluation team considered "that this company should not be considered further for the awarding of the contract" because: 1) There was considerable doubt that the input hours would meet the specification within the tender price and 2) The Evaluation Team visited a hospital currently cleaned by ICC and "considered that the standard of cleaning was below that which would be expected at St Marys W2."

WEST MIDLANDS RHA

ICC removed from approved list. (Source: NUPE)

NORTH DERBYSHIRE DHA: Scarsdale Hospital:

Scarsdale domestic contract awarded in-house in March 1985. However, Sir Michael Carlisle, Chair of Trent RHA, worked to have this overturned, insisting that there were "no compelling reasons" why the lowest tender (ICC) should not be accepted. The April DHA voted 8-6 to give ICC the contract. Staff went on strike against the decision. The strike caused a delay of 4 months to the start of the contract, from June to October 1985, and delays in any further tendering.

A report on the ICC tender, prepared by a doctor at Glasgow University, stated that "references provided ... were for work undertaken by ICC Cleaning Services, which operates outside the hospital sector ... the company was not proposing to provide any on-site absence cover..." and that the tender price was probably too low to be workable. (Sources: Strikers at Scarsdale, NUPE, Public Service Action)

ICC had to increase the number of hours worked from a starting figure of 1,273 to 1,448 per week - very close to the rejected in-house tender. (Source: Morning Star)

PRIVATISING HEALTH CARE

ICC finally pulled out of the contract because it was operating at a loss and the DHA refused ICC's request to pay an additional sum of money. Norman Fowler, as Secretary of State was to be sent a report and asked to investigate the circumstances in which the contract was awarded. (Source: COHSE)

BARNET DHA:

ICC's contract at Edgware Hospital was terminated even before the contract started because ICC asked for more money than they had originally requested. The next lowest tender was from ICC's BET stable-mate, Exclusive - so tendering has been reopened.

MID ESSEX DHA: Colchester DGH:

DHA report states "ICC have not maintained the standards and specifications set out in the contract because they are not employing the required numbers of staff." ICC pulled out of the contract held since October 1984 on 17.3.86, giving 6 months notice. There had been a number of complaints about standards at the hospital and Mr Collinson, UGM, admitted financial penalties had been discussed. The firm claimed "financial problems". (Source:HSJ)

HILLINGDON DHA: Hillingdon Hospital:

In March 1986 Nursing Officer stated that ICC were "not fulfilling" their contract. (Source: Local COHSE branch)

WANDSWORTH DHA:

Rejected for contract at Springfield, because "Amount of supervision provided for was considered low... the number of hours included in the tender to provide periodic cleans by such groups as team machine operators was considered to be low ... the contractor indicated that staff would be expected to wash (uniforms) themselves at home ... provision for cleaning the Nurses Home was 7.5 hours per week, although it admitted that it should have been 7.5 hours per day. They might include this in the tender price."(Source: DHA minutes)

Despite the DHA's rejection of ICC, as a result of government pressure the decision was reversed, and ICC were given the contract at the next DHA meeting by the casting vote of its chair, Sam Dougherty. (Source: DHA member)

SUNDERLAND DHA:

For a third time, the DHA awarded the contract in-house and was pressured to overturn the decision and give it to ICC. This time, it was done solely on the action of the Chair, Edgar Turner. Strike action under the slogan "ICC will make you SICCK" from August 9th to October 19th 1985 succeeded in winning the staff their jobs back, but contract remained with ICC. All other privatisation in the district has been halted. (Source: HSSJ, Morning Star)

NOTTINGHAM DHA:

ICC are withdrawing from inner city health centres contract and it is to return in-house.

PAY AND CONDITIONS:

Kent County Council:

(ICC Cleaning services) - tea breaks will result in instant dismissal; anyone refusing to be searched by their bosses face instant dismissal. (Source: Daily Star).

PRIVATISING HEALTH CARE

MEDICLEAN

(Set up, and, like Crothall, owned by Hawley Group)

CONTRACTS

CALDERDALE DHA: 5 Hospitals

HULL DHA: Kingston Hospital

S.BEDS DHA: St Mary's

EALING DHA: Perivale and Ealing General Hospitals - Domestic

PADDINGTON AND N.KEN DHA: St Charles, St Mary's (Praed St)

RIVERSIDE DHA: Charing Cross

BASILDON AND THURROCK DHA: Basildon Hospital

MID-ESSEX DHA: Bridge, Chelmsford, St John's and Essex Hospitals

BARKING DHA: Oldchurch Hospital

MERTON AND SUTTON DHA: St Helier

WANDSWORTH DHA: St George's and St James

HAMMERSMITH DHA: Hammersmith Hospital, Queen Charlotte's, Goldhawk Road, Shepherd's Bush and the Chelsea Hospital

