NHS staff struggling to provide patient safety as Johnson government lifts all pandemic mitigations

Letter from a front-line nurse at the Royal Bournemouth Hospital
20 March 2022

Three years into the pandemic, patients and fellow staff at the University Hospitals Dorset (UHD) trust are in a terrifying situation. My colleagues are mentally and physically exhausted. Patient safety and care have been severely impacted due to staff shortages and ongoing COVID-19 outbreaks.

I listened with utter disgust to Health Secretary Sajid Javid's remarks that a rise in COVID infections was to be "expected" following his government's abandonment of all mitigation measures. He claimed, perversely, that the UK is in a "very good position".

What is he talking about? Of the 6,400 patients treated at Royal Bournemouth Hospital (RBH) since the start of the pandemic, 1,087 died. That is a death rate of nearly one in six! And we are now at the start of another wave of COVID-19 admissions.

Javid spoke with absolute indifference to the suffering of patients and NHS staff. We are burnt out, poorly paid and have been subjected to infection and re-infection from ongoing COVID outbreaks because of incorrect PPE guidelines.

The situation in our hospital alone disproves Javid's claims.

My trust has been on Operational Pressure Escalation Level 4 (OPEL) for several months. This is the highest level. In plain language, it means we are under severe pressure and that our organisation is unable to deliver comprehensive care to patients. Apart from brief periods at lower OPEL levels, this has been the case since the pandemic began.

To see patients suffering unnecessarily, day in and day out, is mentally draining. Staff morale is at rock bottom. Some colleagues have left the profession or retired early from a job they love because the strain is unbearable.

Currently, we have 115 COVID-19 patients spread across approximately 15 wards and special units at the trust—the week before we had 73. Due to COVID outbreaks, several wards are closed to admissions and visitors. Even if those wards have empty beds, patients can't be admitted. Bed occupancy at the trust is running at dangerously high levels. We are often pressured by bed managers and the Clinical Site (which runs the hospital on nights and weekends) to move patients around, sometimes even COVID patients. This only helps to spread the disease further.

Bed managers and Clinical Site are desperate to find beds as they face a long line of ambulances waiting outside the Emergency Department (ED). On Tuesday, for example, some patients attending RBH had to wait a maximum of 7 hours to be seen at the ED. Some had to wait another 7 hours for a bed. Patients who attended neighbouring Poole Hospital Trust (PHT) had to wait 7 hours for a bed despite the maximum wait time in ED being 3 hours there. By 8pm, there had been 213 and 188 arrivals to the EDs of RBH and PHT respectively, which included 88 ambulance arrivals to both sites.

At RBH, all the bed and trolly spaces in ED were full by mid-morning, giving staff grave concerns for patients who would show up that afternoon and evening. By the time I finished my work, I was shocked to see all the designated spaces for ambulances in front of the ED occupied, with one ambulance waiting out on the road. But this is not a one-off. It has been the situation almost every day for the last two years.

As a nurse with many years of experience, the impact on critically ill patients has been shocking. Patients with conditions such as strokes, heart attacks, acute abdomen problems and sepsis must receive time-critical treatment to avoid further complications or even death. I am seeing more and more patients with incapacitating conditions caused by treatment delays.

Our waiting list for elective operations has risen to 55,000 patients. Approximately 3,000 have waited more than one year to have their operations. Nationally, more than 6 million people are waiting for elective treatment.

With staff and family members falling ill from COVID,

workforce shortages have been acute. At present, there are 220 health workers absent with COVID symptoms or isolating across the trust. Some wards have a third to half their staff absent with symptoms. This has a crippling effect on patient safety and care.

Absences at this level are potentially dangerous because they remove the required mix of skills. Wards are often run by staff reassigned from other areas of the hospital or by agency staff. Frequently, we are compelled to go to other wards to have intravenous injections and infusions double checked by a colleague who is qualified. This causes delays administering intravenous medications including antibiotics.

Staff shortages are not confined to the wards. A radiographer at the CT department reported 5 colleagues were absent with COVID-19. Shortages of phlebotomists mean extra pressures on already stretched nursing staff. Some mornings, we find out that a phlebotomist visit to take routine blood samples has been cancelled. This means nursing staff must take routine samples from patients, despite the wards being incredibly busy. A phlebotomist told me that 17 of her colleagues had left over the last 2 years, but only 3 have been recruited.

Nowhere are these problems more acute than in the main COVID wards. A Senior Health Care Assistant (HCA) who recently did a night shift in the main COVID ward told me how upsetting she had found it. “There were 28 patients in the ward; some were seriously ill. Several patients needed oxygen therapy, nebulization and intravenous infusions and antibiotics. A number required 1:1 care to avoid falls and self-harm because they had confusion, dementia or acute delirium.

“Some were laying on soiled pads and in wet beds for hours without them being changed. Another confused patient was not keeping his oxygen mask on. This only made him more confused due to deoxygenation; 1:1 support would have avoided that. But how is that possible when we are so very thin on the ground?

“Another HCA and I had struggled throughout the entire shift to keep up with fulfilling patient needs, including personal care. But it was not possible at all. Two nurses on the ward faced a losing battle in administering medication, other treatment and completing fluid balance charts and patient documentation. Both patients and staff were at risk.”

Last week, Dorchester County Hospital suffered COVID-19 outbreaks, including in their Coronary Care Unit, which was shut as a result. They asked us to take some of the patients and a colleague said they were under enormous pressure too because one of RBH’s cardiology wards was shut due to an outbreak. Many vital elective cardiac interventions have been cancelled and there is a backlog of patients waiting to be transferred to Southampton General Hospital (SGH) for urgent cardiac surgeries. Around two hundred patients are reportedly waiting for such surgeries at SGH, including Coronary Artery Bypass Graft (CABG), valve replacements and other heart operations.

It is hard to believe that three years into the pandemic, we still don’t have proper PPE to protect ourselves from Sars Cov-2. But the government wasted £8.7 billion of taxpayers’ money on PPE only to enrich their cronies and a handful of private companies. According to the government guidelines, we only need wear a flimsy apron, lower-grade surgical mask, visor, and gloves even in Covid wards. And this is after it is well established that airborne transmission of the virus is the main vector for infection.

I was gobsmacked when I saw the recent footage of the Chinese authorities dealing with the surge of infections in Shanghai and Shenzhen under their Zero Covid policy. Health workers in China were wearing full protective gear in the community, while we only see that level of protection in our intensive care units! There is no wonder that about 1,500 health and care workers have died, with tens of thousands suffering the debilitating effects of Long Covid in this country.

There is no doubt among many of my colleagues that this death toll is the result of a criminal herd immunity policy pursued by the Boris Johnson government. Last month, the Tories removed all even limited mitigation measures. Colleagues in the rest room were furious when they heard. One said it was “a recipe for disaster” and others agreed.

The WSWS urges all NHS workers to contact us with their experiences. For more information, visit NHS FightBack and share your experiences of the pandemic and conditions at work.