

# NOT SO GREAT

Voices from the front-line at the Great Western PFI Hospital in Swindon

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## Introduction

The government has made no secret of its determination to press ahead with its programme of hospital building funded primarily through the Private Finance Initiative. A first wave of these hospitals is now complete and operational. More are planned, although progress on finalising business cases has slowed, with only one major hospital project signed in the last 12 months.

While the cost of the planned projects spirals upwards, what have the consequences been for patients and for NHS staff in the PFI hospitals that have already opened? Have they shown themselves to be good value for money? Or were the critics right: are the new hospitals too small, too expensive and designed more to deliver profits to shareholders than quality care for patients?

Earlier this year, UNISON produced *The PFI Experience: Voices from the Frontline*, in which staff working in nine PFI-funded hospitals spoke directly of their experiences of the new system and revealed many of the problems and blunders concealed behind the glitzy exterior of the new buildings.

This report, also researched for UNISON by John Lister, asks similar questions of staff at one of the most recently opened PFI hospitals, Swindon's £132 million Great Western Hospital.

The interviews were conducted on and off the hospital premises in Swindon in June and July 2003.

## Background

Built in 1958, Swindon's Princess Margaret Hospital (PMH) was the first new hospital built after the establishment of the NHS in 1948. In December 2002 its replacement, the £132 million Great Western Hospital opened several miles away as one of the "first wave" of privately-funded hospitals, known as the Private Finance Initiative (PFI).

Within weeks campaigners had been proved right and NHS managers wrong: despite last-minute measures which added 92 beds to the PFI plan, the new hospital still provided over 100 fewer beds than had been available in 1997 and could not cope with local demand.

PMH had been expanded up to the late 1970s with a hotch-potch of new wings and annexes, but decades of cash cuts and managerial neglect ran up a massive backlog of maintenance. By the early 1990s management were planning an extensive £45 million refurbishment, at the point where the then Tory government introduced the Private Finance Initiative. Swindon's hospital redevelopment was incorporated into the first phase of PFI and as a result, the Outline Business Case for refurbishment was put out to tender. The new hospital was a very different scheme.

The Swindon and Marlborough NHS Trust is now unable to find any reference copies of the original Outline Business Case. When asked by researchers at University College London's Public Health Policy Unit to supply copies of this and the Strategic Outline Case, the administrator of the Trust's Redevelopment Team replied:

*"I have been advised that there is no Strategic Outline Case. With regard to the Outline Business Case (OBC) I do not know the whereabouts of and have never seen this document, although I have found a reference to one dated December 1993.*

*"Unfortunately all the people who would have been involved with the OBC are no longer with the Trust.*

*"I should explain that the Redevelopment Team was only created in 1995 to lead on the*

*redevelopment of the then Princess Margaret Hospital (PMH) in Swindon. At that time there was a Full Business Case (FBC) for the redevelopment of the PMH site, dated November 1994.*

*"The Private Finance Initiative was then mooted by the government and the Swindon and Marlborough NHS Trust wrote further FBCs for a PFI development – firstly for the redevelopment of the PMH site and then for a new hospital on a Greenfield site."*<sup>1</sup>

So that's clear, then! During the prolonged process of seeking a "partnership" in which a private sector consortium would finance, design, build and operate the facility for the NHS, the very concept of the project changed: instead of refurbishing PMH on its existing site, private companies urged the Swindon and Marlborough Trust to opt for a brand new hospital, to be built on a greenfield site on the edge of town.

The eventual site chosen is almost as far out of town as it is possible to get without hitting the M4. The cost had rocketed from the original £45 million to £90 million in 1994 and to £148m by 1997 – a 229% increase. Part of this was to be covered by the Trust handing over the old PMH site to the consortium,<sup>2</sup> but the Trust would wind up spending over 14% of its income on renting the PFI hospital from the new private landlords, compared with NHS capital charges at the PMH site, which were equivalent to just 3.3% of the Trust's annual income.<sup>3</sup>

The scheme was also different from the original plan in another important respect: it included a very large reduction in hospital beds, despite the fact that Swindon's population was continuing to expand rapidly. Local campaigners were quick and consistent in pointing out the scale of the cutback in bed capacity: from 687 available beds pre-PFI to just 589 "bed places" in the new hospital, of which only 483 were to be staffed beds.

It did not take campaigners long to work out that the Trust had based its initial estimate for the reduced numbers of beds required on the assumption that numbers of patients treated per

<sup>1</sup> Letter from Jan Colley (Programme Administrator, Trust Redevelopment Team) to James Lancaster PPHU, dated June 4 2003.  
<sup>2</sup> Gaffney D, Pollock AM Can the NHS Afford the Private Finance Initiative?, BMA, December 1997: 10  
<sup>3</sup> Pollock A, Shaoul J, Rowland D, Player S A response to the IPPR Commission on Public Private Partnerships, Catalyst Trust, June 1996: 14

4 Newsletter of Swindon NHS Defence Campaign, June 1998

5 Staff Briefing, Swindon and Marlborough Trust, May 1998

6 Newsletter of Swindon NHS Defence Campaign, June 1998

7 Evening Advertiser July 18 2001.

8 Gaffney D, Pollock AM Can the NHS Afford the Private Finance Initiative?, BMA December 1997: 10

year would increase by just 1,000 (2 percent) over the six years from 1996. This was then revised upwards to show an additional 5,000 episodes. Challenged to show the analysis on which these figures had been based, the Trust at first prevaricated and then in the summer of 1998 admitted to campaigners that there was no document, only an empty “computer model”!<sup>4</sup>

To make matters worse, as PMH encountered a major crisis of trolley waits in A&E in the spring of 1998, the Trust ran into a cash crisis, imposing a cuts package of £4 million and seeking further savings of £2.7 million. Chief executive Sonia Mills was forced to admit that they did not have the money to pay for even the reduced-size hospital. By summer 1998 the Trust were in negotiations with the PFI consortium to seek a reduction in price and with Wiltshire Health Authority to plead for extra cash to pay the bills. In a newsletter to staff Ms Mills said:

*“All these actions need to succeed before we can fully open the new site.”<sup>5</sup>*

Campaigners asked:

*“Are [the Trust] prepared to go ahead with the new hospital without sufficient funds?*

*Do we face the prospect of a new hospital which will not be fully open?”<sup>6</sup>*

The PFI scheme did forge ahead, regardless of the warnings. The contract had been awarded in 1996 to Tarmac (which subsequently demerged, to form Carillion as an independent infrastructure maintenance and facilities management company in July 1999). Once the Labour government had cleared the way for the signing of the first hospital PFI schemes, Swindon was one of the first to begin.

