

# Patient sheds light on crisis at England's biggest NHS hospital trust

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The Bart's Health National Health Service (NHS) Trust, the biggest in England, has been put into special measures by the Conservative/Liberal Democrat government.

The Trust is responsible for the Whipps Cross hospital, Royal London Hospital in Whitechapel, St Bartholomew's, Newham University Hospital, Mile End Hospital and the London Chest Clinic.

The action against the Trust follows an investigation into Whipps Cross hospital. NHS regulator Care Quality Commission (CQC) found insufficient staffing levels, high use of agency staff, low staff morale, a shortage of beds and excessive waiting times.

The CQC was set up in 2009 by the previous Labour government as an independent regulator. Its critiquing of individual hospitals has provided a cover for the numerous scandals that have occurred in the NHS and privately run care facilities as a result of the search for profit and has been used to justify calls for more private investment. The Labour Party, which is feigning concern for the NHS in the run up to the May 7 general election, shares responsibility for the crisis.

The Trust, which serves more than 2.5 million people across London, was forced to redevelop its hospitals using the Private Finance Initiative (PFI)—a funding scheme first introduced by John Major's Conservative government in 1992. The future Labour Chancellor Alistair Darling, warned at the time that, "apparent savings now could be countered by the formidable commitment on revenue expenditure in years to come." However, after the Labour Party under Tony Blair came to power in 1997, PFI schemes rapidly increased in number. The £1.1 billion Bart's scheme was signed in 2006.

The Trust has to pay the cost of its new hospitals over a 40-year period, which this year alone amounts to

£127 million. The result is a deficit approaching £100 million, in the wake of which the chief executive, finance director, head nurse and chair of the Trust resigned.

A former patient of the Trust, John, told the *World Socialist Web Site* of his experiences while spending four months in the Royal London hospital.

"My surgery had to be cancelled twice before it finally went ahead, because there wasn't a High Dependency Unit bed available for me.

"The first time it was cancelled 24 hours before the appointment. The second time I had been lying in the hospital for about four hours before they cancelled. They had taken blood, lined up surgical staff and theatre time.

"One of the surgeons told me later that the hospital is fined for delaying surgery beyond a certain point. They're being made responsible for the hospital's financial problems and being fleeced left, right and centre. That only makes the financial problems worse.

"As far as I could see the problem wasn't a lack of beds, it was a shortage of nursing staff, as High Dependency and Intensive Care Units have a higher ratio of nurses to patients. Patients coming out of theatre need this higher level of nursing attention. I spent two weeks in a ward like that after my surgery. When I discussed the delays with one of the junior doctors later, he said that if I'd had cancer I probably wouldn't have survived to see my surgery.

"For most of that time I was on the same ward, so I saw a lot of the nursing staff on a regular basis. One nurse told me that the Trust had really pushed the incorporation of Whipps Cross [to become part of Bart's Health] to staff, saying it was going to be the last piece of the jigsaw.

"Inside a year, the nurse told me, the scale of the

financial crisis became apparent to everyone. The Trust turned round to those same staff and said they had to tighten their belts to accommodate the crisis. The nurse who told me this had been forced down a pay grade as a result.

“He was bitter about that, but it had an impact on the nursing care too. He was a highly experienced nurse. I’d ask him to change a dressing or something and he’d have to say to me ‘Oh, I can’t do that. Well, of course, I can do it, but I’m not allowed to.’”

John described how the Trust had been warned by the Royal College of Nursing trade union that its decision two years ago to cut and downband several hundred nursing posts would jeopardise patient care. The CQC report bears out those warnings, noting that, “a decision in 2013 to remove 220 posts across the trust and down band several hundred more nursing staff has had a significant impact on morale and has stretched staffing levels in many areas.”

John continued, “They’d lost staff because of the financial mess. My ward kept a running chart of staffing levels. In each month there were normally only three or four days when the ward was fully staffed. Operating one nurse short was the norm in my time on that ward, and at least a couple of shifts each month were down by two nurses or more. These were 12-hour shifts, too. I was really shocked by that.

“The staffing levels were deceptive, though, because of the difference in what each nurse was qualified to do. There were only a couple of senior nurses on each shift, and the numbers were made up with nursing assistants. That’s useless, because every time you get something, which actually needs a senior nurse, it falls back on the same one or two nurses. The Trust can say ‘Oh we’re fully staffed,’ but it’s all about numbers, not care. You’re still waiting for the right nurse to have a moment to come and sort you out. I regularly saw senior nurses go without breaks because they were too busy, and you’d often see nurses still there writing up their case reports an hour after their shift had finished.”

John described how “these pressures actually increase the drive to privatisation as nurses leave the Trust and join agencies, who then supply them back to the Trust at greater cost than employing them directly. The London *Evening Standard* reported that the Trust ‘is now looking to open vacant floors at the PFI hospital for private healthcare’.”

John continued, “There was a one-day protest strike while I was in hospital. You can see the anger and the frustration, but you can also see the real reluctance to strike, to do anything that might jeopardise the patients. One senior nurse was almost in tears with rage and with a feeling of responsibility that she just couldn’t go out on strike while there were patients there. And of course the government and management play on that guilt while they’re making the job impossible and selling the NHS off.”



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