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**A CASE AGAINST OUTSOURCING:
WHY IMPERIAL HEALTHCARE TRUST
SHOULD IN-HOUSE WORKERS ON
EQUAL TERMS AND CONDITIONS**

(17th JANUARY 2020)

**FOR THE ATTENTION OF THE IMPERIAL
HEALTHCARE TRUST BOARD OF TRUSTEES**



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1) A brief history of outsourcing

The contracting of cleaning services within the English NHS – commonly referred to as “outsourcing” – first took effect in 1983, when the Conservative government made the competitive tendering of cleaning services compulsory with the Department of Health and Security Circular HC (83)18 entitled *Health Services Management: Competitive Tendering in the Provision of Domestic, Catering and Laundry Services*. The justification for compulsory tendering was that it would drive down service costs, management costs, improve the quality of service provision, and control staff numbers (Toffolutti et al. 2017, p.64).

The compulsory component was scrapped in 2001, with the New Labour government citing the failure of competition to “raise standards” as underpinning its decision (Davies 2005, p.4). Despite the scrapping of the compulsory component, the contracting of cleaning services remains a persistent feature across English NHS Trusts. However, this should not be understood to mean that English Trusts have opted en masse for the contracting of cleaning services.



2) Outsourcing of cleaning and other ancillary services as a minority phenomenon within the English NHS

In a 2019 peer reviewed research article, authored by researchers from the New York University School of Medicine, the University of Surrey, and the Office of Health Economics, an analysis of all 130 English Trusts revealed that the contracting of cleaning services was in fact a minority phenomenon (Elkomy et al. 2019, p.196). Specifically, it found that only 39% of Trusts opted for private provision whilst 59% opted for in-house provision, and only 2% for mixed provision.

United Voices of the World (UVW) believes that these findings are significant, insofar as the analysis covered a 3-year time span from the fiscal year 2011 – 12 to 2013 – 14, four-fifths of which coincides with the period in which the then Coalition Government implemented what were historically unprecedented reductions in real terms of annual NHS spending increases (Kings Fund 2019) (Full Fact 2019). The increases received in this period were significantly below the average yearly spending increase of 3.8% that the NHS has received since its foundation in 1948 (Kings Fund 2019).

Despite Trusts facing the harshest and longest squeeze on funds in it's 70 year history, during this period there was a 37% reduction in the contracting out of cleaning services between 2013 - 14 (Elkomy et al. 2019, p.198). UVW believes these findings to be significant insofar as they demonstrate that a majority of English NHS Trusts have both successfully maintained, and in fact increased, the rate of implementation of in-house provision during this period of crisis. However, it should also be noted that in recent years there has been an overall decline in the total number of NHS Trusts due to merges, and therefore the



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percentage of NHS Trusts providing wholly in-house provision will be lower today in absolute terms than it would have been without the aforementioned.

In other words, the findings above clearly contradict the protestations of those who argue that insourcing cannot be done because it is “too costly” and that it is “not the done thing”. However, UVW believes that the viability and capacity for Trusts to in-house is supported by more than just these findings.



3) The correlation between outsourcing and HAIs, cleanliness and patient care

As many of those reading this report will be aware, in the early 2000s the issue of hospital acquired infections (HAIs) was placed firmly on the political and clinical agenda (Davies 2005). Indeed, outbreaks and spikes in rates of acquisition of Meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (*C. difficile*) took centre stage within media and political discourse and a consensus was formed - one which would later to be backed by a clinical consensus (see Pratt et al. 2007) - within the national media and government. This consensus linked spikes and outbreaks of MRSA and other HAIs to the prevalence of poor quality private cleaning and argued that this was an intrinsic feature of such private provision (see Davies 2004 and 2010, see Lethbridge 2012, and see Toffolutti et al. 2017).

Poor quality service provision on the part of private providers was the reason given by both the Scottish and Welsh devolved governments for bringing cleaning and other ancillary services back in-house (Lethbridge 2012, p.15). A measure which was then followed by a complete ban on the outsourcing of cleaning and other ancillary services, including catering and portering (ibid).

a) How the outsourcing of cleaning services within the English NHS is proven to increase rates of HAI

In a 2017 peer reviewed study, published in *Social Science & Medicine* and co-authored by researchers from the University of Oxford, the London School of Economics and the London



School of Hygiene and Tropical medicine (“Study 1”); and in a 2019 peer reviewed study published in *Public Administration Review*, and co-authored by researchers from the New York University School of Medicine, the University of Surrey and the Office of Health Economics (“Study 2”), both of which sought to assess relations of coupling and causation between outsourced cleaning services and rates of MRSA acquisition within the English NHS. The following was found:

Study 1

The first study, entitled, ‘*Outsourcing cleaning services increases MRSA incidence: Evidence from 126 english acute trusts*’, sought using multivariate regression models to link ‘data on MRSA incidence per 100,000 hospital bed-days with surveys of cleanliness among patient[s] and staff in 126 English acute hospital Trusts during 2010 - 2014’ using Public Health England’s annual reports (Toffolutti et al. 2017, p.64). It found that:

- **outsourced cleaning services was associated with greater incidences of MRSA** (data taken for Public Health England’s annual reports, 2015)
- **outsourced cleaning services consistently provided fewer cleaning staff per hospital bed in comparison to in-house services** (data taken from Estates Return Information Collection (ERIC) for the period 2010-2014)
- **there was a worse patient perception of cleanliness and and worse staff perception of availability of handwashing facilities** (data on patient-reported cleanliness were obtained from from the Picker Institute NHS Patient Survey Programme while data on handwashing facilities were from the Picker NHS National Staff Survey).