Building work started in October 1999 and the hospital, with 464 inpatient beds and 87 day-case beds, was completed in November 2002 and services transferred from PMH to the new “Great Western Hospital” on December 3. It was claimed that the new hospital provided ‘19% more clinical floor space’ than the PMH. What was not explained was how much of that floor space would be consumed with long wide corridors and how little of it was to contain staffed beds.

Management insisted that the scheme represented good value for money. The capital cost, they claimed had been pushed down to £132 million: for which the Trust would pay £12.1 million a year, index-linked, for 27 years, plus £5.4 million a year for support services, again index linked, for non-clinical support services<sup>7</sup>. The minimum total cost of the building will therefore be £327 million – 2.5 times the capital cost of the building and substantially more than if the government had loaned the money to the Trust.

In addition, the hospital’s support services have been privatised, allowing Carillion to exploit a further revenue stream, which at £5.4 million per year will be worth a minimum of £146 million over the lifetime of the contract.

However this takes no account of the value of the PMH site, which at least in early versions of the PFI deal was to be handed over to the consortium as part of the deal. The value of this site (the basis on which NHS capital charges are calculated) was £9m in 1997, but that was before any consideration of planning permission for redevelopment.<sup>8</sup> Demolition crews are now due to move in to prepare the site for the building of up to 500 new houses – which in fast-growing and affluent Swindon suggests the real value to the developers will be far higher.

Meanwhile the problems that the Trust chose to ignore have not gone away. Even while the new, smaller hospital was being built, work began on an additional 60-bed intermediate unit, to tackle the problem of “bed blocking” – the lack of suitable treatment and facilities for frail, older people. Yet in the two years to 2003, 212 care home places had closed down in Swindon, leaving a desperate – predictable – shortage of places.

Even closer to the deadline for opening the new hospital, a further panic measure saw designated office space on the third floor moved out of the new building, displacing 100 admin and clerical staff, in order to open up an additional 32-bed ward. And in 2003 it has been announced that a further 128 beds will be provided for elective treatment in a new £27 million diagnostic and treatment centre, also to be added on the GWH site. There are also

## Background

plans to convert additional areas into two wards holding 59 more beds by the autumn of 2003.<sup>9</sup> As a result of these changes the new, sleek and integrated design of the hospital is already severely compromised, with admin and clerical staff dispersed across the site in portakabins and across the town in rented office space, while additional buildings are slotted onto the site as an afterthought – and at extra cost. Approving one of the plans for expansion, the chair of Swindon’s local Planning Committee said “It would be nice to see some finality on that site.”<sup>10</sup>

Despite the additional beds, the new hospital was hitting local headlines as it ran out of beds for emergency admissions within a few weeks of opening. In early January the Trust was forced to write to local GPs warning them not to refer patients to the hospital because the wards were full: “Unfortunately every trolley, bed and bed space is in use currently. It is extremely difficult to find spaces to examine patients.”<sup>11</sup>

On March 31 2003 Herbert Edwards secured near celebrity status in the *Evening Advertiser* as he waited a record 144 hours on a hospital trolley at Great Western for lack of beds. He was one of 387 patients who were treated on trolleys in March.<sup>12</sup> Trust bosses tried to shrug off the evidence that they had got the bed numbers horribly wrong.

Chief Executive Sonia Mills, preparing for a swift exit the following month to another managerial job, came up with a memorable line to explain away yet another trolley wait – this one a mere 60 hours – to the local press: “Under normal circumstances we would not expect Mr Collins to be cared for on what is technically a trolley but which, in many respects, is similar to a bed.”

Maybe Ms Mills has a strange idea of what a bed is. Mr Edwards certainly disagrees, telling the *Evening Advertiser*: “It was pretty uncomfortable because the trolleys are so narrow. They have sides on them to stop you falling off. They are padded, but not the same thing as being in a proper bed. I was pleased to get out of there.”<sup>13</sup>

Ms Mills went on to argue that the fact that there were no spare beds at all in the new hospital was testimony to its efficiency: “The GWH is one of the most cost effective in the country. It makes the most efficient use possible of its beds and services. Around 98 percent to 100 percent of its beds are occupied at any given time.”<sup>14</sup>

Patients have been less than impressed either by their experience of this type of “efficiency” or by the attitude of the management. Numbers of complaints about the standard of treatment rocketed by 46% in the first few months of 2003 compared with the same period the previous year. Trust spokesman Chris Birdsall responded by claiming to be “pleased that we have had an increase in complaints”. He told the *Evening Advertiser*: “We are actively seeking people’s views and comments about our services at the new hospital.”<sup>15</sup>

In May another trolleys crisis forced the Trust to use the day surgery unit as a ward, while waiting list operations were cancelled.

Some of the most disgruntled people have been the staff, patients and visitors who have attempted to travel to the hospital by car. Having negotiated the 71 sets of traffic lights between the hospital and the Coate roundabout they get to the site – only to circle the site again and again in the vain search for a parking space and face an 80p minimum charge. There are just 1,100 spaces for a hospital with 3,500 staff and thousands of patients and visitors each day from the surrounding area.

