# Reflections

## from the Pandemic

forest
holme
hospice

Charity Number 1038021

# REFLECTIONS FROM THE PANDEMIC

## by forest holme hospice charity

The Covid-19 pandemic was an extraordinary time that changed how we lived, worked, and cared for one another. Though the memories may feel distant or difficult, they remain an important part of our shared story.

At Forest Holme Hospice Charity, we wanted to ensure that the experiences of the pandemic were not lost to time. This booklet brings together reflections from hospice staff, both clinical and non clinical, sharing their personal and professional experiences of living through Covid 19.

Some stories speak directly about caring for patients and supporting families, while others reflect on life beyond the workplace, including the impact on home, family, and wellbeing. Together, these voices offer an honest record of what it was like to live and work through a period that changed us all, and what it meant to remain connected to care, compassion, and humanity during a global crisis.

We would love for readers to contribute their own experiences, especially those whose loved ones were under palliative care during this time, so together we can preserve this important part of our history.

To contribute your experience, please email; paul@forestholmehospice.org.uk or call 01202 670644.

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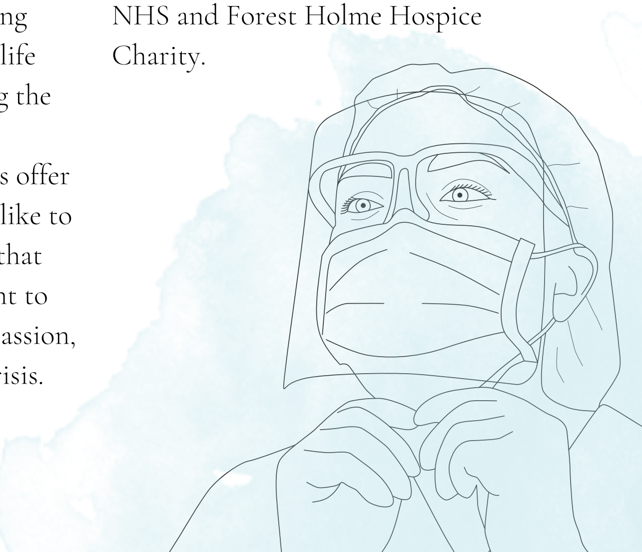

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forest holme hospice

# “I WANT TO STAY AT HOME”

## *Hazel - Community Palliative Care Nurse*

*Hazel - Community  Palliative Care Nurse*

> *"So, whilst our smiles could no longer be seen beneath our masks, our focus remained on what we could STILL do."*

“I want to stay at home” was the frequent request heard by the community specialist palliative care nurses during the Covid-19 pandemic and “we will do all we can to enable this” was our reply.

As a team of seven community specialist palliative care nurses based at Forest Holme Hospice, working across an area of East Dorset spanning from Bere Regis to Swanage, to Cranborne in the north, we continued to support the many differing and complex needs of our patients during the pandemic in ways we could never have imagined.

Their already difficult journeys became even more challenging, with increased isolation. Family and friends could no longer visit, hug, or support them in the ways they once had.

Goals could no longer be met in the ways that had been hoped for. Families faced constant conflicts; trying to safely collect medication, shopping for the food their loved one suddenly fancied, all whilst navigating queues, the fear of bringing home “the virus,” and the distress of spending more time away from the patient. Fear seemed to surround every conversation, and there was so much of it: fear of hospital or hospice admission, fear of catching the virus, fear of never seeing family again, fear of things worsening, fear of the unknown, and all of it compounded by profound isolation.

Wearing uniform and PPE at each home visit, our communication was muffled through surgical masks. Managing difficult symptoms and providing psychological support meant negotiating a more complex path; accessing medications and resources that were often reduced or constantly changing. Visits had to be carefully planned, ensuring infection control and social distancing were observed. Conversations were sensitively managed, with children now at home rather than at school and often in earshot.

Dispersed family members required more of our time, often through long phone calls to ease their worries. We also had to adapt, using virtual technology to provide additional support. For everyone, there was a heightened awareness of how much difference a simple touch or brief moment of human contact could make, and never more so than in a time of such uncertainty. And yet, we couldn’t.