Lead author Dr Veronica Toffolutti, from the Department of Sociology, University of Oxford, concluded: *“There has been plenty of anecdotal evidence but for the first time we have empirical data revealing a clear link between outsourced cleaning services and increased spread of MRSA. These findings are significant as efforts to reduce the infection of superbugs in hospitals become increasingly urgent.”*

Co-author, Professor Martin McKee, London School of Hygiene & Tropical Medicine, said: *“The UK has been a world leader in the battle against antimicrobial infection, recognised as one of the greatest threats facing humanity. These findings suggest that what many had suspected is actually true. Outsourced services pose a risk to staff, patients and the wider population.”*

Study 2

The second study, entitled, *‘Cheap and Dirty: The Effect of Contracting Out Cleaning on Efficiency and Effectiveness’* (Elkomy et al. 2019) sought to empirically test ‘the contestability and quality shading hypotheses’ - i.e. the hypothesis that (a) private provision (“outsourcing”) of cleaning services within ‘the English National Health Service’ led to lower quality service provision and that (b), this lower quality of provision was ‘coupled’ with increased rates of MRSA acquisition. In comparing rates of acquisition with Trusts providing wholly in-house provision, the study found that:

- **Trusts with in-house cleaning showed higher scores for cleanliness of wards and bathrooms;**
- **Trusts with outsourced cleaning had a mean rate of MRSA acquisition of 0.94 whilst Trusts with in-house provision had a rate of 0.72**



It should be noted that both pieces of research did find that private providers were “cheaper” than in-house providers. However, it should also be noted that both studies qualified this finding. Specifically, Toffolutti et al. (2017) (i.e. Study 1), qualified this by noting that their study did not, *‘conduct a full economic analysis because of an absence of comprehensive data on the nature and severity of the entire range of infections associated with poor cleaning, any additional deaths, the additional cost of treatment, and any associated costs, such as litigation. This is clearly an area for future research’* (2017, p.69).

While Elkomy et al. (2019) qualified the benefits of cost reduction by noting that even if outsourcing were to continue it would be, *“(a) necessary for root and branch reform of current outcome measurement systems and, (b) that such reform was unlikely insofar as, “the “carrot and stick” approach to bring monetary rewards such as bonus payments to private providers for meeting quality standards or imposing sanctions (for example, verbal warning, financial penalty, holding back contractor payment, or terminating the contract) for poor performance is rarely used by public managers in contractual relationships for fear of the administrative burden of these processes”* (2019, p.200).

In an interview on the findings of Study 1, co-author Professor David Stuckler, University of Oxford, concluded the debate on the economic consequences of outsourcing stating that, *“Our study finds that contracting out NHS services may save money, but this is at the price of increasing risks to patients’ health. When these full costs are taken into account, contracting may prove to be a false economy.”*



b) Imperial College Healthcare NHS Trust: Sodexo and HAI rates

The incidences of HAIs at Imperial Trust reported are consistent with the peer reviewed academic research into the relationship between outsourcing and HAIs across all 130 Trusts in England.

a) 2013 Intelligent Monitoring Report (IMR)

The Care Quality Commission (CQC) concluded that Imperial Trust presented significant risks with respect to the acquisition of avoidable infections C. difficile and MRSA. In 2013 there were 83 recorded incidents of patients acquiring C. difficile and 12 incidents of MRSA acquisition.

2013 percentage increase over expected CQC rates

The CQC data indicates that Imperial Trust exhibited a 70.39% increase above the then expected rate of C. difficile acquisition. The CQC data also indicates a 245% increase over the expected rate of MRSA acquisition.

b) March 2014 IMR

Imperial Trust received an elevated risk rating with respect to patient acquisition of MRSA while acquisitions of C. difficile declined from 83 recorded incidents in 2013 to 69 in March 2014.

March 2014 percentage increase over expected CQC rates

The rate of C. difficile acquisition still exceeded the CQC expectation of 48.48, and therefore represented a 42.32% increase above CQC expectation. There were 9 incidents of MRSA acquisition and these also exceeded the CQC expectation of 2.58; thereby representing a rate of acquisition 248% increase above CQC expectation.



c) July 2014 IMR

Imperial Trust continued to pose an elevated risk rating with respect to patient acquisition of MRSA, while recorded incidents of C. difficile acquisition declined from 69 in March 2014, to 58 in July 2014.

July 2014 percentage increase over expected CQC rates

The decline in C. difficile was still above the CQC expectation of 46.56 and therefore represented a 24.57% increase above expectations. While the 13 recorded incidents of MRSA acquisition also exceeded the CQC expectation of 3.76 and therefore represented an acquisition rate of 245% above expectations.

d) December 2014 IMR

The CQC downgraded the risk of MRSA acquisition from elevated risk to risk, while incidents of C. difficile increased from 58 in July 2014, to 60 in December 2014, while there were 9 recorded incidents of MRSA.

December 2014 percentage increase over expected CQC rates

This increase in C. difficile acquisition exceeded the CQC expectation of 44.18, and represented an increase above expectation of 35.80%, while the 9 recorded incidents of MRSA acquisition exceeded the CQC expectation of 3.4, and therefore represented a 164% increase above CQC expectation.

e) May 2015 IMR

Incidents of MRSA and C. difficile acquisition both exceeded CQC expectations, with there being 7 incidents of MRSA acquisition exceeding the CQC expectation of 3.27 and therefore



representing an increase above CQC expectation of 114%. The 71 recorded incidents of C. difficile acquisition stood at a 45.49% increase above CQC expectation.

Cessation of Intelligent Monitoring Reports

After 2015, the CQC ceased publishing *Intelligent Monitoring Reports*, however an analysis of Imperial Trust wide and St. Mary's specific reports indicates that cleanliness has continued to be a persistent problem; especially with respect to St. Mary's. This can be seen in the latest CQC report dated from the 23rd of July 2019 which found that Imperial Trust and St. Mary's both 'require improvement' under the CQC's 'safe' category.

In the report the need to improve ward cleanliness and equipment cleanliness is explicitly cited. This represented a continuation from 2018 where yet again, both the Trust and St. Mary's were deemed to 'require improvement' under the CQC safe category. In that report, dated September 2018, but with the inspection having actually taken place in 2017, the need to improve cleanliness stood at the top of the CQC's list of recommendations with the CQC stating:

"The standard of cleanliness, infection control and hygiene was inconsistent across the organisation; with some areas demonstrating robust processes for ensuring cleanliness was maintained but one particular area demonstrating very poor standards of cleanliness and hygiene" (CQC 2018).

UVW's research shows that, CQC reports dating back from 2014 persistently list cleanliness at St. Mary's Hospital as requiring improvement. However, UVW must stress that the Trust cannot and should not interpret these findings as meaning that Sodexo has merely provided a particularly poor level of service; and that therefore an alternative provider could be commissioned to improve the quality of service provision.



