A letter from a frontline nurse at Royal Bournemouth Hospital "We are in a perilous situation"

29 January 2021

I am a frontline nurse at the Royal Bournemouth Hospital, one of the two main hospitals of the recently founded University Hospitals Dorset NHS Trust (UHD). We are in a perilous situation and so are our colleagues at Poole General Hospital.

Our two hospitals have not only reached their maximum capacity but are on a knife edge because of the surge of COVID-19 patients.

We have been on level 4 Operational Pressures Escalation Alert for months. Patient safety and care has also been compromised for months. UHD is one of the worst hit trusts in the South West of England. Our own lives and wellbeing are in jeopardy.

We saw this coming from the first wave of the pandemic and colleagues sounded the alarm by speaking out. But these warnings have fallen on deaf ears.

Since last week, dozens of military personnel have been deployed to the trust to maintain the day to day functioning of the hospitals. They are helping to transport patients and equipment, providing food, and completing general housekeeping. However, only a handful of them, who have got experience in health care, are able to deliver help on the frontline.

It was sickening to listen to the Prime Minister Boris Johnson on Tuesday after doing an unrelenting and exhausting shift. Tuesday marked the very bleak milestone of the UK COVID-19 death toll surpassing 100,000. Worse still is that these are the government's highly downplayed figures. Among the dead are 883 health and social care workers in England and Wales who lost their lives fighting to save others.

At the press conference Johnson said that "we did everything we could to minimise suffering and minimise the loss of life." What a lie! Understandably, colleagues were repulsed by his remarks.

Johnson's apology for the death and suffering was totally dishonest. As health workers, we know that he and his government based themselves on the unscientific and criminal herd immunity policy. Preparing his government's strategy, he infamously declared in March 2020 "one of the theories is, that perhaps you could take it on the chin, take it all in one go and allow the disease, as it were, to move through the population."

His government was forced to take measures to curb the spread of the virus as public opposition grew. But every such action was too little too late. They defied scientists and experts at every step.

Moreover, 10 years of austerity attacks on the National Health Service had crippled it even before the pandemic hit the UK's shores. Stockpiles of personal protective equipment (PPE) had been slashed by 40 percent and bed capacity was reduced by 40,000. There were over 100,000 unfilled NHS posts, including more than 40,000 for nurses.

Even after discovering a new and more virulent strain of the coronavirus in September, the government refused to declare a full lockdown until it was too late. PPE guidelines were not improved, causing a massive surge of cases among health and social care workers.

One of my colleagues in the stroke unit told me, "When we care for a patient with scabies, we are told to wear gowns. But we are not allowed to wear them and effective FFP3 masks when we look after patients with Covid. We are the people who are doing their personal care, medication and other necessary treatment and care."

My colleagues and I agree that the massive outbreak among staff could have been avoided had management provided adequate PPE which includes FFP3 masks. One consultant here said, "I am happy to wear a single FFP3 mask all day rather than wearing a few of these useless surgical masks."

Lack of infection control, prevention measures and adequate PPE has had a devastating impact on staffing levels and patient care. Many wards have had more than half of their staff infected with the virus and some are still struggling with the debilitating effects of "Long Covid." Currently 585 members of staff are absent because of Covid

symptoms, isolating or shielding. Five weeks ago, this figure was 213. Colleagues are dropping like flies.

In my ward, maintaining safety of patients is simply impossible. Almost 90 percent of us became infected with Covid. We function with several staff down. Some colleagues are struggling to resume work due to Long Covid and PTSD. Management opens up new bays for patients, but without additional staff and resources. Some patients are having to stay in bays disconnected from our ward. We cannot observe them properly.

When colleagues start the morning drugs round for patients it goes on until lunch time, by which time we have to start the lunch time medication. Personal care, feeding and other needs of the patients cannot be attended to. It is terrible when we have elderly patients with acute delirium, dementia and confusion. They wander around without realizing that they have Covid. They need one to one care which we cannot provide. Several patients had falls, incurring severe harm including fractures. Some colleagues have reported the situation about patient safety, but nothing happened.

Those in management positions do not even have the courtesy to come and answer inquiries from patients' relatives. If they would it would free nurses and health care assistants to attend to patient care.

From last week, several patients with COVID-19 were transferred to the Exeter Nightingale Hospital, 80 miles away. Other patients who needed Intensive Care were transferred to NHS hospitals such as Portsmouth, Exeter, Plymouth and Bristol, far away from Bournemouth. Our critical care unit has been expanded to operation theatres to accommodate critically ill patients. Two theatres accommodated six patients at one point, but the major problem is the lack of nurses and other staff who are trained to work in Intensive Care.

After an exhausting 12 and half hour shift, a colleague said to me, "It is so demoralising that we cannot maintain standards of care. Today, I had to look after three critically ill patients with some support from theatre staff who had no previous experience in critical care. Patient safety has gone out of the window. So has our emotional and physical wellbeing. We get two half hour breaks during our long shifts to doff and don PPE, eat, drink and use toilets. Naturally, we tend not to drink enough to avoid needing toilets in between breaks. We know this is not good physically, but the emotional drain is more obvious. To see death and suffering day in day out is awful."

By Monday this week, we had 376 COVID-19 patients in dozens of wards and units, including 24 patients in Intensive Care at the two main hospitals. At the peak of the spring outbreak, we had a maximum of 79 patients. Cumulative cases have risen to 2,352 with 496 deaths. On Christmas Eve we had only 103 patients with eight in Intensive Care. Cumulative cases and deaths stood at 1,099 and 260 respectively back then.

I know some colleagues try to avoid seeing blue trolleys in which the dead bodies are taken to the mortuary. Unfortunately, this is a common site whichever part of the hospital you are in. I have seen colleagues crying in corridors.

Hospital management opened up Covid wards adjacent to surgical wards, special units and cardiology wards and this facilitated the spread of the virus. Many patients became ill with COVID-19 during their hospital stay.

This had a devastating blow to ongoing elective procedures and investigations. These procedures have come to a standstill. The patient waiting list has hit a new record of 45,000 and 7,478 of them are waiting more than 40 weeks. Some 4,094 patients are waiting more than a year.

The main apologias for hospital management and the government comes from the Royal College of Nursing (RCN). Speaking to the *Bournemouth Echo*, BJ Waltho, associate director of operations and leading RCN member said, "Sometimes we all feel overwhelmed but we manage. And we all recognise that sometimes it's ok not to be ok. There's a lot of work going on around staff wellbeing."

What an insulting attitude towards their members, other hospital staff and patient suffering!

We urge all health care workers to join the NHS Fightback initiative and organise rank-and-file committees—to fight for better pay, terms, and conditions, and to safeguard health and safety at work. These committees must take up a political struggle to secure the resources needed for a fully functioning health care system. This requires seizing control of the wealth and resources of the financial oligarchy, banks, big corporations, and big pharmaceutical companies, as part of the struggle for socialism.

For further information visit NHS Fightback: facebook.com/Fight4theNHS

To contact the WSWS and the Socialist Equality Party visit:

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