So, whilst our smiles could no longer be seen beneath our masks, our focus remained on what we could STILL do. Our eyes and voices could still convey empathy and compassion. We could still use our expertise to manage and navigate the complex paths of pain, nausea, and other symptoms. We could still liaise closely with GPs, district nurses, and colleagues across health and social care to ensure patients’ needs were met as best as possible, despite the demands and limitations on all services.

We could still spend time each day on the phone with relatives, reassuring them that someone was there for their loved one. We could still remain the professionals we are, even though our appearances had changed with outgrown haircuts, stiff new uniforms, gloves, aprons, and our own very human fears about Covid-19. Above all, we could still strive to maintain dignity for our patients.

And amidst it all, laughter could still be heard. We found ourselves hearing birdsong more acutely. We were all learning what truly mattered most. And we were getting through it together, doing what we do best, enabling patients to stay at home.

# “MUM, DEMENTIA AND HUGS”

*Beverley - Consultant at Forest Holme Hospice*

*Beverley - Consultant at Forest Holme Hospice*

> *“Covid denied me precious time with my mum as her dementia advanced.”*

“In 2019, my brother and I faced the difficult decision to place my mum in a care home. She had dementia, and living alone was no longer possible. She lived in a town in the Midlands where the rest of our family were close by, so it made sense for her to stay local, even though it meant a two-hour drive for me to visit.

Although it was something I was sad about, over the following months I took solace in seeing her blossom again. She had always been a social lady and the care home provided her with much needed social interaction: visits to the pub, garden centres, the local Christmas Fair and plenty of craft activities. She even made friends with two other ladies, and they were affectionately known as “The Terrible Trio”.

In January and February 2020, I was unable to visit because of heavy snow, ice, and flooding, which left her town under water just before the first lockdown.

By March, the home had begun restricting visits, preparing for what was about to unfold across the nation, and then lockdown began. My mum could no longer communicate on the phone, and no one was allowed inside the home. I would call, and the carers would hold the phone for her, but she didn't understand what to do with it. During those first months, my only "conversations" with her were fleeting: a quick "Hi Mum" before she wandered off, leaving the carer standing there with the phone.

I had regular updates from the home with photos, but it was never the same as a hug. I also received updates about Covid outbreaks among residents, and one day came the news I feared, my mum had caught it. She had to be isolated from the others, something I knew she would struggle with. Thankfully, she recovered.