Among those caught out by the new system have been volunteer drivers from the Link service, which takes elderly and vulnerable people to hospital. In May they announced they would no longer go to the Great Western after drivers, most of whom are retired people, were fined up to £50 for parking without paying, despite displaying their Link parking permits.<sup>16</sup>

Staff members too have been fuming at the problems of finding spaces for which they have paid through deductions from their salary. One medical physicist told the *Evening Advertiser* she had to get to work an hour earlier to find a space.<sup>17</sup> Nurses

9 Clinical Governance Review of Swindon & Marlborough NHS Trust, Commission for Health Improvement, July 2003.  
10 *Evening Advertiser* April 30 2003  
11 *Evening Advertiser* January 6 2003  
12 *Evening Advertiser* May 14 2003  
13 *Evening Advertiser* April 1 2003  
14 Quoted in Newsletter of Swindon NHS Defence Campaign, May 2003.  
15 *Evening Advertiser* May 29 2003

16 Evening Advertiser May 15 2003

17 Evening Advertiser January 16 2003

18 Evening Advertiser April 22 2003

19 Clinical Governance Review of Swindon & Marlborough NHS Trust, Commission for Health Improvement, July 2003: 5-7, 18

went to the local press to announce their refusal to pay £30 parking fines for parking in visitors' spaces.<sup>18</sup>

A new report by the government's inspectorate, the Commission for Health Improvement, published in July 2003, echoes a number of the concerns raised by campaigners and by the front-line staff we have interviewed. The CHI Report was predictably "welcomed" by the Trust, which managed to single out only the positive comments it made. But the full report repeatedly refers to the chronic shortage of beds and its impact on patient care and draws attention to the need for:

■ "Urgent action" to review bed capacity, discharge planning, GP and emergency admissions, high dependency unit and intensive care unit beds. "The Trust should continue the urgent work it has already started to review and improve the use of the Acute Assessment Unit."

The CHI report also describes concerns among staff over issues in the new hospital, including the impact of bed shortages:

■ "Staff raised serious concerns during the site visit about the positioning of the trolley beds in the three and four bedded bays and the quality of care available to patients in these beds."

■ "CHI observed that most trolley beds do not have access to electric sockets, curtains or emergency call buzzers (although some patients are provided with hand bells or other patients are asked to call in an emergency). Manual oxygen and suction facilities are provided, but are not located close to these beds. Furthermore the lack of space around the beds seriously compromises the ability of staff to deliver care, particularly in an emergency situation."

Other staff concerns reported by CHI are more directly related to PFI, the design of the hospital and the work of the contractor:

■ The length of time taken by Carillion to respond to requests for maintenance and repairs. CHI notes that this process is monitored by the contractors themselves, "and reported to the Trust on a monthly basis."

■ *Patients' food*: "CHI was informed of insufficient portions being sent to the wards and problems in accessing specific dietary and pureed foods."

■ *Cleanliness*: "CHI received some mixed comments from staff and patients about cleanliness in clinical areas".

■ *Signposting*: "A few comments were made about the small size of the signposts across the hospital. The Trust is in the process of replacing signs across the site."

■ *Lack of storage space*: "CHI observed and received several comments about the lack of storage facilities at the Trust. Mattresses, laundry and equipment were regularly found located in corridors and spare treatment rooms".

■ *Layout*: "Concerns were also raised over the design of the ward areas and problems experienced by staff in being able to observe patients located in bays and single treatment rooms."

"Several staff raised concerns with CHI about security levels at night across the hospital site and car park areas and problems in trying to locate a parking space."<sup>19</sup>

These and other themes will emerge clearly as concerns raised by nursing, clerical and support staff in the interviews for this report. The Great Western Hospital is revealed to be not so great for either patients or staff. It has been a hugely expensive project, which will generate a guaranteed profit stream for Carillion for 27 years, while the NHS will have to pick up the bill for constructing the additional beds to plug the gaps left in the original scheme.

The Swindon PFI experience is of a £132m hospital that was always going to be too small, in an inaccessible place, with services run on the cheap by a company whose main objective has been to maximise the profits it can deliver to shareholders.

## Carillion

The construction firm demerged from Tarmac in 1999 and came under the spotlight the following year when the Commons Public Accounts Committee investigated the windfall profits it shared with Group 4 from their contracts at the privately financed Fazakerley prison. The two companies increased their profits by 81% from the expected £17.5m to £31.6m. £3.4m of that came from completing the building more quickly and cheaply than planned. More than three times as much – £10.7m – came from refinancing the project once it was complete – only £1m of which was returned to the Prison Service.<sup>20</sup>

By early 2001 turnover on Carillion's 14 PFI projects, including the Dartford and Gravesham Hospital was expected to exceed £3 billion over the next 30 years. The company made clear its intention to focus on the more stable long term earnings from PFI and property management rather than the insecure margins of traditional building projects.<sup>21</sup> 13% of its £1.9 billion turnover came from PFI. The company wanted to increase this, to generate more than half its earnings from PFI and service related activities, which are described as "a consistent stream of quality earnings."<sup>22</sup>

The quality of this revenue stream has been enhanced by the fact that early "risks" have proved to be exaggerated. According to HSBC: "Early entrants into this market tendered on the basis that the political risks were high and construction costs were likely to overrun. Neither of these risks have transpired and thus the actual rates of return on these projects is likely to exceed expectations."<sup>23</sup>

Indeed the most recent published figures (for 2002) show Carillion's sales up almost 9%, its operating profits up 36%, pre-tax profits up 21% and shareholders picking up dividend payments increased by more than 11% at £9.9 million. Carillion has also been one of the companies most eager to ensure that PFI projects incorporate the privatisation of support services. In 2001 it issued a statement in response to Labour's election manifesto commitment to ensure that support staff remain within the NHS. Carillion argued:

"One of the main planks of PFI is that we should not just build the facility but provide the services over 30 years and it is difficult to see how we can still provide the service if the staff stay within the NHS. It would be difficult to manage the facility if we don't manage the staff."<sup>24</sup>

The company, together with BMI, Britain's biggest private hospital operator and Nestor a health personnel and services company, was quick to express an interest in building new privately owned and privately-run diagnostic and treatment centres offering services to the NHS.<sup>25</sup>

It has been selected as the preferred bidder for a £125m extension to Oxford's John Radcliffe Hospital, which will involve 30 years of payments at £20m a year and is described by the company as a £600m deal.

20 A sensible strategy for spectacular returns, Nick Timmins, Financial Times July 3 2000.

21 Carillion on target to meet forecasts, Lisa Urquhart Financial Times January 9 2001.

22 UK contractors take a piece of the PFI pie, Emma Jacobs and Mary Watkins, Financial Times April 11 2001.

23 *ibid.*

24 Consultants criticise move to involve private sector in NHS, Brian Groom, Financial Times June 1 2001.

25 Health providers to create new fast-track NHS surgeries, Nicholas Timmins, Financial Times September 12 2002.

## What the staff have to say

From interviews with various trade union members, conducted in Swindon in 2003.

### **Poor Buildings and missing facilities**

The new hospital has cost £132 million and is now being expanded with a variety of additional add-on developments. But the quality of the building does not impress many of the staff who struggle to deliver services to patients

*Porter:* Other issues about the hospital? How long have you got?