EAST DORSET DHA: Domestic

WINCHESTER DHA: Mount and St Paul's Hospitals

EAST BERKS DHA: Wexham Park

BRISTOL DHA: HQ, Ambulance Station and Royal Infirmary

SOUTH-EAST STAFFS DHA: Burton General

MID-STAFFS DHA: Staffordshire General

HALTON DHA: Halton Hospital

MACCLESFIELD DHA: DGH

BLACKBURN DHA: Blackburn Infirmary

HILLINGDON DHA: Mount Vernon

CONTRACT FAILURES

N.W. SURREY DHA:

Mediclean gave six months' notice to end this contract at Botley's Park Hospital after completing just one year of their three-year contract.

MERTON AND SUTTON DHA:

See "I was a Mole in Mediclean" and Sutton Trades Council Report. One worker was sacked for wearing a scarf to work because he was ill and couldn't afford to go sick. A patient stated in the Sutton Guardian 6.6.85 "I have been an outpatient in the hospital for the last three years. From my experience ... the cleaning staff simply do not have sufficient time to clean thoroughly." Wards cleaned by three people under NHS are now cleaned by just one. When expecting press in the hospital, Mediclean reported to be sending people to work through the night to blitz clean the hospital. (Source: St Helier worker).

Five days after the quality control officer concluded there was "absolutely no need for an inquiry fluids have run out, staff have been instructed to use hot water (Source: St Helier worker June 1985)

St Ebbas: Failed to gain contract, being £350,000 above the in-house tender, supporting theory that St Helier tender was a loss-leader. (Source: Local press)

HAMMERSMITH DHA:

Mediclean have employed casual staff with no medical checks. Employing more staff than in tender and so losing money. Dirty linen is allowed to pile up for days before nurses have had to remove it. Very high staff turnover. Rubbish bags have been left untied on wards by untrained staff, so rubbish spills on to floor; Environmental Health Officer severely criticised ward kitchens;

PRIVATISING HEALTH CARE

management have been doing cleaning themselves to try to keep standards up. Workers have been given fresh duties not in their contracts, eg. bed-dressing and have been sacked for spurious reasons (eg poor level of English language) and without following their own disciplinary guidelines. (Source: Moles Eye View)

CALDERDALE DHA: Royal Halifax Infirmary:

Staff walkout in November 1985 over volume of work. X-ray department used to be cleaned in 38 hours - now just over 15. (Source: NUPE)

POWYS DHA:

Rejected for domestic contract after tendering with no cover for sickness or annual leave, making specifications unattainable. (Source: DHA minutes)

HALTON DHA:

Contract awarded on costings that did not include any monitoring by DHA staff. Also, no element for training of staff taken on by Mediclean. Mediclean claimed to have contracts with Trafford and Oxford Health Authorities in fact these are office cleaning contracts run by sister company; Provincial. Holiday entitlement is non-existent for the first year, rising to two weeks after 1 year; 3 weeks after 2 years. (DHA)

SOUTH BEDS DHA:

Domestic contract awarded to Mediclean by new District General Manager on recommendations of DHA sub-committee before going to full DHA for decision. (Source: Attendance at meeting.)

RIVERSIDE DHA:

Mediclean lost the tender at Charing Cross, where they gave their "financial status" on the basis of the Hawley Group, not Mediclean; documents showed they paid both their supervisors and managers less than other private companies. (Source: Riverside DHA document).

PADDINGTON AND NORTH KENSINGTON DHA: St Marys W2:

Despite press reports and management recommendations to award the contract to Mediclean, the award was delayed pending investigations. The contract was finally awarded to Mediclean despite DHA members being "far from impressed" by Mediclean but they were "better than the rest". (Sources: Paddington and North Kensington DHA; Paddington Times and Moles Eye View)

At St Mary's local rules for staff include having to have hair "of a natural colour"; cleaners having "to take frequent baths"; women not being able to wear trousers except for religious reasons; and confidentiality rules.