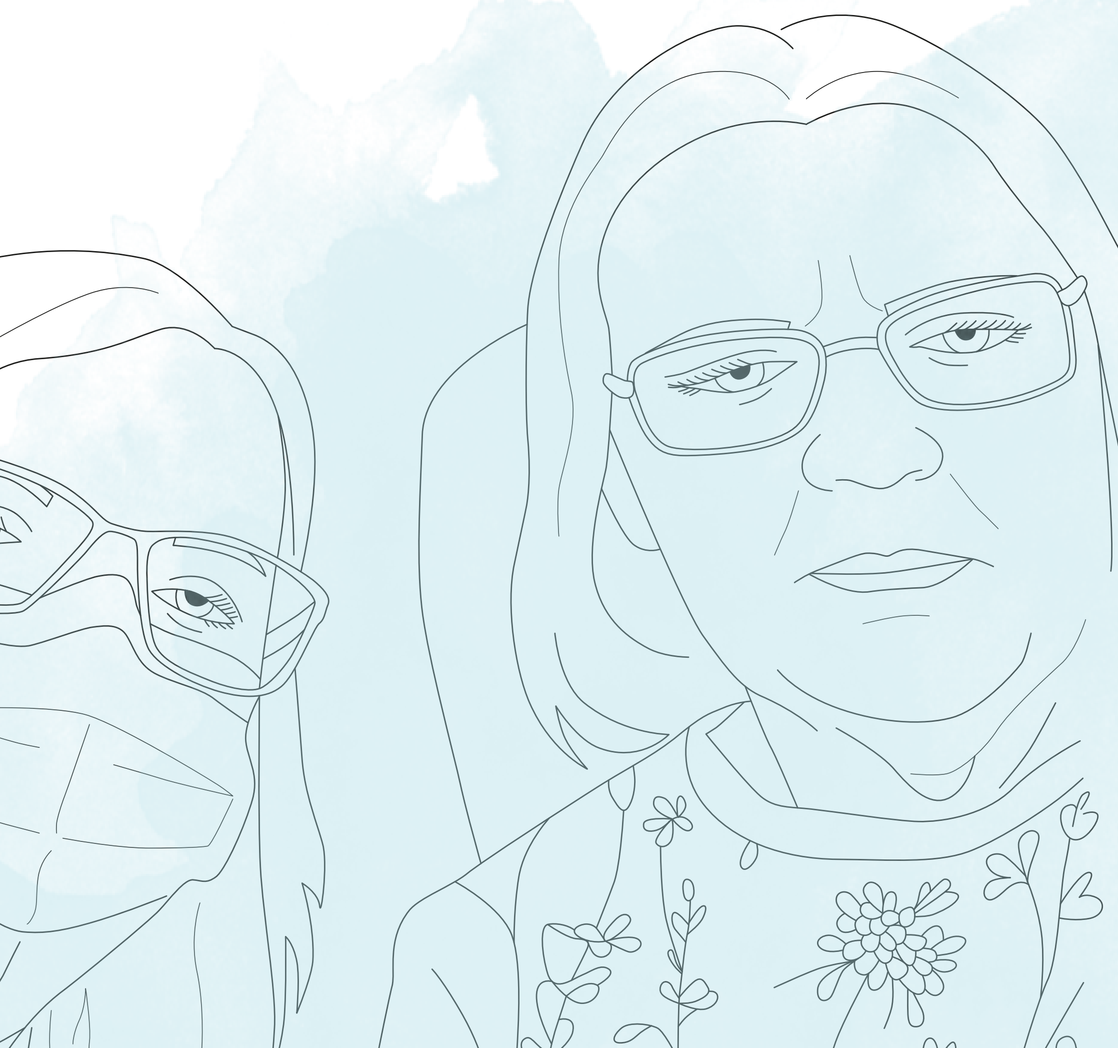
When the first lockdown lifted in May 2020, I was finally able to see her again. I visited alone, meeting her in the garden through the gate. She was bundled up in layers of blankets. Still, I wasn't allowed to hug her; I had to sit at a distance.

That summer, I got a call from her GP. My mum was unwell, and the GP felt she needed to go to hospital. She was admitted into a ward and the hospital had a no visitor policy. She stayed there for three weeks. The change of environment left her more confused. The nursing staff kindly arranged occasional FaceTime calls using an iPad, but it was hard to see her so distressed and disorientated. I also came to understand what so many families were going through; endless phone calls to wards that went unanswered, promises of updates from doctors that never came, and the anguish of not knowing what was happening to a loved one who could not speak for themselves. When she finally returned to her care home, I was deeply relieved.

Then came the second lockdown. This time the home had prepared a visiting room, allowing one person at a time. But the experience was far from comforting for Mum. She was brought down to the room and sat behind a perspex screen. I had to wear a mask. She was deaf and couldn't hear me. They gave me a whiteboard to write on, but she couldn't process the words. She didn't recognise me in my mask. I played her music, and we sang along together, but on one visit she became terribly distressed, looking at me as if I were a stranger. She gave me the same disappointed look I remembered from childhood when I had done something wrong. Then her favourite carer came to reassure her, and immediately Mum's face lit up with the biggest smile. She threw her arms around the carer in a hug. It was a bittersweet moment; painful to know she no longer recognised me as her daughter, but comforting to see the deep trust and affection she had for those caring for her.

Finally, in spring 2021, visiting restrictions eased again. Wearing mask, gloves, and gown, I was able to give her the hug I had been longing for.

Covid denied me precious time with my mum as her dementia advanced. During those months she slipped further away, moving from recognising her children to seeing us as strangers. Yet, I take solace in knowing she was cared for with kindness and familiarity, never left alone, and unlike so many other care home residents, she lived for me to tell this tale."



# "WELLBEING ON THE FRONTLINE"

## *Christine - Complementary Therapist*

*Christine - Complementary Therapist at Forest Holme*

"During the first lockdown, I was told I could no longer see patients, so I had to think about what I could do to help during this very difficult time. I wanted to find a way to support the incredible staff who were putting their lives on the line for others.