Conclusion

UVW is of the position that an analysis of CQC reports detailing the cleanliness of the Trust, and of St. Mary's Hospital in particular, demonstrates that the Trust is not receiving value for money. And that as a result it can confidently be said that patients are being subject to higher risks of HAI relative to if there was in-house provision of cleaning.

UVW therefore urges Imperial Trust to follow the example of the vast majority of Trusts in the United Kingdom and reconsider the viability of its continued commissioning of private service providers because, but not limited to the fact that this commissioning can reasonably be said to be affecting patient care.

[c\) Why levels of cleanliness are an issue at St Mary's Hospital: reports from workers](#)

St. Mary's staff's accounts of working conditions and their concerns over cleanliness and infection control, corroborate and help explain the above findings. Four key factors are:

- i. The waiting times for receiving materials
- ii. The quality and quantity of materials
- iii. Staffing levels
- iv. A lack of clinically informed training

i. Waiting times for receiving materials

Many cleaners have reported standing and waiting for as long as 45 minutes at the start of their shift before being able to access the materials they need to begin work. There are often between 20 and 40 cleaning operatives waiting at any one time. This wasted waiting time puts pressure on staff to complete tasks in a shorter period of time (intensification of work)



and leads to high levels of frustration and stress amongst staff. In addition, cleaning supervisors report also having to waste significant amounts of time by taking missing materials to cleaning operatives throughout the day.

Per day the time wasted waiting for materials is, conservatively and cumulatively, around 1350 minutes or 22.5 hrs (45 mins X 30 members of staff). Per month this amounts to approximately 675 - 697.5 wasted cleaning hours.

This wasted time costs Imperial Trust around £237 per day, and therefore approximately £7,208 per month and around £86,000 per year. These costs ultimately come at the expense of patient care.

ii. Quality and quantity of materials

Cleaning operatives report that they often do not receive enough materials or dirty materials to carry out their duties effectively or efficiently. This means they have to clean potentially infected beds, bathrooms and other areas with dirty cloths. In many cases the same cloth is reused for different areas. Inevitably this leads to the spread of bacteria rather than the elimination of it.

It seems that it is not uncommon for different coloured and purpose cloths to be washed together, such as toilet cleaning cloths being mixed with bed cleaning cloths, thereby also increasing the risk of the spread of HAIs. The below photo is an example of how different purpose cloths are mixed together despite being in varying states of quality. The photo was taken by a cleaner who received the cloths before having to clean an area that contained approximately 16 toilets and 30 beds.



iii. Staffing levels

Staff report that there are a) low staffing levels that inevitably leads to rushed and superficial cleaning and thereby puts significant stress and pressure on cleaning staff. This in turn puts at risk the health of the staff and that of patients too who will ultimately suffer from the consequences of understaffing and overwork as is consistent with the findings of Studies 1 and 2 above.

One recent example of lower staffing levels with potentially serious consequences is that of the Intensive Care Unit (ITU), where there were previously 4 cleaning operatives and are now only 2.

The reduced staffing levels clearly supports Toffolutti's findings (see Toffolutti et al. 2017) that outsourced cleaning services provide fewer cleaning staff per hospital bed in comparison to in-house services.



iv. A lack of training

Many staff report that they have received little to no training which not only results in high stress levels for all those involved, but poses a serious risk to patient and worker safety.

One cleaning supervisor recalls that Sodexo met only 27% of its training targets in December 2019 and that this has become commonplace (please refer to internal documents held by the St Mary's facilities department).

This has led to situations in which, for example, cleaners have operated machinery, such as the buffer machine or the laundry machine, without receiving the appropriate health and safety training. This lack of training has put patients and staff at risk and caused damage to Trust materials.

Other examples of a lack of training include porters who have not been shown to appropriately use the doors when carrying patients through. This has led to numerous doors breaking incurring both financial costs for the Trust in repairing them and increased security costs in re-securing them, not to mention a potential safety hazard.

One porter recounts that a colleague who received no training was put in A&E and that when there was a code red he did not know what to do, putting the patient in grave danger.

Another example is that of a cleaner who was trained and tasked with replacing the curtains around patient beds and who subsequently left that position. Those members of staff who currently perform that role have received no training on how to change the curtains.

Meanwhile a cleaning operative reports that during a series of strike days an agency worker was hired to replace one of the workers on strike who had never worked in cleaning or in a



hospital before and had received no training for the job. His normal work was in a private kitchen. Consequently, he did not know how to use chemicals and cleaning equipment safely and thereby put both himself and patients in danger.

Further, in an email of 16th January 2020 from Christine Dorset, the Anatomical Pathology Technician of Imperial Trust to a supervisor of Sodexo the following was noted:

"There has been a lot of problems with being able to train porters up for the mortuary duties. On speaking to a few porters recently they seem to be relaying that they are not given ample notice for the training in advance and are just being sent over on the day sometimes during their lunch breaks.

Myself and colleagues have also on many occasions caught certain porter staff bringing in a deceased to the mortuary along with a new member of staff. The porter involved then proceeds to show the new porter what it is that they must do. We have had to explain to these porters that they are breaching policy and that training must be done by the mortuary staff only."

Not only do these examples, while by no means exhaustive, reflect a lack of essential training and a failure to follow basic protocol, but clearly highlight the issues of a fragmented workforce: porters receive contradicting instructions from managers and mortuary staff which emerges from a failure on the part of the outsourcing company and the NHS to work together effectively. Indeed, one of the consequences of outsourcing to private contractors leads to poorer coordination between nurse and other hospital staff and cleaners, porters and caterers, especially as previous lines of accountability are broken through outsourcing



However, it should also be noted that it is not just operatives who receive little training, many managers are also not in a position to train staff and are not conversant with the health and safety procedures of Imperial Trust. UVW has been informed that when some cleaning supervisors have pointed out that they have not received adequate and clinically informed training and requested such training they were told to look it up online.

UVW has also been told of shocking cases in which managers have encouraged Sodexo employees to break Imperial Trust protocol in the handling of both deceased bodies and body parts; in one case a mortuary porter recalls being ordered by a manager to take the severed leg from an operating theatre and to place it with the body of the deceased insofar as the family of the deceased wished for the leg to be buried with the rest of the body. The porter refused on the grounds that by doing so he would be breaking protocol and exposing patients and staff to risk. Instead, he correctly followed procedure and had the leg incinerated. The porter then alleges that his manager both verbally abused and physically assaulted him by kicking him in the shin claiming that the porter had in fact been the one to break protocol. However, when the porter cited the Imperial Trust procedures that he was following the manager said that he had never seen or heard of them.

