

Frontline nurse at UK's Royal Bournemouth Hospital speaks out as COVID-19 cases surge

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The following letter was sent to the WSWS from a frontline nurse at the UK's Royal Bournemouth Hospital.

As a frontline nurse in the Royal Bournemouth Hospital (RBH), I thought to write about the dangerous and unsafe situation our patients and staff are facing during the second wave of COVID-19.

I am based in one wing of the hospital but I have numerous friends and colleagues across other wings as I have worked for a few years in this Trust. Most of us are extremely worried about the situation. We share staff burnout, a surge of COVID-19 cases and have to look after other patients with numerous health conditions.

In September, the deputy medical directors of RBH and Poole General Hospital (PGH) told the media that they had "rigorous measures" in place to face winter with coronavirus surging. The hospital management brought in media, including the BBC, to show that everything is fine here. But the reality on the ground is nothing of the sort.

I have never experienced a crisis like this during my entire career as a health worker. I am also very aware of the scope of the cuts to the National Health Service (NHS) carried out by the successive governments which have made us vulnerable and unprepared during this unprecedented situation.

Unlike the first wave, we are not divided anymore into a "Green Zone" with non-COVID patients and a "Red Zone" with COVID patients. Last time, the West Wing functioned as the Green Zone but now number of wards in that area are closed, as is the case with wards in the East Wing—as there are outbreaks in them. Hospital management are trying to continue elective procedures, to look after patients with other ailments, and patients with COVID-19, without adequate resources and staff. I think they are following the government's guidelines but with no additional financial and other resources.

The risky and unsafe condition this has created is clear to see.

We have outbreaks in surgical wards as well as in medical wards and cardiology. There were three deaths in Ward 21

Tuesday night. This would have an enormous impact on elective procedures, surgical emergencies and cardiac procedures.

I heard that just after the Monday morning hand over, a nurse had to console a nursing colleague who was in tears and sobbing. I am sure she was tired and exhausted after a 12 and half hour shift, but that was not why she was crying. She was so upset as she could not deal with patient requirements during the shift due to lack of staff.

The same day, after a chaotic day at work, I listened with resentment to the remarks of Health Secretary (some colleagues called him death secretary) Matt Hancock, during a Downing Street briefing. How dare he pretend that he is trying to make things better! After all, he and his government are responsible for more than 70,000 COVID-19 related deaths, including more than 650 of our health and social care workers.

The government not only turned down the demands for a pay rise for the NHS workforce but voted down a motion to test NHS workers regularly for coronavirus in the summer. A leaked report revealed that they are trying to increase our parking charges by 200 percent. How disgusting!

Hancock announced the opening of 40 new "Long-COVID" NHS clinics by the end of November (to treat debilitating and long lasting effects of Covid-19) and an expansion of testing capacity in the UK with new labs to provide 600,000 extra tests. But no-one, except those who are blind and deaf to the government's lies and hot air over the last nine months will be fooled by this.

I know that many health and social care workers are the victims of Long-Covid, but how can we man these clinics while we have 110,000 vacant posts across NHS England, including more than 40,000 nursing vacancies? If anything will increase with their test and trace plans, it would be the amount of money plundered by the private companies. It has been revealed that many Tory party donating companies have been awarded with lucrative contracts even without any competitive tender process.

According to our intranet COVID-19 dashboard there are 121 positive patients in the Poole General Hospital (PGH)

and the RBH. As I remember, this is more than twice the number we had in the peak of the first wave. The most frightening thing is that 10 out 12 Intensive Care Unit (ICU) beds allocated for COVID patients were already occupied by last Tuesday.

Staff members are contracting the virus at an alarming rate. There are 125 colleagues who have got COVID-19 symptoms and another 159 health workers are self-isolating in our two hospitals. I now fear that if some of them need hospitalisation and ICU treatment and care, they would not get it. There are only two vacant ICU beds in both hospitals. Health workers have become the victims of wrong personal protective equipment (PPE) guidelines issued by Public Health England in breach of World Health Organization recommendations.

This is scandalous and criminal as hundreds of health and social care workers died across the UK during the first wave of the pandemic. We are now in a relatively better position than in last spring with regard to PPE supplies. But the guidelines prohibit us from using them appropriately to protect ourselves.

Another factor contributing to illness among workers is massive staff shortages. Every day we run our units and wards without safe levels of staff. When you look at the Staff Resource Pool (bank) you can find dozens of unfilled shifts across the hospital, including several in the ICU. Sometimes the sheer demands of patient treatment and care put us off from wearing even the allowed PPE.

Even when our colleagues fall ill, others working with them do not get a coronavirus test. Our infection control unit and management say that it is not necessary. Last month, a large number of junior doctors went to isolation as some of them tested positive for the virus. Many requests for testing others who worked with affected junior doctors went unheeded, subsequently causing some nurses and other staff to contract the virus.

I heard this week that even the swabbing team was running without adequate staff. They are struggling to keep up with the demand. Some colleagues had to wait several days to get results for themselves or their family members. A nurse working in swabbing told me that they had only 25 fast swabs available every day for patients. This is simply not enough. They are having to prioritise whose swabs needs doing. Patients who are going for emergency procedures and investigations gets priority over others. Even some emergency patients have to wait until the next day to get a COVID swab done. So much for the governments “world beating testing system!”

Over the last few days, two internal major incidents were declared.

A colleague in one of the wings told me that last “Friday

afternoon, that they had to empty one bay of Ward 22 to accommodate influx of patients with COVID. Patients were transferred to Ward 23 and the Cardiac Investigation Unit (CIU) late afternoon. Some other patients from Poole General Hospital were also brought to CIU and Ward 23. There were no additional staff to look after those patients.”

This was problematic for the night staff and there was a lot of concern about the well-being of the patients during that night.

A few days later, the same thing happened on Tuesday. All the patients in Ward 22 had to be transferred to CIU to create room for patients with coronavirus to be admitted. CIU normally function during the day and deals with elective cardiac procedures. A colleague said, “This is outrageous. There is no plan on how to deal with the surge of COVID cases. We are told that they have a major incident plan and then they disappear. We have to do all the work without any support. They did not provide staff with a porter colleague to do these bed transfers. I think the management do it deliberately to save money on extra staff. The problem is that when COVID patients are transferred around in desperation and without a plan, the disease can spread even more. This is happening every day.”

In the hospital, most of us are members of the Royal College of Nursing, Unison and Unite. I wonder what these trade unions are doing. They’ve not lifted a finger even when their members have died while trying to save the lives of others. The unions are busy working with the management and the government after throwing their members to the wolves.

We are not even in the worst hit areas of COVID-19 outbreaks but the perilous situation we encounter here compels me to think about how our health and social care colleagues in areas with a massive surge of COVID-19 cases cope.

I think we need to take matters on to our own hands and build independent safety committees of workers, separate from the unions, to safeguard the health and well-being of patients and staff.

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