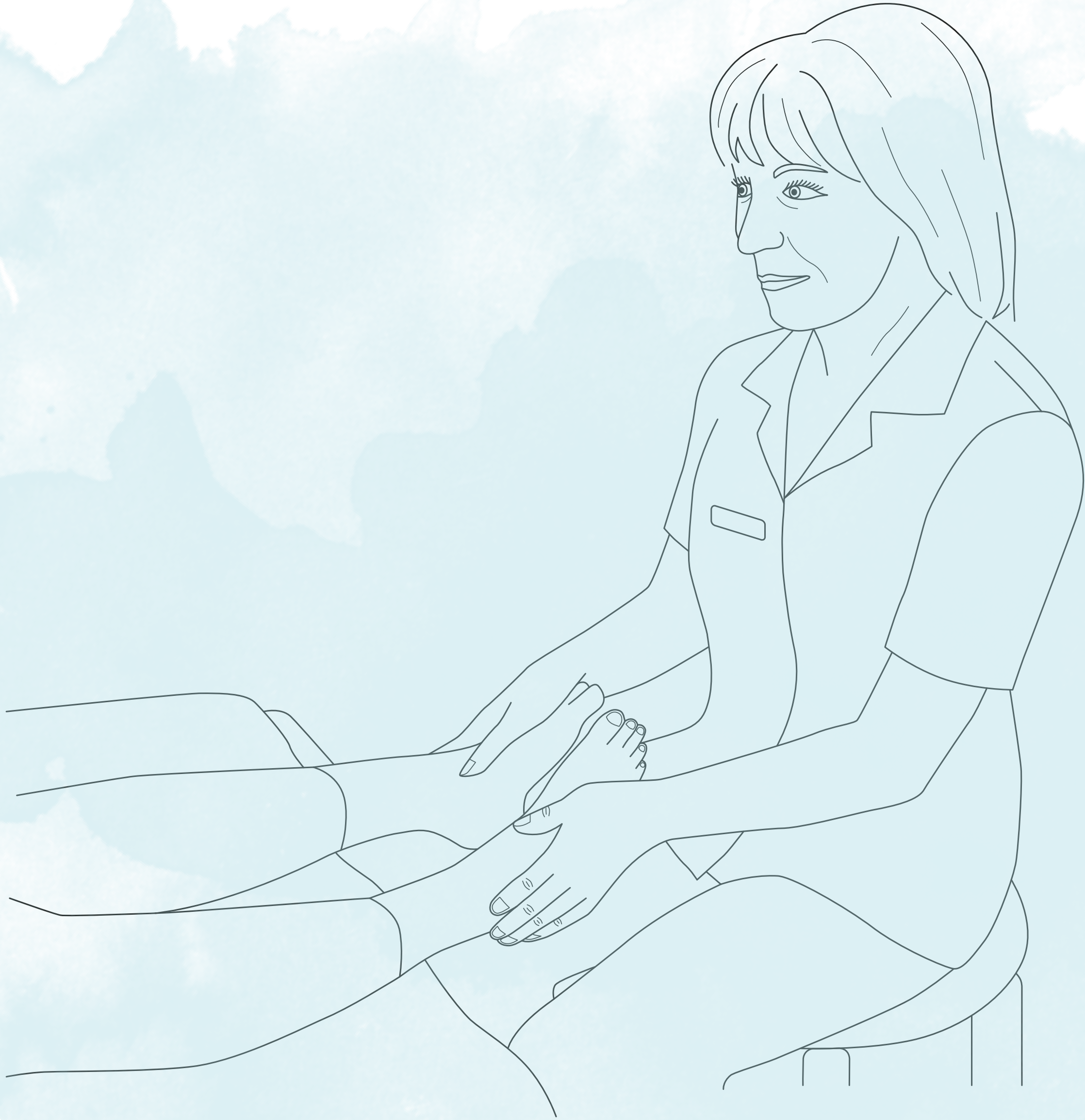
> *"I have never forgotten that time spent with staff who were so brave and went above and beyond the call of duty."*

I learned that many were experiencing PTSD as a result of the difficult and traumatic challenges they were facing, so we started making up aromatherapy inhalers that they could keep in their pockets and use when needed.