The fire doors are far too heavy and don't stay open long enough: you need two hands to open them properly and this causes all kinds of problems trying to get trolleys or patients on wheelchairs through.

The ward layouts are not as good as we had before: nursing staff can't see all their patients. Nurses on most wards are moaning that the wards are too big and they don't have enough staff. The new wards have 32-beds and are L-shaped: only two bays are visible from the nurses' station. A lot of nurses think they should have stuck to the old Nightingale wards.

The 'pod' system for sending samples to pathology is always failing – but because it was part of the new design of the hospital, collecting samples is not included in our hours – so if we have to do it, it builds up delays for our other work.

*Nurse:* Yes the pod system is always breaking down: it's been broken down all today and it's one o'clock already. To be honest the most reliable way to get your samples down to pathology is to get a porter to take them.

*Porter:* There is already a big backlog of engineering maintenance and a whole range of problems you wouldn't expect in a new building. We've got showers leaking, we've got damp and mould on one of the wards, we've had plaster cracking and falling on patients' beds.

The lifts are very poor. Every lift in the hospital

has broken down at some point: there is one out of action today. I was in one, the middle lift in the atrium, that was wrongly set up so that it caught the edge of every floor and as I got out at the ground floor we were showered with concrete dust. Some of the lift doors don't close properly at the bottom: on one or two of the service lifts you could get four fingers through the gap. If a kiddie was allowed to play there they could lose fingers.

*Carillion domestic:* The lifts are very small. You can hardly get a wheelchair in. And it's a very strange access to the lifts from the main entrance. If someone is coming out, they block your way in.

*Porter:* The hospital opened too early, before the plasterwork had dried out properly. And there are problems with the self-levelling compound they used under the vinyl flooring in a number of the main corridors. Again it was done too quickly, so there are big bubbles in the floor and in some places on the third floor the flooring has already cracked.

Clerical staff also have a lot of problems. The medical secretaries have no space to move in their tiny offices – and no storage space. There is stuff everywhere stacked on the floor because there's nowhere else for it and it can be really dangerous.

*Nurse 1 A&E:* We used to have proper cubicles in the Princess Margaret Hospital (PMH). Now we just have curtained areas everywhere. I don't think that's very good for patients' privacy and dignity.

There is a lot of new equipment like monitors, but we are short of tables to put things on, like a cup of tea for patients.

I don't think there is enough room and there are no windows in A&E. I rather hoped we would get a window or two in the new building, especially since it all seems to be shiny glass on the outside. Our staffroom has no windows either.

*Nurse 2 A&E:* The curtained areas are not so good as proper cubicles. Maybe it's cheaper to maintain. But it does raise a problem with the dignity of people. The vast majority of our

patients are older, not so nifty on their feet. They don't like the idea of being stuck on the commode with people just a curtain away.

We still have a couple of rooms with doors – one in the gynae room, for obvious reasons, you can't have people wafting through curtains.

Of course there is a potential health and safety issue if you have a solid door; you can get trapped in a room with somebody, but it would be better with a curtain in front rather than all the way round.

It looks a bit like a set off Casualty now: maybe they have been watching too much telly? In ER they don't even bother with curtains, do they? Anybody can walk in and watch, even if they've got a gun!

*Nurse:* People who know about buildings have said that the builders here were cutting corners all the time. We had a power failure a little while ago, when everything went off, there was no back-up – and now I see that it's happened at another PFI hospital [Bishop Auckland] too.

There is supposed to be an emergency supply, but it didn't work properly. I don't think we have one of the special red plugs in resuscitation – not unless they have just put one in, in the last two weeks. We certainly didn't have one.

You just have to hope you aren't wheeled in with a cardiac arrest during a power cut. You would be up the creek. It shouldn't happen in a brand new building, should it?

*Admin & clerical worker:* There have been repeated power cuts. They don't seem to know why. The emergency lights come on, but all of the computers shut down. Goodness knows how many hours' secretarial work was lost in the last power cut the other day. I was lucky and had just saved my work, but it caught other people completely by surprise.

*Nurse:* There is a lack of staff training facilities and meeting rooms in parts of the hospital. For example, in A&E there is no seminar room for

training for medical and nursing staff, who have to remain close to the clinical area for emergencies. They have to go to the basement, where Carillion say they have provided adequate facilities.

There is a lack of patient lounges in some ward areas, which discourages patient mobility. Any access to seating in these areas is often shared with the public, who are attending out patient clinics.

There is also a lack of visitor toilets, especially for elderly visitors, who have to walk long distances to find a public toilet. In the A&E Dept, there is a lack of toilets full stop. There are three public toilets in the waiting room, which in effect are to be used by patients. It is unfair to expect patients in gowns and often with attached equipment, to walk through the waiting room, which often resembles a war zone.

**There is a lot of new equipment like monitors, but we are short of tables to put things on, like a cup of tea for patients.**

If a patient has to produce a sample, he or she has the indignity of walking through a busy area with this. There are two rooms with attached bathrooms, but usually have patients already in situ.

There are no private staff toilets. Male and female staff have to share use of one toilet on the main corridor, which is often used by patients and passers by, as Carillion will not allow any signs to be put on the walls.

The doors are too large and heavy. Nursing staff and porters are already complaining of shoulder and back pain trying to negotiate patients on trolleys and in wheelchairs along with the heavy doors, many of which do not stay open for any length of time. There is no automatic opening system in places of high traffic, such as the doors on x-ray and A&E.

# What the staff have to say

Receptionists and administrators are complaining that there is inadequate space for shelves, filing cabinets etc. In the A&E dept. there is no privacy and patients have to discuss personal and confidential matters with the receptionists in full hearing range of the waiting room. One member of reception staff left within two months of the hospital move because of this.

Carillion will not allow any signs to be put on the walls without permission from an administrator – and that includes essential information posters, eye charts and other things generally related to medical matters and health care.

Many of the walls and doors are flimsy and are easily chipped and marked. It has been rumoured that there are areas in the hospital that already need redecoration.

*Carillion domestic:* One problem is the revolving door in the foyer. It's not very accessible for disabled people and although there are two side doors for them to come through it can get very congested getting them in and out. But worse still the disabled parking is a very long way from the main entrance. The signs are not at all clear inside the building. A lot of people see the signs, but are still not sure where they are supposed to go next. I have heard that Carillion are spending more money to improve the signage, but we don't know who will wind up paying for it.