This and more anecdotal evidence explain how Sodexo and previous outsourcing companies have woefully failed in their duty to deliver “quality of life services” (as Sodexo profess). Their failure to provide basic materials, basic training and ensure the appropriate staffing levels puts both the workers and the patients in significant danger.



4) How workers pay the price of outsourcing

a) The consequences of outsourcing on working conditions

As has been noted by Davies (2004 and 2010), cleaning is a labour-intensive service in which staff costs account for 93% of the total cost of cleaning. Consequently, this leads contractors to have a structural incentive, i.e. an intrinsic incentive, to drive down wages and employ the minimum number of workers possible on statutory minimum terms and working conditions in order to compete with other providers, and increase profit. And as Imperial Trust is now being made aware, via ongoing discussions with UVW regarding 40 cases being brought against Sodexo - cases ranging across issues such as, sexual harassment, sexual assault, physical assault, racial discrimination, disability discrimination and other breaches of equality legislation - this incentive comes with a serious human cost (see more details in section 4b).

The first consequence is that outsourced workers are subject to intensified workloads as contractors attempt to increase output; output which is measured against flawed and non-clinically informed process quotas (another intrinsic consequence of outsourcing (see Ekolmy 2019)).

This intensification is then compounded by the fact that where cleaning services are outsourced there is always a lower number of cleaners compared to the numbers employed in an in-house provision (see Toffolutti et al. 2017). Consequently, this leads to a situation in which the mistreatment of staff is all but guaranteed.

For example, Imperial Trust Board will be aware most recently that the Trust [found itself thrust into the national press](#) when a disabled cleaner - with around a decade service to St. Mary's - was hospitalised due being excessively overworked by her manager. The cleaner,



who suffers from fibromyalgia, had consistently requested that her manager make the legally required reasonable adjustments to her workload as instructed by her GP, but she was unlawfully refused such adjustments leaving her to clean areas previously cleaned by double the number of workers.

And whilst this may be one particular case, albeit one of over 45 others that have been brought to the attention of UVW in only the last few months, UVW argues that it is nonetheless symptomatic of the intrinsic consequences that follow from outsourcing. But what is more, UVW believes that the human cost of outsourcing cannot be measured solely by the physical consequences that are borne by the staff, important as this is.

Instead, UVW would argue that Imperial Trust must also be conscious of the emotional and mental consequences that follow from outsourcing - and the poor working conditions and pay that follow therefrom - and the way in which this directly and negatively affects staff morale and leads to deteriorating industrial relations; reputational damage and ultimately, undermining of patient care.

[b\) How outsourcing companies handle cases - Sodexo as a proven example](#)

As mentioned above, UVW recently submitted a [40 page case report](#) detailing cases that have been reported to the union since september 2019 and which indicate a series of patterns in emerging cases. And while these cases are shocking, UVW would stress that the quantity, content and handling of these cases is symptomatic of how outsourcing companies operate according to inferior procedures to those practiced within the NHS.



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This is evident both when comparing the grievance and disciplinary procedures of Imperial Trust with those of Sodexo and other companies like Sodexo, and in the outcomes that such procedures produce.

With regards to disciplinary cases, two members of staff who had to take care of sick relatives and who requested time off were threatened with summary dismissal. With one being summarily dismissed and the other currently facing disciplinary action.

These cases have led to low staff morale and high levels of sick leave, with stress being a consistently cited factor. High staff turnover is also a problem as is the risk of extremely volatile industrial relations. Indeed, this volatility can be gauged by not only the 9-days of strike action that has already taken place, but by the fact that cleaners, caterers and porters have all unanimously voted in favour of taking indefinite strike action should their demand for in-housing not be met.

In summary, the act of contracting out services rendering Imperial Trust complicit in a management and human resources system which directly contravenes its own codes of practice and/or practices which ignore company procedures. Imperial Trust is also now having to divert resources and staff time to intervening in cases that have been mishandled by Sodexo and, given the lack of legally enforceable measures Imperial Trust can take in respect of cases, not to mention industrial relations, the Trust is at an inherent disadvantage in bringing about resolutions that would otherwise be readily available to it.



c) Testimonies from St Mary's cleaners, porters and caterers

UVW has collected a series of contributions from Sodexo employees working at St. Mary's which testifies to these feelings of isolation, alienation and a whole swathe of other consequences that follow from outsourcing.

i) *"When we come in the morning it's a mess and people are going up to the wards to work without enough equipment. And these conditions are not fair. People are coming without stocks of bags or hand towels or enough soap to replace it. It's really sad and the staff are feeling bad and embarrassed when they have to go to the wards and tell the nurses that they cannot do their duties because they have not been provided with the equipment they need to be provided with."*

ii) *"I have been working for 12 years as a cleaner here and I have never taken sick leave before. The first time I take a sick day, I take one day sick leave but they don't pay me because they say there was a strike going on at the time and I have to ask a doctor for a sick note. It is wrong and impossible to get a sick note from a doctor for one day."*

iii) *"When I clean my ward in the morning I am given so few rags that I have to use the same cloths for the toilets as the rooms. When patients are watching me clean with a dirty rag I am embarrassed and I feel bad for them, sometimes I use face wipes to clean the surfaces in their rooms so they cannot see how dirty my rags are."*

iv) *"We have been verbally abused and bullied, on break times we are asked to go to work on other wards many times. Many times we have to do two wards and we are exhausted."*

v) *"When we are calling from the kitchen because food is always missing, they don't answer, and when they answer they shout at us. They don't want to bring food to the ward, they ask*



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us to go in the kitchen to pick it up, and when we go in the kitchen they make us wait and always talk on the phone and are constantly shouting. This has been going on for years and years for me and my colleagues. I have seen many of my colleagues cry and cry and I feel their frustration. When we go to the supervisor they do nothing about it. They are working together with the people in the kitchen, they don't care. And we are left to cope with all of this. All of this stress."

vi) "We have been working so much overtime. We don't want to do it but they push us to the limit. There is no escape. Always we have to do what they want. Managers, they never do anything about anything. They always say it is our fault."

vii) "Always short of pay, short of pay, and we are always so patient, so patient. Waiting and waiting for money. And the list goes on. If you ask for holiday, they don't give you holiday. They go to their favourite people to give holiday, and you have to wait. With regards to sickness, there is always a problem. If you are sick they make you feel like it is your fault and that you don't want to go to work. They never want to listen."

viii) "One day there was an angry patient and who was upset about waiting times. The nurse tried to calm the patient down and left very upset. As I was cleaning the area I saw what happened and tried to approach the patient to reassure them and to help the nurse. The patient told me very rudely to go away, that I was just a cleaner. I look at my uniform and think - does this mean I am worth less. It happens all the time when people see the big red label on your uniform and think you are worth less and not part of the team. It might as well say "piece of rubbish" for how people treat us."