We sent an email out, and within hours the response was enormous. We offered a variety of oils designed to promote relaxation, ease anxiety, and uplift the mood. Managers then asked if we could make up hundreds so they could be placed in "bubbles" (the areas staff went to for a rest) so people could help themselves.

We ended up making thousands, and the feedback we received was incredibly positive. Staff told us the inhalers helped them calm down and relax, and some nurses even kept them in their pockets to use in the toilet when it all got too much.

Later, when restrictions eased, we began offering Reflexology and Emotionally Focused Therapy (EFT) to staff, and again, the feedback was overwhelmingly positive. Many said it made a huge difference to their health and wellbeing.
I have never forgotten that time spent with staff who were so brave and went above and beyond the call of duty."



# “PREGNANCY IN THE PANDEMIC”

## *Hannah - Charity Chief Executive*

*Hannah - Forest Holme Hospice Charity*

> *“I remember watching the news when they announced the first lockdown — it felt surreal, almost like we were living in a film rather than reality.”*

“I remember watching the news when they announced the first lockdown, it felt surreal, almost like we were living in a film rather than reality. I naively believed it would last a week and life would quickly return to normal. In those early days, there was even a strange sense of anticipation as we all hunkered down at home, united in the uncertainty along with the rest of the UK.

At the time, I was pregnant and caring for my lively two-year-old while managing the usual waves of morning sickness. My husband, classed as a key worker, was often away with his essential work at Public Health England, so I was holding the fort at home. Like so many others, even simple tasks became more complicated; supermarket delivery slots vanished almost instantly, but I eventually found a local farm shop that could deliver what we needed.

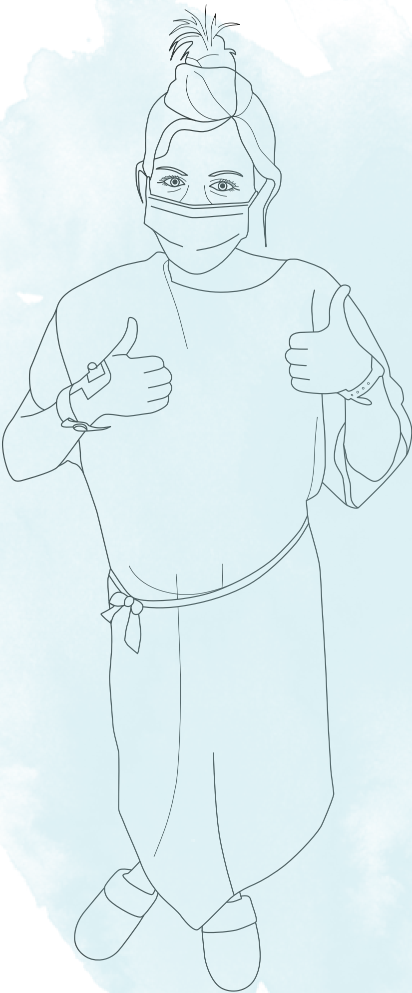
One of the hardest moments came when my dad, living in Surrey with my mum and sister, was rushed to hospital with a a ruptured cyst. Although the cyst was removed, he was sent home early due to the Covid risk, only to suffer a near-fatal bleed shortly after. He was taken by ambulance to St George's Hospital in London, and we weren't allowed to be with him. When we finally heard he was stable, relief flooded through us, until we learned the cyst was actually stage 3 sarcoma.

The months that followed were filled with worry as he underwent further surgery at The Royal Marsden to remove surrounding deep tissue. I felt powerless, desperate to be with my family, but separated by restrictions and distance.

Other memories from that time are etched in my mind: hearing that the Prime Minister was hospitalised with Covid, seeing the Queen sit alone at Prince Philip's funeral, masked faces becoming the norm, and endless Zoom calls and online quiz nights with family and colleagues to stay connected.

