Berkshire

davidoliver372@googlemail.com Follow David on Twitter @mancunianmedic

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ACUTE PERSPECTIVE

David Oliver: Lack of PPE betrays NHS clinical staff

David Oliver *consultant in geriatrics and acute general medicine*

The failure to provide adequate personal protective equipment (PPE) to health and social care workers during the pandemic has highlighted the disintegration of any culture of integrity, transparency, honesty, and support for healthcare staff from the government and NHS employers.

I have reported in *The BMJ* this week on NHS trusts' behaviour around supply of PPE to their clinical staff and the trusts' responses when staff complained.[1] Of 66 NHS trusts (of 130 approached) that replied to my freedom of information request, only two confirmed that they had explicitly restricted PPE use, warned staff about its overuse, or warned them over complaining about shortages. Only one NHS trust admitted being subject to investigation from the Health and Safety Executive for covid related deaths among staff, even though the HSE confirmed a number of investigations.

Failings and cronyism

In response, the Department of Health and Social Care (DHSC) pointed me to sections of a National Audit Office report on PPE supply suggesting that supply lines had always been adequate and that no staff members had been put at risk.[2] NHS England told me that it had never attempted to control or modify communications from NHS trusts over PPE supplies.

However, a new report from the Public Accounts Committee[3] said that "many healthcare workers" had been put in "the appalling situation of staff having to care for people with covid-19 or suspected covid-19 without sufficient PPE to protect themselves from infection." It added that "health and social care staff had suffered PPE shortages as stocks ran perilously low," with "some forced to re-use single use items." The social care sector had not received "anywhere near enough PPE to meet its needs."

The same National Audit Office report that the DHSC quoted also highlighted a series of failings of competence, transparency, and value for public money in PPE procurement from the private sector, as well as instances of cronyism.

Meanwhile, the Doctors' Association UK showed me a database (designed by Messly, a doctors' careers and recruitment platform) of over 1500 anonymised stories from their nationally available app. These described trusts failing to provide doctors with PPE that met the official specifications stipulated by Public Health England[4] or failed to meet the respondents' own expectations of quality, safety, and availability. The association also listed over 200 cases of staff being threatened, bullied, unsupported, silenced, or warned for speaking up over PPE use in their organisations.

News management

For me, and doubtless for other clinicians and care staff, this is a grave matter. Already, over 600 NHS staff have died from covid-19.[1] We know from Scottish data published in *The BMJ*[5] that patient facing clinical staff are seven times more likely to be admitted to hospital with covid than other workforce groups. Staff working on general acute covid ward areas outside intensive care are at the greatest risk.

Study findings showing a higher risk of sickness and death among staff have been replicated internationally, although some countries have managed to avoid any healthcare worker deaths from covid-19 by employing rigorous infection control measures.[6] We are putting our health and our lives on the line at work. Adequate PPE from our employers is the least we deserve to protect our workplace safety. It's also crucial in preventing hospital or care home acquired covid infections,[7 8] so any shortages put patients at risk.

I never really expected teams in NHS freedom of information offices to admit to these failings or actions. This would be an admission of liability. Nor did I think that NHS England would admit to heavy handed news management, even though senior NHS trust executives I spoke to anonymously told me of central directives and message control for their public and media communication. Nor did I think that the DHSC would own up to getting anything wrong on PPE, even in the face of independent scrutiny from the National Audit Office or Public Accounts Committee or hard hitting investigative reports by the *Times*,[9] the *Financial Times*,[10] and the BBC's *Panorama*.[11]

But the corporate responses I've received are miles from the "open learning culture" that the DHSC and NHS England officially embrace[12]—or the duty of "candour, transparency, and openness" required of doctors and nurses.[13] This duty also applies to clinician managers, yet it's clear to me that many individuals restricting PPE use, or telling staff to keep quiet, are clinically registered.

Closed culture

The NHS and the social care sector face serious workforce gaps and plummeting staff morale, compounded by covid-19 fatigue,[14 15] which won't be helped by this closed culture and reflexive denialism.

Growing research evidence has suggested that the airborne spread of covid-19 puts staff not working with high flow oxygen or ventilation at greater risk,

and yet their officially recommended PPE levels still include a standard surgical mask and not a FFP3 face mask.[16]

Public Health England responded by saying that there was no justification for changing the current specifications but did not reference the review and appraisal of empirical evidence on which it is basing its official PPE advice.[17]

There has still been no meaningful apology or credible commitment to learn and change from the people and organisations responsible for PPE failings. Clinical staff have been betrayed, and so has as a broken NHS management culture.

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