Frontline nurse at UK's Poole Hospital Trust speaks out about unsafe working conditions amid surge of COVID-19

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A frontline nurse working in a ward not designated for COVID-19 patients at Poole Hospital Trust (PHT) spoke to the World Socialist Web Site. The nurse often works in other wards, including wards which look after patients ill with coronavirus, when staff shortages arise. PHT is situated in the southern coastal belt in England and delivers care for patients from the Poole conurbation and surrounding areas.

From October 1, PHT officially merged with the Royal Bournemouth and Christchurch Hospitals Trust (RBCH) to form the University Hospitals Dorset Foundation Trust (UHD). This took place amid a surge of COVID-19 cases in south-west England, as a result of the Tory government's criminal herd immunity policies. The merger proceeded despite opposition from the community to a controversial Clinical Service Review (CSR) plan that was hatched behind closed doors by the Dorset Clinical Commissioning Group (DCCG) in 2016.

The DCCG's bogus claim was that they were overhauling the services to provide "care closer to home." But the real motive was to cut back services to compensate for a looming £158 million deficit and to further accelerate the privatisation process. Some of the wards in both hospitals have already been turn into places where private care is delivered.

Writing on the situation in 2017, the WSWS noted: "As a result of the plan, Dorset's population of 765,680 will lose St. Leonards, Alderney and Westhaven community hospitals and the Accident and Emergency unit and maternity unit in Poole General Hospital." A total of 120 beds were lost in Dorset as a result of the implementation of the CSR. With COVID-19 raging across the country, the criminality of

cutting down bed capacity and services could not be clearer.

On Monday last week, a consultant in PHT told our reporter that there were 107 patients with COVID-19 in the two hospitals, including six in Intensive Care Units. Shockingly, 280 staff members were self-isolating at the time, 130 of them with symptoms. Health staff are employed under precarious and unsafe working conditions and many patients have contracted the virus in the hospitals, according to medical workers in Poole and Bournemouth hospitals.

This nurse's account further confirms the dangerous working conditions at the PCT and the newly inaugurated University Hospitals Dorset Foundation Trust.

Many staff have contracted the virus in our hospital because we don't have enough protection. I do not believe this flimsy apron, simple mask, visor and gloves are enough. Coronavirus is a highly contagious pathogen. The level of staff sickness within the hospital proves this.

From time to time we have patients with COVID-19 although we are not a designated unit for such patients. Our patient's dependency levels are very high and some patients present very frail and poorly. We have to do suctioning of secretions of patients; we assist them with their personal care needs including giving bed pans and commodes, mouth care and support when they are sick very often. We also do highly aerosolgenerating nebulisations and oxygen therapy for patients in our unit.

Basically, we are exposed to high level of aerosols from patients. Recently, we had a patient who was

coughing and sneezing. We were suctioning him quite often too. He was later diagnosed with COVID-19. But by the time we knew, a number of colleagues had already exposed. Some of them contracted the virus, yet our unit is categorised as a place where aerosolgenerating procedures are not taking place. We are not given highly effective FFP3 masks and gowns, even when we are dealing with suspected COVID patients.

One of the other problems we have is lack of equipment. We have to borrow things like a bladder scanner from other wards. People would not believe it, but we have only one thermometer for whole unit. In a period like this we need enough resources. Otherwise we can become spreaders of the virus. It happens to a certain degree here.

Management can say that we "can borrow them from another ward, clean and return." They say, "it won't take two minutes to clean." But in reality, we have hundreds of such two minutes jobs during a 12 and half hour shift. The hospital management is wasting lot of money printing leaflets on the hospital merger and a number of other things and disregarding the problems we face on the ground day in day out.

When we do not have enough staff, hospital management are hiring nurses and health care assistants (HCA) from agencies and paying an extortionate amount of money. They can use our bank [staff resource pool] nurses and HCAs with a little incentive and still save money. I feel like some underhand agreements with agencies are in place. This is a business which involves lot of money. I am not against the agency staff who are in the same boat as us. But the agencies are making lot of money.

I am not sure what the unions are doing. We are in a very dangerous situation. As members we expect them to do something about this. We should not have to tell them. Everybody can see the unsafe conditions we are facing every day.

Sometimes I feel like leaving the profession altogether because demands are very high and we do not have enough staff. It is very stressful but what else can I do. There aren't many other jobs left to do.

As a cost cutting exercise, last October, our hospital and Royal Bournemouth Hospital were merged. Our accident and emergency unit is going to be downsized and we are going to lose our maternity unit. Our hospital has already stopped admitting acute stroke patients and they have to go to Bournemouth hospital. Some patient outcomes will suffer as it adds more time to commence time-critical treatment for patients from and around this area.

The WSWS urges all National Health Service workers to contact us with their experiences. Health workers should join the NHS FightBack group, initiated by the Socialist Equality Party, and assist in building rankand-file safety committees, independent of the trade unions.



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