Giving birth during the pandemic was another defining experience. I attended every antenatal appointment alone, grateful it wasn't my first baby. Complications meant I was induced at Poole Hospital. I vividly remember lying in a four-bed bay, alone, waiting for my Covid test results before I could be near anyone else. My husband was finally allowed in during established labour, both of us masked until I couldn't wear it any longer. The birth went smoothly, but after only a short time together he had to leave, and I spent that first night alone with my newborn in hospital.

There were no baby showers, no family visits, no joyful gatherings. Looking back now, I realise how extraordinary it all was. Yet I feel fortunate; my experience, while challenging, was nothing compared to what so many endured, especially my clinical colleagues and those who lost loved ones."



# “NURSING THROUGH CRISIS”

## *Clare - Palliative Care Nurse*

*Clare - Palliative Care Nurse*

> *”Looking back, it was a time of unimaginable loss, but also of courage, compassion, and connection.”*

“During the first wave of the pandemic, I was seconded to the Palliative Rapid Response Team, covering three East London boroughs. The community was hit hard. Many patients refused hospital admission for acute treatment, knowing their relatives wouldn’t be allowed to visit. They chose to stay at home instead; a brave decision, but one that often meant they died sooner than expected.

From a nursing perspective, this was one of the most intense periods of my career. The unpredictable nature of Covid, coupled with the emotional strain, made every shift exhausting. Our workload increased by around 70%.

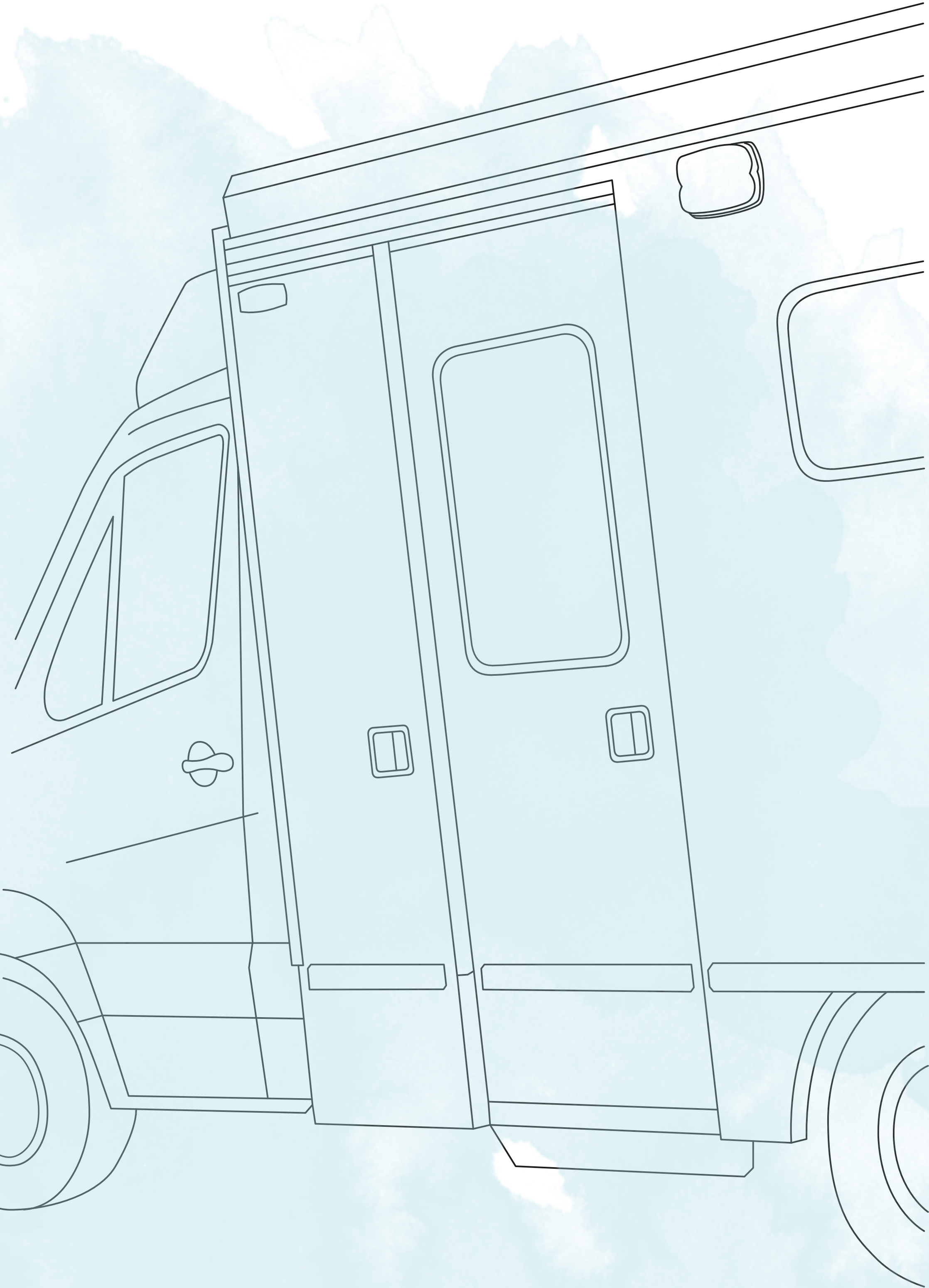
Before Covid, a typical night meant five or six visits. During the pandemic, that number rose to ten or eleven. The number of verifications of expected deaths (VOED) also soared from one or two a night to as many as seven or eight.