Mediclean were reported to be offering £5 to people who can recruit an extra member of staff. (Source: Mediclean document) One worker at St Charles Hospital said "Mediclean treat us like criminals. As if we're not human. To them we're just robots". (Source: NUPE Journal)

HULL DHA: Kingston Hospital:

Contract awarded to Mediclean despite opposition of senior medical staff. Simon Cox (Mediclean) admitted "teething problems" at 2 southern hospitals. (Source: Hull City LP, local press)

PRIVATISING HEALTH CARE

PAY AND CONDITIONS

Mediclean staff only get a credit of one day's sick pay for each month worked without going sick. To reach NHS conditions, you would have to work for Mediclean for 21 years without going sick once. (St Helier)

PORTERS

Mediclean changed their publicity to claim to have had portering experience, on the basis of some work done in their military hospital contracts. This is in order to tender for the increasing number of portering domestic contracts being put out. (Source: Mediclean letter)

PRIVATISING HEALTH CARE

IN-HOUSE CONTRACTS - "HEADS THEY WIN - TAILS YOU LOSE"

At a number of hospitals, staff have managed to keep services "in-house" without loss of hours or worsening conditions. However, the details below outline the devastating effect that in-house tenders, often drawn up by management and not approved by the workers concerned, can have:

CENTRAL BIRMINGHAM DHA	DOMESTIC SERVICES	Birmingham City Childrens	* £20 a week pay cut.
BROMLEY DHA	DOMESTIC SERVICES	Orpington Hospital	* £258,000 a year cut.
BROMLEY DHA	LAUNDRY	District wide	* £16,000 a year cut.
BROMLEY DHA	CATERING	Farnborough Hospital	* Complete cut of night shift - introduction of vending machines
CHESTER DHA	DOMESTIC SERVICES	Chester Royal Infirmary	* 34 redundancies
CROYDON DHA	DOMESTIC SERVICES	Warlingham Park Hospital	* 25% bonus scheme lost; * lower staffing levels; * increased productivity
EAST DORSET DHA	DOMESTIC SERVICES	Royal Vic. & St Leonards	* voluntary redundancies
DUDLEY DHA	DOMESTIC SERVICES	Ridge Hill MH Unit	* 2 redundancies; * nearly 30% cut in hours * bonus lost.
DUDLEY DHA	DOMESTIC SERVICES	Russells Hall Hospital	* 25% cut in hours
GATESHEAD DHA	DOMESTIC SERVICES	Bensham Hospital	* bonus lost; hours cut; * £12-13 a week wages cut; * 31 jobs lost.
HAMPSTEAD DHA	LAUNDRY		* £50,000 cut in budget mainly by freezing vacancies; * Scrapping of bonus.
HAMPSTEAD DHA	DOMESTIC SERVICES	Royal Free Hospital	* 57 redundancies * Cleaning hours for 28 bed ward cut from 21 and a half hours to 12 hours. * RCN rep described situation at Royal Free as "appalling".
HARINGEY DHA	DOMESTIC	North Middlesex	* 50 f/t and 122 p/t staff cut to 37 f/t and 84 p/t; * 40 early retirements; * 85 redundancies;

PRIVATISING HEALTH CARE

HOUNSLOW AND SPELTHORNE DHA	DOMESTIC	West Middlesex	<ul style="list-style-type: none"> * Only one domestic per ward; (£106,000 lower than lowest contractor) * Nurses having to clean some areas; * Cleaning standards poor. * 33% bonus not to be paid; * 42 redundancies * 2,500 hours per week cut.
ISLINGTON DHA	CATERING	Insurance	<ul style="list-style-type: none"> * 1 Whole time equivalent cut, 50% hours cut; * staff restaurant closed. (NO OTHER TENDER RECEIVED)
ISLINGTON DHA	DOMESTIC SERVICES	Royal Northern	<ul style="list-style-type: none"> * 21 staff cut - up to 11 compulsory redundancies (NO OTHER TENDER RECEIVED)
ISLINGTON DHA	DOMESTIC SERVICES	Insurance House and Health Centres	<ul style="list-style-type: none"> * Cut from 16.8 WTE to 1.8 WTE.
ISLINGTON DHA	DOMESTIC SERVICES	Hornsey Central, Soutwood and Archway wing (Whittington)	<ul style="list-style-type: none"> * Change in rotas - increased workload.
KETTERING DHA	DOMESTIC SERVICES	St Marys	<ul style="list-style-type: none"> * 37% cut in hours; * loss of bonus; * full timers reduced to part-time
KINGSTON AND ESHER DHA	DOMESTIC SERVICES	Kingston Hospital	<ul style="list-style-type: none"> * 57 WTE staff cut; * bonus scheme cut by 50%; * some shifts 2 hours per day * rapid staff turnover;
LEICESTER DHA	DOMESTIC SERVICES	Glenfield City & General Hospitals	<ul style="list-style-type: none"> * Cut in hours; * Cut in pay.
LEICESTER DHA	DOMESTIC SERVICES	Leicester General	<ul style="list-style-type: none"> * 43 jobs cut;
MEDWAY DHA	DOMESTIC SERVICES	Medway Hospital	<ul style="list-style-type: none"> * 27 jobs cut; * increased workload caused 64 staff to leave.
MERTON AND SUTTON DHA	DOMESTIC SERVICES	Queen Marys Carshalton	<ul style="list-style-type: none"> * "tightening of belts and changes of practise"
MID-DOWNS DHA	DOMESTIC SERVICES	Horsham Hospitals & Health Centres	<ul style="list-style-type: none"> * 20 WTE cut.