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ix) *"We experience verbal abuse from our supervisor, shouting, shouting, shouting, she talks to you like you are a 5-year old girl. And you cannot reply because there will be consequences. It has been, I have to say, hell working for Sodexo. Hell."*

x) *"They do not give us enough food for the patients. There is always food missing. They never have food available that the patient has requested."*

xi) *"It has been a very horrible experience, but you know we need to work. We do not have any choice, and we do not know what to do anymore. We had the union, but the union never did anything for us. My one was GMB, but luckily when I heard about UVW I changed right away to UVW."*

xii) *"I have to say, going to work was always, always stressful. I didn't know how to cope, I would go home and cry and cry. But eventually I always had to say, "please God help me, give me strength", because when you have responsibilities at the end of the day you have to work. You need the money to pay your bills. But judgement day has arrived, justice will be done for Sodexo. They have to pay for all this nasty nastiness and all this abuse."*

Worker video testimonies

We invite Imperial Trust Board to review these [10 short videos](#) lasting a little over 1 minute each in which current Sodexo employees recount certain experiences of working at St Mary's hospital which speak to the inherently pernicious nature of outsourcing.

Concluding remarks

As these testimonials make clear, Sodexo workers feel overworked and undervalued. Furthermore, these testimonials give credence to the findings of the already cited research



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of Toffolutti et al. (2017) and Elkamy (2019), i.e. that private providers intensify workloads and attempt to reduce the quality of provision in order to increase profit.

The necessary deterioration in industrial relations that stem from outsourcing results from the fact that outsourcing fragments the workforce (Davies, 2010). This fragmentation leads to the flawed view that the roles and responsibilities of domestics and nurses are not subject to blurring, with respect to cleaning (ibid). What is more, this fragmentation and division between those deemed to be non-clinical staff and clinical staff leads to increased feelings of isolation and alienation on the part of ancillary workers.

The Board will also be aware that throughout its dispute with UVW it has heard other anecdotal evidence from Sodexo employees, who say they have been subject to a years long regime of being prevented from accessing NHS staff rooms and canteens. The Board and the Trust will also have heard anecdotal evidence of Sodexo staff being forced to change in corridors and other inappropriate places. Indeed, Andrew Murray, Director of Facilities at Imperial Trust has confirmed: “The porters changing rooms are not fit for purpose”.

UVW recognises that these issues have or are being dealt with now. However, that they existed in the first place speaks to the inherently segregationist and discriminatory consequences of outsourcing which requires a force as strong as industrial action to remedy it.

The Board must also be aware that many clinicians at St. Mary’s have confirmed the veracity of these anecdotes and that 50 doctors [signed an open letter](#) to Trust CEO Tim Orchard calling the treatment of Sodexo workers unjust and claiming that they would rather work as [“one whole team”](#).

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5) Industrial relations: the financial and reputational implications of outsourcing

a) The risk outsourcing poses to industrial relations

There is a direct correlation between outsourcing ancillary staff in hospitals and the likelihood of there being an industrial dispute. While numerous strikes have taken place with outsourced ancillary staff in hospitals across the UK, UVW is only aware of two disputes involving in-housed ancillary staff, and in both cases strike action was taken due to the threat of being outsourced. These disputes involved the ancillary staff at Princess Alexandra Hospital in Harlow and Wrightington, Wigan and Leigh Foundation Trust.

Three prominent examples, and by no means all of them, and not to mention St Mary's hospital, of outsourced ancillary workers going on strike are as follows:

- Doncaster and Bassetlaw Teaching Hospitals trust (70 catering staff Sodexo)
- St Helens Hospital and Whiston Hospital (300 cleaners, caterers and porters - Compass)
- Barts Health NHS Trust (700 cleaners, security, porters and caterers - Serco)

It is clear from the evidence above that the issue of outsourcing lies at the heart of industrial disputes for ancillary staff in the NHS.

The reasons for this are clear - private contractors are driven by profit, and using private contractors drives down workers wages and terms and conditions and in almost all cases guarantees inferior pay and terms and conditions to their in-house counterpart.

Other reasons why outsourced workers are more likely to strike, and have taken strike action in the NHS, is because they feel alienated, isolated, segregated, poorly treated, overworked and undervalued all of which is an inevitable consequence of outsourcing.



Furthermore, a culture of fear and bullying is often established in order to try and manage and quell the numerous and inevitable grievances that arise from this state of affairs, including draconian and arbitrary disciplinary procedures and measures. And given the short life span of the contract and the lack of a long term interest in the hospital the private contractor will often inadequately address grievances, preferring instead to ride out the wave until the contract expires, which ultimately leads to the Trust having to pick up the pieces when disputes arise.

At the heart of the dispute at St Mary's lies the issues of dignity and respect, and by their very nature outsourcing companies do not provide these things, irrespective of their practices, professed or otherwise, because it is their very existence, and the inequality and fragmentation that creates, which deprives workers of a sense of dignity and respect, and gives rise to disputes in the first place.

Based on both the evidence available and the experience organising with St Mary's Hospital ancillary staff, UVW contends that in-housing reduces significantly the prospect of an industrial dispute with ancillary staff. It also reduces further the prospect of strike action given that the workers would be incorporated into a bargaining unit covered by a collective bargaining agreement and the Trust would therefore be in a position to engage dispute resolution procedures in and directly intervene to avert strike action to a swift end.