*UNISON official:* "I know that there is not a lot of space for storage. This is a real problem for staff and managers alike. They seem to be storing anything anywhere – in toilets or whatever.

If you look at the plans it seems as if there is loads of space for things like wheelchairs, but there isn't. I know of at least one disabled toilet that has been used to store wheelchairs. Apparently, Carillion have stuck a new label saying "wheelchair stores" over the previous sign, which said it was a disabled toilet. If they are not intending to use it as a toilet, they should take out the plumbing and equipment and make it into a proper cupboard."

However, this is supposed to be a disabled toilet.

The Trust should not expect a disabled person wanting to use it to first have to get somebody to remove a stack of wheelchairs. This measure is solving one problem by creating another. Has the Trust not heard of access for the disabled or the Disability Discrimination Act?

*Admin & clerical worker:* On the original maps we were supposed to get a social club on the site. But Carillion appear to have decided that they weren't going to build one. We had a nice social club at PMH, open every day. Because morale has been so low, the Trust decided to hire pub in town, as some sort of social venue, but it's not a success. People won't travel into town to go there. It's too far away.

We're not allowed any noticeboards. How can you let people know what's going on without a noticeboard? There is no heart to this hospital: you don't see anyone. You are all in your own little units, this is the main complaint people raise. There is no heart to the hospital any more. You can't put any notices up in the canteen or anything on the walls.

## Poor value support services

*Porter:* Porterage is run on a "help desk" system here, but that is only open up to 11pm and then it's closed down until the morning. Security have to take over portering duties. It's a joke.

The Carillion boss here says it's his hospital, he pays the wages and we have to do what we're told. But because it is his hospital no NHS staff are allowed to put anything on the walls. If nursing staff want a shelf put up they have to get the company to do it. I've heard they have quoted up to £400 to put up sets of shelves.

*Nurse 1 A&E:* The catering is also pretty poor. The patients don't get anything like enough choice. In PMH we used to be able to ring over to the dining room and ask for a selection of sandwiches for patients, but now everything seems so basic. One day they just sent us cheese sandwiches. Does everybody like cheese? We can't ring the canteen any more, either, we have to go through some new

## What the staff have to say

routine and that can be frustrating.

*Admin & clerical worker:* The patients' food is so bad now the way it's done with Carillion that if you came in to the hospital at 7.45 in the morning like I do, you can see the patients lined up downstairs at the cafeteria so they can get a decent cooked meal. They do the same at lunchtime and in the evening. The food is so bad on the wards. It comes from a different source, while in the cafeteria it's cooked fresh.

*Carillion domestic:* While we are working we might say hello to the patients, some of them do like to have a little talk. We are allowed to do a little bit of chatting. We don't really have the time, but we do try to make time if somebody wants to talk.

There has been a big turnover of domestic staff, including some with really long service. One woman with 25 years service was treated appallingly. She was OK while we were still at PMH, but when they transferred over here, Carillion wanted to get rid of all the long-standing staff. They pretty well succeeded. People kept saying "I've been here 25 even 30 years or whatever and we can't work like this." There was also a huge turnover in porters.

Carillion took over support services at PMH more than a year before the new hospital opened, but there weren't any problems to start with – only when they came here. Lots of the restaurant staff have gone, too and managers and senior managers.

When we first came here it was a shambles. Nothing was ready to start our jobs. We had no lockers, so we had to go round to wards carrying our coats and handbags and put them in the cleaning cupboards. And there were no mops and no cleaning materials either. It took best part of two months to bring them over from PMH. You would have a mop and come in next day only to find that somebody from the night staff had borrowed it to clean another ward that was being opened.

Now we have a system where everything is in a locked cleaning cupboard. We have to go to our

supervisor or ring down for someone to come and unlock it so you can get what you need. It can take an hour or so to get a box of towels.

*Admin & clerical worker:* These are the locking cleaning cupboards where they lost a patient for 24 hours. She had been locked in. It was only when the police brought search dogs into the hospital that they found her. It turned out the CCTV cameras in the hospital weren't linked to any video recorder!

*Carillion domestic:* We have a rapid response team now, which is supposed to deal with spillages and things like that. But if you try to get hold of them it can take a while!

Carillion say there aren't any shortages of staff, but I don't see how that can be true, because the pay is pretty poor. I started on £4.30 an hour and it's now still only £4.75. It's only just gone up this last month, backdated to April. But unless you work 40 hours or more you don't get any extra

## Unless you work 40 hours or more you don't get any extra for working overtime – it's all at flat rate.

for working overtime – it's all at flat rate. Even if I was to work Saturday and Sunday I would only be getting £4.75 an hour, whereas the NHS would pay £3-£4 more per hour.

The NHS gets more holidays, too, especially if you've worked five years or more. We get just 18 days (a day and a half for every month worked) in the first year and a maximum of 20 days after you have worked a full year for the company.

You do get some sick pay from Carillion, but nowhere near as good as the NHS. The NHS pays up to six months full pay and six more months on half pay. Carillion pays nothing at all during your first six months of employment, then a half day entitlement per calendar month up to one year, then one week after the first full year, two weeks after two years – and an absolute maximum of 12

# What the staff have to say

weeks sick pay.

And the company come out to see you if you are off for a certain amount of time. Not to bring you flowers, but to check that you really are sick. Then they put you in a programme when you get back, to investigate why you were off and whether you are suffering from stress, although they don't really recognise stress.

People who have been off sick for long periods may find their hours have been cut, or they are moved around to other jobs.

We were supposed to get a monthly bonus. If we got our ward or clinic area up to standard we were supposed to get an extra £100 per month. But we have never had any of that money. The company now says there is not enough cash in the kitty. I don't think they ever intended to pay it. There was also talk of an attendance bonus to keep sickness absence levels down. That has never been paid either.

*Admin and clerical worker:* I think Carillion are spiteful employers. If you've been off sick and they have decided they don't want you, they will try to get rid of you, or transfer you somewhere they know you don't want to go.

*Carillion domestic:* Some people used to be on very long hours, with lots of overtime working, 60 hours or more a week. Carillion have tried to cut that back and most of the new staff coming in are on 30 hours a week. If you work 2 till 8, it's not a lot more money for the unsocial hours.

