Indicative Case for Change: Linen and Laundry Services and Food Services

Submission to Health Benefits Limited

Contact

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About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Indicative Case for Change for Linen and Laundry Services, and Food Services in DHBs.
2. These services are intrinsic and central to health care. NZNO members, - i.e. the nursing workforce, supported by health care assistants - are the visible interface between these services and the public; they are qualified and experienced to fully understand the impact of service delivery on the quality of patient care and health outcomes.
3. NZNO has consulted members and staff in the preparation of this submission, in particular members of our colleges and sections including the National Division of Infection Control Nurses, NZNO's District Health Board Sector Group representing where 25,856 members, Te Runanga, Board and Regional Councils, and our professional, industrial and policy advisers.
4. NZNO is affiliated to the Council of Trade Unions and fully endorses its submission and those of other unions including the Public Service Association, First Union and Service and Food Workers Union.
5. It is not our intention to repeat the points made in their submissions other than to say that we share their concerns about the impact of the proposed changes on vulnerable workers, the environment and the sustainability of the health system. Our comments are confined to the direct impact on nursing and health outcomes.

6. We also note and share concerns expressed by other health professional groups, notably Dietitians New Zealand, that there are many questions left unanswered and that the projected savings, even if realised, are very small.
7. We have not used the submission templates for a number of reasons, the critical one being that answering the questions required a level of detail and confidence in the analysis that the incomplete and speculative nature of the information provided could not support.
8. We found the documents convoluted and opaque; little consideration has been given to either to the full societal costs of change, or alternatives to introducing a new layer of management into the already top-heavy health system, where frontline services have been eroded whilst various 'high level' agencies have proliferated, and inequalities (Ministry of Health) and diseases of poverty have increased (Michael G Baker, 2012).
9. HBL offers a case in point in regard to linen and laundry services where quite clearly the need is for national procurement of standard products, not national contracting of services, and could be achieved as part of the expansion of PHARMAC.
10. Without a clear evidence base and coherent rationale to indicate with certainty, not assumption, that change will improve the quality of health outcomes and cost-effectiveness of services, the risk of disrupting the delivery of core services and regional infrastructure is contraindicative.
11. We note the Auditor-General has similar reservations with regard to the transparency and quality of HBL's measurement and reporting of savings (Office of the Auditor General, 2013, p39).
12. We draw your attention to international examples of similar drives to reduce costs without considering health outcomes which suggests that the risks far outweigh even short term benefits (Francis, 2013) (Clendon, NZNO analysis of the Mid Staffordshire NHS Foundation Trust public inquiry, 2013).
13. NZNO agrees that there is potential to reduce wastage and improve efficiency within the health system, and advocates holistic systems-wide strategies aimed at improving quality and health outcomes, rather than the fragmentation and duplication inherent in outsourcing 'discrete' services.
14. Accordingly, NZNO does not accept that the case for change has been made for either service and **does not support** the recommended action to proceed with national contracting of these services.

DISCUSSION

Linen and laundry supplies

15. A secure supply of appropriate, clean linen is essential for the delivery of nursing care.
16. There are well established legal parameters and clinical standards around laundry practice that apply to both acute and residential care laundry.
17. Currently we are seeing an increase in infectious conditions and antibiotic resistance. All linen, including blankets, will have skin and

some urinary/faecal cells harbouring MRSA and ESBL, and it is essential for each person to have separate linen to prevent cross transmission.

18. However nurses are facing insufficient stock on site, and/or increasing pressure to ration linen, for example in transferring linen with the patient from emergency departments. In both cases, there is a heightened risk of infection and it is distressing for nurses to be forced to provide substandard infection control.
19. Nurses have identified a wide range of issues with current linen supplies including:
    - inappropriate sheet sizes for beds;
    - old, over darned linen which can lead to abrasions and pressure sores;
    - inconsistent pricing between DHBs for the same products;
    - a wide and inconsistent array of products, for example different styles and sizes, which is confusing and can be wasteful;
    - significant quality issues in some cases, for instance nylon linen bags which do not prevent 'strike through' of infection, soiling, injury from sharps etc.;
    - inconsistent practice in relation to screening and vaccination and education of laundry workers; and
    - inadequate auditing of same.

20. They have also identified that the issues are almost entirely related to disparate catalogues and that significant cost savings and quality improvements could be gained though national procurement, for example through PHARMAC, without disrupting current supply chains.

> **There is wastage with linen, but not due to inefficient laundering but because of sheets that are too short so nurses have to use double sheets to cover; DHBs assess by weight, so evaluation of current costs may be inaccurate as weight is not a reflection of bed coverage. There are lots of different sorts of beds - bariatric beds, pressure sore beds etc. which require different sheets. There is opportunity for gains in efficiency and health outcomes with standardisation and national procurement - a national catalogue of quality products.**
>
> REGISTERED NURSE

21. Nurses are strongly supportive of their local laundry services and advise that it is essential to maintain them in-house because there is no room for compromise in ensuring ready access to clean linen.