While industrial disputes reflect a dissatisfied workforce and cause significant financial and reputation damage, industrial peace is key in allowing operations to run smoothly and in maintaining a high quality services to patients.



b) Why parity of pay and terms and conditions through a private contractor cannot be guaranteed: a risk to further industrial action

UVW contends that whilst Imperial Trust has entered into these negotiations with the best of intentions, the Trust is not capable, and nor is it legally viable, to ensure parity of pay and terms and conditions between outsourced and in-house staff whilst continuing to outsource them even when those staff are employed on equivalent AfC pay and terms and conditions (Option 3).

UVW is of this position insofar as the European Court of Justice, in [Alemo-Herron v Parkwood Leisure](#), held that employers who transfer to a new organisation are not entitled to benefit from collectively agreed terms where; (1) those terms are agreed to after the date of the transfer; and (2) the new organisation was not a party to the negotiations of those terms.

This means that if cleaners, caterers and porters remained outsourced to a private contractor within Imperial Trust, they would not benefit from any future collectively bargained pay increases and other improvements in terms and conditions; as that contractor and its employees would not be party to Imperial Trusts' collective bargaining body.

Consequently, this means that true parity of pay and terms and conditions can only ever be temporarily maintained. A corollary of this is that collectively bargained improvements to AfC contracts would almost certainly lead to further trade disputes and industrial action; insofar as employees of any new provider would naturally seek to ensure their contracts were maintained at parity.

UVW is also of the position that maintaining a two tiered, racially segregated workforce in which one group of workers is made up of a majority - if not entirely - of Black and Ethnic



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Minority (BAME) workers who receive inferior pay and terms and conditions (T&Cs) to their largely majority non-BAME white in-house counterparts, is not only morally reprehensible, but also open to a legal challenge.

UVW has already instructed counsel to advise on the legal merits of establishing that such an outsourcing arrangement amounts to an act of indirect discrimination in contravention of the Equality Act 2010.

UVW believes that this case will be made out especially in light of the public sector equality duty that obliges public authorities to consider how their policies and decisions affect people protected under the Equality Act, which UVW does not believe Imperial Trust has done.



6) The costs of outsourcing for the public purse

a) The public sector paying for mistakes

One such intrinsic risk that bears serious consequences for NHS Trusts, and one which has recurred throughout the history of the private provision of cleaning and other ancillary services, is that companies can, and do, regularly mislead Trusts in regard to their financial solvency, in order to secure contracts.

Firstly, UVW believes that it ought to be noted that the withholding and concealing of information that places the veracity of companies claims to financial solvency in question is encouraged by the tendering process. Secondly, UVW believes it ought to be noted that the tendering process intrinsically places the Trust in an unequal position with respect to the contractor, insofar as in the event of service failure the Trust is still responsible for provision.

There is now a long history of private companies misleading Trusts, securing contracts and then not being capable of fulfilling them. In each and every case, the financial and reputational costs have been passed on to the Trust, and by extension patients. UVW is of the position Imperial Trust is under the dual obligation to both safeguard the future viability of its finances, and to ensure that patients are protected from the all-too real risks of service failure. UVW is of the position that the adoption of an in-house provision would allow the Trust to realise this dual duty. Please see examples listed below.

In Sussex, a 5-year £15m contract with Sodexo for cleaning, portering and catering ended 3 years early in 2015, with services brought back in house: it was clear the trust and the company had attempted to make unsustainable savings, resulting in what management described as “inconsistencies in standards such as difficulties with maintaining cleaning standards”.



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In **Leicestershire** a much bigger 7-year £300m contract with Interserve to provide catering maintenance and support services to two NHS trusts and NHS Property Services was scrapped four years early, in 2016. Around 2,000 staff were brought back into the NHS, and services are now delivered in-house. Two years later University Hospitals Leicester admitted that cleaning and maintenance required significant additional investment, including an extra £2m in pay for the lowest-paid staff.

Later in 2016 in **Nottingham University Hospitals trust** the failing contractors Carillion, who later went bankrupt, lost a five year £200m contract for cleaning, catering, laundry, car parking and security after just two years, amid a barrage of complaints over unacceptable standards. 1,500 staff were brought back in house.

Carillion employees in Nottingham complained of being short-staffed and lacking the right equipment to do their jobs properly: the trust argued that Carillion was employing about 70 fewer cleaning staff than required. The BBC reported some nursing staff were doing cleaning tasks themselves because they were not satisfied with the work of Carillion's staff.

The above clearly illustrates that outsourcing can pose a high financial risk. Clearly outsourcing companies will never publicise financial weakness or the inviability of meeting a contract, having initially undercut the price of that contract. Furthermore, the financial stability of companies depends on a rapid changing market where any given year the number and size of contracts a company holds may fluctuate hugely depending on a series of unpredictable factors. It is therefore difficult for clients to foresee or predict these risks, but inevitable that they pay the price if and when companies they should arise.



b) A lack of innovation and the undermining of holistic service provision

A further intrinsic risk is that the relatively short duration of contracts, usually averaging no more than 5 years, can encourage private providers to not adapt and/or innovate service provision if it expects those adaptations/innovations to lead to increased costs, especially without a guarantee of contract renewal.

In fact, the act of contracting encourages private providers to lower quality in order to maximise costs (Davies 2010, Toffolutti et. at 2017, Elkomy et al. 2019). The always short periods of defined contractual obligation insulate the provider from the pressure of having to execute long-term holistic service provision as the contractor knows that it will be free of all obligations within a relatively short period of time.

A further and related intrinsic consequence of contracting is that the specifications contained therein naturally limits the ability of Trusts to place effective pressure on service providers with respect to service innovation insofar as the contracts fixed the specified service a set period of time. In comparison, an in-house team is capable of adapting and innovating in real-time in order to better respond to ever changing clinical and financial needs (Elkomy 2019).



7) The tide is turning against outsourcing and Imperial Trust has the opportunity to be on the right side of history

The tide is turning against the continued use of outsourcing within our public services, and many public sector institutions, including hospitals and higher education institutions, have already moved to in-housing and report favourably on this decision. Please see some examples detailed below.

a) NHS Colchester Hospital University Foundation Trust: a success story

UVW's position is supported by case studies which demonstrate that Trusts have not only sought to insource during this period, but have done so to better adapt and respond to ever changing clinical and financial pressures to which Trusts must adapt. One such case is that of Colchester Hospital University Foundation Trust (now East Suffolk and North Essex NHS Foundation Trust). The former Trust which was a 660-bed acute provider and which had an income of £225m managed to insource all of its 3,500 of facilities and estates staff within a 16-week period (Health Service Journal 2012).