They have tried to get rid of all overtime. It's for emergencies only. They have got no cover for holidays, that's the only time they will give people overtime. But before you can come in and work overtime, you have got to have a piece of paper signed, authorising you to work. There are big notices up warning you about this. Without prior authorisation you won't get paid for any extra hours you work.

You must work exactly to time. If you are on till two, you can't leave even five minutes early or

they will dock you money.

*UNISON officer:* I haven't been working with this Trust or Carillion very long, but my impression is that — just like Mediclean — they appear to be quite nice people at face value, say the right things and say they want to do the right things, but when you talk to their employees the feel is very different. You are there to do a job, just there to work. You are just a resource to the company and if you are not at work because you are sick, or if you are not working flat out, then you are costing them money.

I'd like to be disabused of that, but it is my impression.

They are not there because they are health care specialists, but to make profits. I think the title of Soft Services and "Soft Services Manager" tells the story. The equivalent in the NHS would be "support services manager". But the word "soft" covers cleaning, catering and portering — the company seem to think they are a soft touch.

## **Space problems, bed shortages and poor layout**

*Theatre porter:* They are building five more operating theatres over the back here, that's what all the noise is. But they were told before they built the hospital they would need five more theatres. They are only just building them now. All that money has been wasted as far as we are concerned.

*Nurse 1:* The worst problems seem to be on the Acute Admissions Unit, which is the busiest ward. It now takes surgical patients as well and because there are so few beds, some patients can stay there all day or even the full 24 hours.

The layout is appalling.

Corridors in wards are often blocked because they have no proper storage space to put supplies or anything.

*Student nurse:* I did a shift and was looking after

## What the staff have to say

seven patients at one end of the ward. I never even met the patients up the other end. And nobody managed to explain to me about the bell system for patients to summon help.

*Nurse 2:* In the old wards the dividing walls between the bays were so low you could see across and keep track of everyone. You could see at once if anyone needed attention. But here the walls block the view.

*Nurse 1 A&E:* Although the new department is supposed to be bigger there are things that annoy me about it. There doesn't seem to be enough space around the nurses' station and we are forever falling over each other.

The staffing levels are so low that we find ourselves having to look after more patients each. Sometimes I can find myself trying to cope alone with up to six patients at a time. On the ward, that's fine. But I find it very hard to cope in A&E. If you've got ambulances coming in bringing more patients and you already have so much to do, I find the pressure too great.

*Nurse 2:* We are so short of beds here we often get to the point where we can't move people on out of A&E. And because of that the department gets more and more congested. People don't stop arriving.

*Carillion domestic:* We used to have volunteers from the WRVS on the door of the PMH. When anyone came in, they would ask where they wanted to go. They had wheelchairs nearby for anyone needing one – but I haven't seen any wheelchair store near the entrance of the new hospital.

*Admin & clerical worker:* There is nowhere for people to sit in the foyer, either, if they are waiting for someone. The atrium is not very big and all you need is a couple of people asking at the desk for directions to where they need to go and it can build up a queue quite quickly.

People get angry. We get a lot of abuse against staff at the front desk and in the shop. At PMH you had a huge area and an information centre right by the front door. The WRVS had their café

there and there were chairs and space for people to sit.

The new information office is very small and not very well laid out. A lot of people don't even know where it is.

*Admin & clerical worker:* Because of the problem when a lot of offices were lost on the third floor, in order to make them into another ward, some of the conditions for the medical secretaries are appalling.

Space is so short that the IT department is now based out at Dorcan, two miles away from the hospital. The worst situation is the finance department which is stuck out in offices rented from ASDA in Abbey Meads – miles away. They are very isolated over there. I don't see why they didn't keep the offices they had anyway.

*UNISON official:* What struck me the most about the hospital is that the first thing anyone sees as you enter the grounds are the large portakabin-type offices. I later discovered that these were the

## I did a shift and was looking after seven patients at one end of the ward. I never even met the patients up the other end.

site offices of the builders! The Trust now rent them from Carillion for office space.

They were going to get rid of the portakabins when the new hospital was finished, but then because of the extra wards they had to move those staff out. They didn't have enough offices for everyone, so they have had to push them all into these improvised spaces.

If you go in there they have got the Human Resources department and one huge office with a hundred desks in it: a hundred people working in one room! These include departments like social work, transport and others. It also houses the trade union office, but I'm now told the Trust claim it is under used and has been taken over for another use. UNISON will be raising this with the

# What the staff have to say

*Trust:* we need more facilities, not less!  
I am also told that none of the “new” facilities being built/planned for the hospital will have office space. I’m sure Carillion will be happy to put up some more portakabins & rent them out to the Trust when they finally realise they’re needed!

*Nurse A&E:* The office spaces are dreadful. There is a portakabin-type office for social work and occupational health on the edge of the car park. Lots of admin and clerical staff and medical secretaries are stuck in tiny offices inside with no windows or natural light.

## **Working conditions**

*Porter:* The rest room here is shared between the porters, housekeeping staff, engineers and kitchen staff. It’s not a large room. It’s obvious that if any number of us take a break at the same time there won’t be anywhere to sit down. The place is downstairs and it’s already a dump. You should see the state of the fridge.

## **Clinical staff can often work 12 hour shifts without any natural light.**

*Nurse A&E:* The staffing problem definitely seems worse here: I don’t know if it’s because people are unhappy working in this hospital and more staff are leaving. Far from flocking to work at the new building I get the impression people are flocking out of it. I know a number who have gone.

Best thing about the new hospital? I can’t actually think of anything. The worst thing is definitely the mounting pressure.

We seem to have lots of agency nurses now – and I’ve got nothing against them, but we don’t seem to have many of our own regular team of staff.

*Nurse 2:* I believe the level of complaints is going up, but the Trust argues that this is because they are so good at dealing with complaints!

If complaints are successful, they argue it

encourages more people to complain!

*Nurse:* The main corridors are vast and the signage is as good as non-existent. Considering the biggest consumer group in health care is elderly people, the corridors are too long for some to walk. Also the directional signs, when they are there, are printed too small for many to see and are also confusing.

We had one elderly gentleman misread a sign and end up two floors above where he needed to go. He was found short of breath and distressed by a member of nursing staff, who had to find a wheelchair and take him directly to A&E for a check up. His main complaint was that there were no directional signs to the lifts once he had left the main atrium area.