PRIVATISING HEALTH CARE

NEWCASTLE DHA	DOMESTIC SERVICES	RVI and Dental Hospital	<ul style="list-style-type: none"> * Up to 75% cut in hours; * Dental Hospital - one shift cut 40 hours to 10, with same workload. * 30 compulsory redundancies; * 20% bonus scrapped.
NEWHAM DHA	DOMESTIC SERVICES	Plaistow Hospital	<ul style="list-style-type: none"> * cut in jobs; * drastic cuts in hours and pay; * split shifts
NORTH BIRMINGHAM DHA	DOMESTIC SERVICES	Tamworth General Hospital	<ul style="list-style-type: none"> * "Massive" cuts in hours. * 50% cut in budget
NOTTINGHAM DHA	DOMESTIC SERVICES	Queens Medical Centre	<ul style="list-style-type: none"> * 20% cut in hours * bonus scheme and unsocial hours scrapped.
NOTTINGHAM DHA	DOMESTIC SERVICES	University Hospital	<ul style="list-style-type: none"> * Hours reduced from 15 to 12.5; * loss of bonus; * loss of unsocial hours and unsocial hours payments.
OXFORD DHA	DOMESTIC SERVICES	Abingdon Hospital	<ul style="list-style-type: none"> * 10% bonus scrapped; * increased productivity; * 3 jobs lost and hours cut.
OXFORD DHA	DOMESTIC SERVICES	John Radcliffe Hospital	<ul style="list-style-type: none"> * Continual short-staffing; * Rapid turnover of staff - only a minority of new staff appointed stayed more than a week; * Management offered a £25 "bounty" payment to domestics who persuaded a friend to take a job at the hospital; * Management tried to persuade unions to agree to bringing in a private contractor to do a "blitz clean" of the hospital and make good the damage done by declining cleaning standards.
OXFORD DHA	DOMESTIC SERVICES	Horton, Neithrop & Pines, Orchard Health Centre	<ul style="list-style-type: none"> * Lower staffing levels; * 25% bonus scheme lost; * increased productivity.
RIVERSIDE DHA	CATERING Hospital	Westminster	<ul style="list-style-type: none"> * cut in hours and pay.
SCARBOROUGH DHA	DOMESTIC SERVICES	Malton & Whitby Hospital	<ul style="list-style-type: none"> * 3.9 WTE staff lost at Malton; * 3.97 staff cut at Whitby * All full-time staff cut to part-time.

PRIVATISING HEALTH CARE

SOUTH LINCS DHA	DOMESTIC SERVICES	Clinics & Health Centres	* 50% cut in hours
TOWER HAMLETS DHA	DOMESTIC SERVICES	London - Whitechapel	* Bonus cut - 24% to 15%; * workload more than doubled; * Staff turnover of 6.5% in the first year, with as many as 40 parttime vacancies in one week.
WALTHAM FOREST DHA	DOMESTIC SERVICES	Clinics	* Two thirds cut in hours at one clinic in build up to in-house tender.
WALTHAM FOREST DHA	DOMESTIC SERVICES	Wanstead Hospital	* Loss of 25% bonus.
WANDSWORTH DHA	DOMESTIC SERVICES	Atkinson Morley Hospital	* Reduction to one domestic per ward.
WANDSWORTH DHA	DOMESTIC SERVICES	Bolingbroke Hospital	* Management tender - re quested by staff; * All but 2 staff made redundant - some re-em ployed as part-timers.
WORTHING DHA	CATERING	Worthing Hospital	* 2.7 WTE staff cut.
YORK DHA	DOMESTIC SERVICES	Bootham and Clifton Hospitals	* 26 compulsory redundan cies * 20% - 40% cut in hours and pay.
WARRINGTON DHA	DOMESTIC SERVICES	Warrington Hospital	* cut in bonus pay * cut in hours * redundancies
WEST NORFOLK DHA	DOMESTIC SERVICES		* loss of bonus; * 20 voluntary redundant.
WIRRAL DHA	DOMESTIC SERVICES	Arrowe Park Hospital	* Wages cut by half; * DHA tender undercut Mediclean by £184,000; * 70% cut in budget.

In-house contracts resulted in industrial action in:
WANDSWORTH, NEWCASTLE, RIVERSIDE, YORK & NORTHUMBERLAND

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