The decision to insource was made on the 9th of June 2011 and was successfully implemented to deadline by the 1st October (ibid). In an interview with *Health Service Journal*, Nick Chatten who oversaw the project, said the following:

*"In reaching the decision to bring estates and facilities services in-house the board considered three main objectives: **Patient focus**, to provide the opportunity to re-engineer the service model to one more suited to meeting current clinical needs. **Future proofing**, to deliver flexibility for future requirements, providing a greater degree of control in the process*



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*of change management at a pace set by the trust. **Financial control**, to achieve the required efficiency savings target in 2011-12, and to establish the context in which savings could be made in subsequent years.*

*The board considered that in delivering its overall objectives, the contribution of the estates and facilities services - for which the outsourced contract cost the trust £13m each year - could not be ignored. If we got these services right, they could make a significant contribution to the future success of the organisation. Entering a period of significant change in the NHS, **the trust needed to be responsive and nimble to the challenges the changing NHS landscape would throw up; in-house support services would allow for such a response.***

*In reaching the decision to come in-house it was increasingly apparent that the output-based specification that had been in place over the past 14 years gave the trust little control over **how services were delivered and how they were aligned to support clinical care.** This made it difficult for the trust to achieve added value and efficiency from the contract. The board felt that **at a time when financial pressures on the organisation were expected to increase, it was appropriate to gain greater direct control over its estates and facilities services and to integrate them into the overall approach the trust was taking to redesigning patient pathways and improving the patient experience**" (ibid).*

Of course, UVW is aware that not all Trusts are the same and that not all Trusts face the same pressures. However, UVW is of the position that this case study demonstrates that Trusts do have the capacity to undertake and execute ambitious insourcing programs and that an approach which places patient outcomes at its centre need not stand in contradiction



to the well being of Trust finances (see the “false economy” of outsourcing detailed in Study 1).

Indeed, those who argue in favour of the private provision of cleaning and other ancillary services regularly attempt to cite improvements in patient care and services as resulting from outsourcing with the rationale being that as cleaning does not form a part of the Trusts core service offering, that patients will benefit when Trusts are allowed to focus on clinical services (Elkomy et al. 2019).

These voices unsurprisingly come predominantly from the UK Cleaning Sector’s employer’s associations such as the Cleaning and Support Services Association (CSSA) whose raison d’etre is to represent the interests of private contractors in public and other institutions by advocating and lobbying for their continued and increased use. Needless to say their position is evidence free and is entirely based on vested interests and protecting the existence and profit margins of private contractors. Indeed, the Chairman of the CSSA is himself the founder of a lucrative cleaning company called Principle Cleaning Services Limited. Clearly, the worker, peer reviewed studies and actual examples of NHS trusts that provide an in-house service are a much more objective and accurate voice of authority.

b) The beginning of the end of outsourcing in higher education

In 2017 the London School of Economics (LSE) decided to in-house all 300 of its then outsourced cleaners. This decision was made on the back of dispute of UVW members led to a wave of other British universities such as SOAS, Goldsmiths and King’s College London, to name but a few, deciding to insource cleaning and other soft ancillary services.



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In all of these disputes universities have at first insisted that outsourcing is a necessity due to the cost savings that it brings. However, studies made by these same universities after having brought cleaning and other ancillary services in-house, show that insourcing leads to either greater (a) cost savings, or (b) is at the very least cost neutral. Further to this, they have also shown that the universities in question have benefited reputationally, and in terms of higher staff morale, lower staff turnover, and higher productivity.

An internal report written by the St George's University found that the university had the capacity and the financial means to bring all of its soft ancillary services in-house and that doing so would [lead to overall savings of £200k per annum](#). The only reason they have not followed the findings of their own report is because of the ideological prostration of their current directorship to the dogma of outsourcing which flies in the face of all available evidence.

Whilst UVW recognises that there are clear differences in terms of the pressures faced by both NHS Trusts and universities it also believes that the evidence shows insourcing is the evidence based policy choice.

For example, a [2009 report by Queen Mary University of London](#) found that after it brought its entire cleaning service in-house that 83% of staff respondents in a survey reported services had demonstrably improved as a result of insourcing. Specifically, the report noted that amongst academic staff there were increased [“positive comments related to cleaning standards, the availability of cleaning staff and cleaners’ behaviour”](#).

And after also surveying cleaners, the university found that 68% of those respondents cited working more productively as a result of insourcing, whilst another 63% cited improvements in relations with managers and quality of supervision. A further 61% cited an improved ability



to complete a broader range of tasks as another benefit. Indeed, the Executive Summary of the report concluded with the following:

'The research has revealed that the move to [...] bring the cleaning service in-house has stimulated improvements in job quality, productivity and service delivery, with very little increase in costs. In addition, the decision has strong support in and beyond the wider community at QMUL' (2009, p.2).

c) Testimonies of the benefits of insourcing

King's College London

"I'm delighted to announce that King's has made the decision to bring its cleaners and security staff in-house at the end of our current contracts with Servest and CIS in 2019. The process of making these teams King's employees is complex, and will take time. However, our Revenue and Expenditure Review Committee (RERC) and College Council agree that this should be done as soon as practicably and legally possible. Bringing the people who deliver these vital services onto our payroll and properly into the King's community is the right thing to do. I would like to acknowledge the heartfelt campaigning by everyone who felt so strongly that King's should make sure these service-providers are part of the King's family. I also want to acknowledge the people who worked so hard to produce proposals that could make this possible. In our Vision 2029 document we said that King's, like all great universities, should make a full contribution to society. Our decision to discontinue outsourcing these services is fully aligned with that ambition and our mission to make the world a better place"



[Goldsmiths College, University of London](#)

“Cleaning provision is now in-house at Goldsmiths, University of London, with some 95 cleaners transferring from a third-party employer to direct employment by the College on 1 May 2019. Making the cleaners employees of Goldsmiths, based in Estates and Facilities, gives them better employment terms and conditions in line with equivalent staff employed by the College. It also provides wider training and development opportunities, with the College developing a range of support to help the new employees further their skills and experience. Bringing workers in-house was a complex process which saw all stakeholders including the College and UNISON, the cleaners’ recognised trade union, following statutory employee legislation. Because of these complexities, and the level of interest in bringing these cleaners in-house shown by students, staff and external stakeholders, this page is intended to provide factual information about the steps which were undertaken to bring the cleaners in-house. Having completed the transfer, the College is now focused on ensuring the cleaners settle in to life as direct employees of Goldsmiths”.