But it’s not just a problem for patients. New staff often waste time looking for departments and wards that are not adequately signed.

Many departments are left without natural light. Lots of secretarial and clerical staff have to spend all day in an office which resembles a cupboard, with no access to natural light. Many admin staff have left the Trust because of this, particularly in the surgical department.

Clinical staff can often work 12 hour shifts without any natural light. A&E and Coronary Care are good examples of this. But patients often spend days without adequate access to daylight or windows as well. Coronary Care nurses complain that their patients are often stressed by this fact. Some patients have referred to these departments as a ‘prison’ and an ‘underground shelter.’ Many A&E patients have complained that they feel they are in a ‘goldfish bowl’ or ‘closed in.’

*Admin and clerical worker:* Some clerical staff have been stuck down in the basement with very poor light and no windows. Some of them are crammed into very small spaces. You might get three secretaries in a space designed for one. There are five in one office.

In one room they have stuck up horrible cardboard partitions to give a bit of privacy, but it

## What the staff have to say

is absolutely awful. I'm surprised more of them haven't left because the conditions are so poor. We weren't allowed to have shelves until we had been here six months, but shelves are now going up. The building has no air conditioning and the office I am in, like quite a few of them, had no heating during the winter. We had to sit with our coats on typing. There are thermostats around, but they just aren't working. So many things here don't work. We have been told that the fire alarm interferes with the thermostats and the heating system. That doesn't sound very convincing, but if it's true, what are they doing about it?

It's even worse for the receptionists on the front desk. They are OK in the summer, but not in the winter. They have been told that they can leave the desk for a few minutes at a time to warm up during the cold weather, but they sit there freezing, with coats and scarves on. There have even been fears they might go down with hypothermia. There is a very high ceiling in the foyer area and any heat there rises to the top where it does no good.

Another problem for the audio-typists is that there is another load of building work going on outside, which creates such a din that you can't hear properly to transcribe a tape.

Morale is not very good among admin and clerical staff. The one thing they all complain about is being so split up. The orthopaedic secretaries used to have really beautiful offices, newly built, at PMH and now have been crammed into these little box rooms. Even among the Trust management secretaries the morale is bad, because they have got no office space and are crammed together. Some managers have only got a tiny space themselves, just big enough to get a desk in.

And Marlborough House, which is a centre for teenagers with behavioural problems, have got no facilities at all. Their building is attached to the old hospital. That's going to be knocked down, leaving only them on the site. They've got no buses, no place to eat, nothing. They should have been transferred with the rest of the hospital.

### **The contractors and the two-tier workforce**

*Porter:* I've worked for the NHS for 15 years, but I was transferred to Carillion as part of the PFI deal. The company are despicable.

I'm still on NHS terms and conditions preserved under TUPE, but it is clear that the company want to see the back of us and replace us with their own staff on just £5 an hour. About 15 porters transferred under TUPE and are still here. Not a lot of the domestics who were here before the transfer have stayed on.

Carillion are trying to run the support services on a shoestring when it comes to getting in the staff who actually do the work. They are more keen on getting in more managers and supervisors. Sometimes there are just six porters on a day shift to cover a hospital this size. There are eight today.

The management of the domestics is really top-heavy too. They have two duty managers and five or six supervisors.

### **Carillion are trying to run the support services on a shoestring when it comes to getting in the staff who actually do the work.**

They do have a separate team for security. They are mainly bouncers and doormen from the pubs and clubs in town.

We are still waiting for uniforms: at one point I only had three blue uniform shirts.

We get no wet weather gear, despite the fact that the energy centre where you have to collect replacement bottles of gas is right over there. We are expected to push trolley loads of bottles in all weathers. I wind up wearing my own coat – but the company should provide that sort of thing.

It seems that generic working is coming down the line, as well. As a porter I can be called in to clear

## What the staff have to say

rubbish one minute and deliver a meal for a patient the next. Generic working seems to apply to the nurses, too. They are now expected to haul all their ward linen out to a room for collection.

*Carillion domestic:* I call it regimented. You are not allowed to leave the ward or clinic you are based in, except for your 15 minute break. I start at 7.30 and don't finish until 2 – and take my break say ten o'clock to quarter past and that's it. That break starts as soon as you leave and you've got a long walk to get to the rest room. So unless you can find a place to stand and eat a sandwich outside you really don't have long.

The rest room is not suitable. People won't go there because it's in the basement, with no windows. The company can't understand why cleaners and porters won't go there. They say "*we can't hammer out windows down there for you*", but even if they put some plants or pictures in the room it might make it a bit more comfortable.

There are just two people per ward or clinic: my colleague comes in at 10.30 and does 4 hours. In the clinics you have floors, four clinics, toilets and other areas to clean. On the wards one person does the cleaning, the floors and toilets and the other works in the kitchen setting up the 'regen' to get the meals ready.

I know we change our aprons and wash our hands, but I still think it is unhygienic for cleaners to be dishing up meals. At least you do get different clothes, but you don't have a proper cook's hat now, as we did before, it's a net — rather like Ena Sharples.

In the PMH there was a kitchen that cooked the food and the porters brought the meals up in a heated trolley, already on trays. The nurses used to take them round to the patients, then the cleaners would collect the plates and wash up and the porters would take everything back afterwards.

Now there is a lower kitchen, but all they do is put the food onto trays like airline meals. In the wards you put the 'regen' on, to reach

temperature, so if they want the meal for 12 you have to start it up at 10.30. Then you have to collect in, wash up and take the trolley back to that lower kitchen.

That means you are taking best part of two or two and a half hours just on the meals: the nurses only take them to the patients. They did have separate hostesses to serve the meals, but they don't now. A lot of them have left. There is a lot more work now than we used to have in the PMH. There is a lot of work in preparing and serving up the food. It's hard work.

Carillion don't want us to use the canteen too much, either. They don't like to see too many cleaners in there. Mind you, with only a 15 minute break you could wind up spending most of that in the queue!

*Nurse 1 A&E:* What do I think about Carillion? Well, what more can be said? Many middle management left in the opening months of the hospital, as too much responsibility was put onto staff, not adequately prepared, nor experienced in such a large logistical exercise.