22. As well as the increased risk of infection with transport and multiple change points, and the difficulty of recovering lost items from patients e.g. dentures, glasses, watches etc., they note that hospital laundry services also have a valuable community role in servicing hospices and some homecare services which may be precluded by a national contract.
23. Similar disruption to local communities and infrastructure, with the loss of jobs for already vulnerable workers would be an inevitable consequence of these proposals.
24. Increasing disparity presents the greatest threat to the health and wellbeing of New Zealanders, the costs of which would far outweigh the minor assumed savings. We draw your attention to the WHO Commission on Social Determinants of Health Report (World Health Organisation Commission on Social Determinants of Health, 2008) and the comprehensive evidence and programme it presents for enhancing equity to drive sustainable, cost-effective health care.

> **Historically people who work in laundry are the lowest paid and less aware workers; they do the filthiest jobs that most people don't want to do, and are often grossly disadvantaged and at risk. Even now we have to keep pushing for protections like staff vaccinations, provisions for the proper personal protective equipment from injury and blood borne viruses, and education in place. When it is totally about profit, and there is no direct line of employment, it becomes harder to monitor and easier to take shortcuts.**
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> **ANNE-MARIE WILDBORE, INFECTION PREVENTION AND CONTROL CLINICAL NURSE SPECIALIST**

25. Nurses see the proposal for national contracting as yet another 'cost saving initiative' which imposes another layer of management further disempowering those at the frontline of health care delivery. The following illustrates what nurses are afraid of:

> **I experienced the results of changes to linen and laundry services and kitchen services catering services in the north of England in 2007, when Trusts (the equivalent of DHBs) were amalgamated and one contractor catered for a number of hospitals.**

In a very short space of time we were simply unable to meet patient demand. We used to start the round at one end of the ward and would realise halfway through that we weren't going to have enough sheets, or towels or flannels to change soiled linen or clean patients. We often had to run around different wards trying to find spare linen, and ended up hiding linen so that we would have it for our own patients. It was exhausting. You can't imagine how demoralising and humiliating it is for a nurse to have to ring a patient's family and ask them to bring in towels so we could clean them up. I remember one time I had to wrap a girl in a pillow case because that was all there was. I spent the whole time apologising.

People could see what was happening, but they had to have someone to shout at and the nurse is the one that is there. It was stressful and frustrating and so many nurses left. In the end you start blaming yourself because you are not doing a good job - there's no job satisfaction.

Catering services were also brought in. Things got missed: diabetic patients didn't get right food; it was hard to accommodate patents with special needs. They eventually had to bring in a red light system because patients were malnourished; anyone with a red tray needed supplements. Before, when the hospital employed its own catering services, the people were proud of working there, they identified with the wards they looked after and went out of their way to make sure patients were looked after. The difference we saw when it changed to a private company was profound.

I got to the point as a nurse that I felt a fraud - I didn't have the power or equipment to give basic cares, it was so unprofessional and the patients suffered. In the end I had to decide between leaving nursing or leaving my country. That's why I came to New Zealand. I can't believe that I am seeing it happen again. It is like a train crash in slow motion. Please don't let this happen here!

CATHRYN WHITESIDE, CHAIR, GASTROENTEROLOGY NURSES SECTION, NZNO

26. There is abundant evidence indicating the connection between nursing stress and health outcomes (Aiken, 2002) (Clendon, Nurses in Acute Care Settings, 2011). Currently over a quarter of the nursing workforce has been recruited from overseas and a significantly higher percentage are employed in acute hospital settings. The risk of getting it wrong and having a similar outcome to that described above is very significant.
27. There are also concerns that long term (15 year) contracts with a reduced pool of contractors will create a monopoly as community capacity and infrastructure disappears.
28. It is particularly difficult to see the justification for such a long contract period with little in the way of evaluation along the way.

Food Services

29. Similar concerns have been expressed with the proposals for food services, with nurses unanimously expressing their scepticism that the security and quality of services could be guaranteed, or could be cost effective in the long term.
30. Apart from the considerable environmental costs of transportation, increased packaging etc., there would be a cost in the premature disposal of some equipment, and significant costs in upgrading facilities to accommodate new equipment. Most ward kitchens are too small to handle reheating and it is likely that a large number of fridges and (higher powered) microwaves would be needed.
31. Several nurses used the experience of the Christchurch earthquake to draw conclusions about the problems inherent in pre-packaged food which was shipped in, noting that it was not generally liked, that the elderly had particular difficulty in managing the high sided plates and were unable to feed themselves, and that there were problems with storage and heating on the wards.
32. In essence, most nurses express difficulty reconciling the ethos of 'frozen TV dinners' with patient care, and affirm the value of fresh local produce to sustain physical, mental, community and family health.

CONCLUSION

33. In conclusion, NZNO **does not support** the recommended proposal s for national contracting of services and **recommends t**hat you:

- **agree** that current services need to be fully evaluated in terms of how they contribute to health outcomes, social infrastructure etc., not just immediate costs;
- **note** that a secure supply chain which offers immediate access is vital for both food and linen and laundry services;
- **agree** that a robust evidence base is a prerequisite for change; and
- **agree** that national procurement of linen, potentially through PHARMAC, would add improve efficiency and health outcomes, without the need for a duplicative layer of bureaucracy.

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