[Birkbeck College, University of London](#)

“Birkbeck is poised to welcome up to 60 new staff in the new year when the cleaning service is brought in-house on 16 January. The staff, all of whom are currently employed by contractors Noonan, will join the payroll and benefit from the same terms and conditions as other College staff. The transfer follows months of planning and negotiation led by the Facilities Review Group, as well as consultation with the staff involved. Keith Harrison, College Secretary and chair of the Facilities Review group said: “I am delighted that the Governors backed plans to insource cleaning and directly employ the staff responsible for providing this vital support to us, many of whom already have years of dedicated service through their work for Noonan. I look forward to welcoming them into the Birkbeck community as members of our staff in the New Year. I am also looking forward to continuing to work



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with the Facilities Review Group members to take forward plans to explore the feasibility of insourcing our night security and catering staff.”

Not only do the examples cited above show public sector institutions in-housing, but they highlight the immediate and positive impact of doing so.



8) Concluding remarks

In ending this report, UVW would urge the Board to read the [statement made by CEO Tim Orchard](#) and the series of responses made by Mr Orchard in a Q&A (which can be found by clicking the “additional information” hyperlink contained in the previously cited statement) in regard to the industrial action organised by UVW at St. Mary’s in October and November of last year. In that statement and those responses, Mr Orchard attempts to justify the continued use of outsourcing. UVW would urge the Board to ask themselves whether those justifications stand up to scrutiny in the light of the findings unearthed by this report.

In the aforementioned statement Mr Orchard says, *“I am very clear that all of the staff who work in our hospitals – whether employed directly by us or through contracts with specialist companies like Sodexo – should be part of one team. The high-quality care we provide to our patients is the result of collaboration between many different people and every role is important. It’s essential, therefore, that everyone who works here feels valued, motivated, and supported”*.

Our research has found that this statement could not be further from the truth; Sodexo staff do not feel valued; their clinical colleagues do not feel that they are valued; they do not feel part of one team. Mr Orchard then goes on to say, *“They [contractors] are also able to benefit from economies of scale, producing efficiencies and cost savings that we would not be able to achieve by delivering these services ourselves, leaving us more money to spend on patient care”*.

Yet again this is not true; for a start Mr Orchard and the Trust have not analysed what the economic costs are of the increased rates of HAIs infections that result from outsourced cleaning services providing poor quality provision, not to mention the cost of managing



industrial dispute. Secondly, it ignores both peer reviewed research findings and extensive anecdotal evidence that Sodexo and other contractors are structurally incentivised to make savings and boost profits by directly lowering quality and thereby negatively affecting patient care and passing greater costs onto the Trust.

In another response to the question of why the Trust outsources some services and not others, Mr Orchard stated, “Third party contractors provide specialist services across a range of organisations, giving access to greater levels of experience and expertise than we have by ourselves”.

Yet again, this has been shown to be untrue. We know that Sodexo staff have not been trained and that Sodexo and other outsourcing companies, such as G4S and ISS, are not companies specialising in delivering clinical services and that outsourcing is in fact proven to be linked to higher rates of HAIs.

In the answer to another question regarding why some ancillary staff are employed on AfC rates, terms and conditions and others not, Mr Orchard ends up inadvertently supporting UVW’s position that Option 3 within this negotiation unviable insofar as it will lead to future industrial unrest.

Specifically, Mr Orchard states, *“When Agenda for Change terms and conditions were first introduced in the NHS, contract staff were included. Their terms and conditions have since been protected under ‘Transfer of Undertakings (Protection of Employment) regulations (TUPE). Staff who joined after Agenda for Change was introduced have been appointed on new terms and conditions set by the contract holder”.*

In other words, Mr Orchard agrees with UVW that if contracting persists new members of staff will not and/or be covered by previous benefits such as AfC rates of pay and terms and



conditions, and nor will those already on contract allegedly pegged to Afc for reasons explained earlier in this report. This will therefore naturally leading to a situation in which staff will strike to achieve parity with their colleagues.

In answer to the question of how Imperial compares to other Trusts in terms of how many services are outsourced, Mr Orchard attempts to paint a picture in which outsourcing is in fact now the standard and prevailing practice, *“Many NHS and other public sector organisations use specialist companies to provide some services, such as facilities management”*. In fact, we know now that (a) increasingly more public bodies, such as hospitals and universities, are turning away from outsourcing, and (b) that outsourcing within the English NHS – not to mention the devolved systems of Scotland, Wales and Northern Ireland – is a minority phenomenon.

Finally, and in response to a question regarding the effect the industrial dispute was having on patient care, Mr Orchard said the following, *“The Trust is working closely with Sodexo to make sure that patient care is not affected by the industrial action. Trust staff should contact extension 35588 if they have any concerns that services are not being provided adequately due to the industrial action.”*

Yet again, UVW would contend that whilst patient care may be adversely affected by industrial action that this action is nonetheless unavoidable as a direct consequence of outsourcing and the structural incentive it presents to contractors to drive down wages and working conditions and the sense of exclusion and the stripping of dignity and respect that outsourcing brings about.

UVW believes that it has convincingly made the case for Imperial Trust to bring its cleaning, catering and portering services in-house and that by doing so it will make long-term savings



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that can be invested in patient care, improve staff morale, reduce staff turnover, reduce the threat of further industrial disputes, ensure greater control of overall service provision, reduce rates of HAIs, and live true to the NHS ambition of greater integration for safe, efficient and effective services.

We would now urge the board of Imperial Trust to act on the evidence put before it, and do the right thing by bringing cleaners, caterers and porters in-house. We look forward to this happening so that our ongoing industrial dispute can be brought to a close, and our legal challenge to outsourcing at Imperial Trust be withdrawn.

We look forward to working with Imperial Trust to ensure a smooth transition to an in-house provision of ancillary services and to ensuring worker and patient care can be seen as paramount within Imperial Healthcare Trust once again.



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