Staffing is often by temps, who are not adequately checked for working in vulnerable patient areas. A lot of the porters, many of whom had been with the health service for many years, left within six months of Carillion taking over. The porters who have left have not been replaced.

Carillion staff generally complain that they are poorly paid and badly treated and don't feel part of the hospital team. Many staff feel this is a deliberate policy by Carillion to keep their staff separate and away from patient care, therefore divided from the medical and nursing staff.

Now porters have to get permission from their 'controller' to do absolutely anything. This means countless telephone calls from hard pressed nursing and medical staff for the tiniest of tasks. Cleaning services are often non-existent in some clinical areas, as there are not adequate staffing levels in the housekeeping department to cover.

## What the staff have to say

A&E is supposed to have evening cleaners, but they are rarely seen and the department is fast becoming dirty. It is often left for the hard pressed nurses to clean, which often does not get done as the department is so busy.

### Access and car parking

*Theatre porter:* Getting here by bus is not too bad, except at the weekend, though the fare is £1.20 each way. The first bus here on a Sunday, for example leaves Swindon at about 10am and we start round about 7-8am. To come in I've got to get a taxi. That will cost me about £5. They should have sorted out the transport while they were building this. It's a big concern for many people with no transport.

*Nurse 1 A&E:* The worst thing for me about the hospital is the parking. We have to pay but we are not guaranteed a place to park. If the people who planned out the parking provision went into Tesco's and paid for bread and milk on the way in, only to be told on their way round that the shop may not have any – and then be refused their money back when there wasn't any – there would be uproar.

But they deduct the parking fee from our salaries every month and refuse to guarantee us a place. They are now digging up car park space around the back to build the extra theatres.

They say they have provided more parking at the other corner of the site, which is basically just a mud pit when it rains. It's also a long way to go when you are leaving a long and lonely shift at midnight or two in the morning. There is no adequate lighting or security.

I don't think they particularly care. Is it just this Trust or every Trust around the country doing this sort of thing? I don't know. I've heard every PFI hospital is facing the same problem.

*Nurse 1:* Personally I don't drive, but I came in this morning with a colleague who has a permit,

but was driving round and round for ages looking for a space. We ended up parking ages away and even then we were parked up on the kerb because we couldn't find a space, even though we had been directed to that area.

The staff spaces are often used by visitors and patients. Surely they could just put a barrier across to separate the staff parking spaces?

*Nurse 2:* Members of staff have left because of the parking policy of the Trust. Staff pay every month at source from their salary for parking at the new hospital. They have to go on paying for car parking, even when off on long term sick leave. The administrators of the scheme say that the staff are "paying for the transport policy of the Trust and Swindon Borough Council" and not for parking.

Staff who have wasted time looking for a parking space are very often late on duty, which has a knock on effect on patient care. You have to leave

### They have to go on paying for car parking, even when off on long term sick leave.

home up to half an hour earlier to try and find a parking space so that you can arrive on the wards on time. Then you often have to stay later to cover for staff who cannot park, so that patients are not left with no medical or nursing cover. We are not compensated for this.

The staff car park outside Accident and Emergency has now decreased in size by at least a third to make way for yet another add-on unit because the hospital is too small.

One example of this problem was the Thrombolysis Nurse Practitioner who works in Accident and Emergency and deals with heart attacks and emergency admissions concerning all cardio vascular matters. Three weeks ago he could not find a parking space. So he left his car outside the A&E Department next to a group of

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youngsters who were parking there playing music and smoking. He left a note on the windscreen to say that he was attending a patient who was admitted as an emergency with an acute myocardial infarction.

The company that performs wheel clamping ignored the group of youngsters parked there because they were visitors, but attempted to wheel clamp the Thrombolysis Nurse's vehicle.

It was only by the intervention of the hard pressed receptionists in A&E who averted this action. The thrombolysis nurse had to leave the clinical area to move his car and look for another space.

## 7. Cock-ups and general incompetence

*Porter:* There are real problems with the mortuary. They have had to take half the trays out, removing every other one, because the fridges were too small. And the top shelf can't be used, either because it's too high, so unless you are Giant Haystacks you aren't going to be strong enough to lift a corpse up there, or get it out again safely.

The mortuary was a bit of a problem at the old hospital – we used to have bodies stacked on the floor at the busiest times – but you would think a new hospital might have done it better. Instead we have had a refrigerated unit brought in to store bodies outside a brand new hospital.

*Theatre porter:* I've been working in the NHS for six or seven years and I am still employed by the Trust. PMH (the old Princess Margaret Hospital) was ace as far as I'm concerned, but this new building is missing a load of things they should have put in at the beginning.

For instance, we carry bleeps around with us, most of us: but bleeps are no good for us now – for the simple reason that there are no phones on the walls for us to ring back in response! If the bleep goes off there is nothing we can do.

Why? You tell me! That's what I mean. Things like that should have been done in the first place. In the old Hospital we had phones every few yards all over the building.

The other big problem I find is that on an everyday basis the lifts keep breaking down. And of course they built a car park over there – and now they are digging that big part of it up again. It's not even a year old.

*Admin & clerical worker:* The old PMH site is supposed to be knocked down and used for housing. But because there is a mobile phone mast on top of the building and the Trust signed a long contract with the phone company in an income generation scheme, they can't knock it down yet.

There are big signs up saying it's a demolition site, but nothing has been demolished.

*UNISON Officer:* In all my experience hospitals and the NHS are constantly evolving. So you could build a hospital and find that within five or ten years you have outgrown it. But the stupid thing is that this is not even five or ten months. No sooner have we walked through the doors than it's not big enough. This seems to be a common experience of PFI in particular.

If you were having a house built would you enter into a contract with a builder for 35-40 years when you don't know what you will need in five years time? And you'd make sure it included basic things like storage space and so on. But if you set out to build a house under PFI, you'd wind up with a 1-bedroom flat! They start off asking what you can afford and scale down the plans to fit!

*Admin & clerical worker:* They set up all these benches and seats so staff could sit out on the grass – then put up a sign saying “keep off the grass”!

Now they have all been cleared away because they are building on the space. I think that says it all, really!

## Resources

UNISON Publications are available from UNISON Communications:  
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[www.unison.org.uk/pfi](http://www.unison.org.uk/pfi)

as part of UNISON's Positively Public campaign  
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# Notes



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