This relentless pace changed the essence of palliative care. We were constantly rushing from one patient to the next, with little time to offer the comfort and presence that defines our work. It was deeply frustrating to know that patients and families needed us, yet the next call was already waiting. As hospitals became overwhelmed, the emphasis shifted towards treating patients at home whenever possible. Collaboration between the Rapid Response team, London Ambulance Service, and NHS 111 became crucial in supporting our community. Of the three boroughs we covered, two had no overnight district nursing service, and the third was so inundated that we often took on their palliative patients, whether or not they were known to us.

Before Covid, I typically worked three or four nights a week. During the pandemic, it became six, sometimes seven, as our small team faced sickness and staff shortages. We all knew how vital it was to keep the service going, no matter how exhausted we were. One of the strangest things was the silence. These were some of London's busiest boroughs, yet the streets were deserted. Driving through them felt surreal, just police cars, ambulances, and 111 doctors passing in the night. Each time we crossed paths, there was a quiet wave, a small but powerful reminder that we weren't alone out there. That little gesture brought comfort and a sense of solidarity.

I was incredibly lucky to have wonderful neighbours who would leave meals on my doorstep and post encouraging notes through my letterbox; messages like, "Keep going, this won't be forever. You're making such a difference." Those small acts of kindness meant the world. The hardest part, though, was losing four nursing colleagues to Covid. The RCN later reported that around 1,500 doctors and nurses across the UK died from the virus — a devastating number. Knowing that some of those faces were ones I had worked alongside made it even more painful.

Being from a close family, I also found it very hard not to see them. I chose to keep my distance, not wanting to risk passing anything on. That isolation was tough. In some ways, going to work was a relief, it meant being around people again, even in the most difficult circumstances. Looking back, it was a time of unimaginable loss, but also of courage, compassion, and connection. I'll never forget the strength of the teams I worked with and the quiet heroism that got us all through."



# “THE DAYS WE’LL NEVER FORGET”

## *Hospital Palliative Care Nurse*

*Hospital Specialist Palliative Care Nurse*

“I started work at Poole Hospital in February 2020 as an End-of-Life Nurse. At that time, Covid was being talked about, but no one seemed particularly worried about its impact. I remember attending all-staff briefings where around 200 people were packed into conference rooms and told it was “a bit like flu”, nothing to worry about. That changed quickly.

> *“I’m not sure we did much, really, other than turn up, every single day. But sometimes, that’s all you can do.”*

By March, we entered lockdown. The hospital was emptied in preparation for the Covid patients we were expecting. During the first wave, numbers were relatively low, but the patients we did see died in ways we weren’t used to. Many initially seemed to recover, only to deteriorate rapidly around day seven to ten. It was devastating. We learned a lot in that phase, but our numbers, thankfully, remained manageable.

Everything changed again in January 2021. The hospital was full, and our Covid numbers along with the national figures began to soar.

With wards packed to capacity, we couldn't isolate patients properly, and the infection spread rapidly, particularly through the care of the elderly wards.

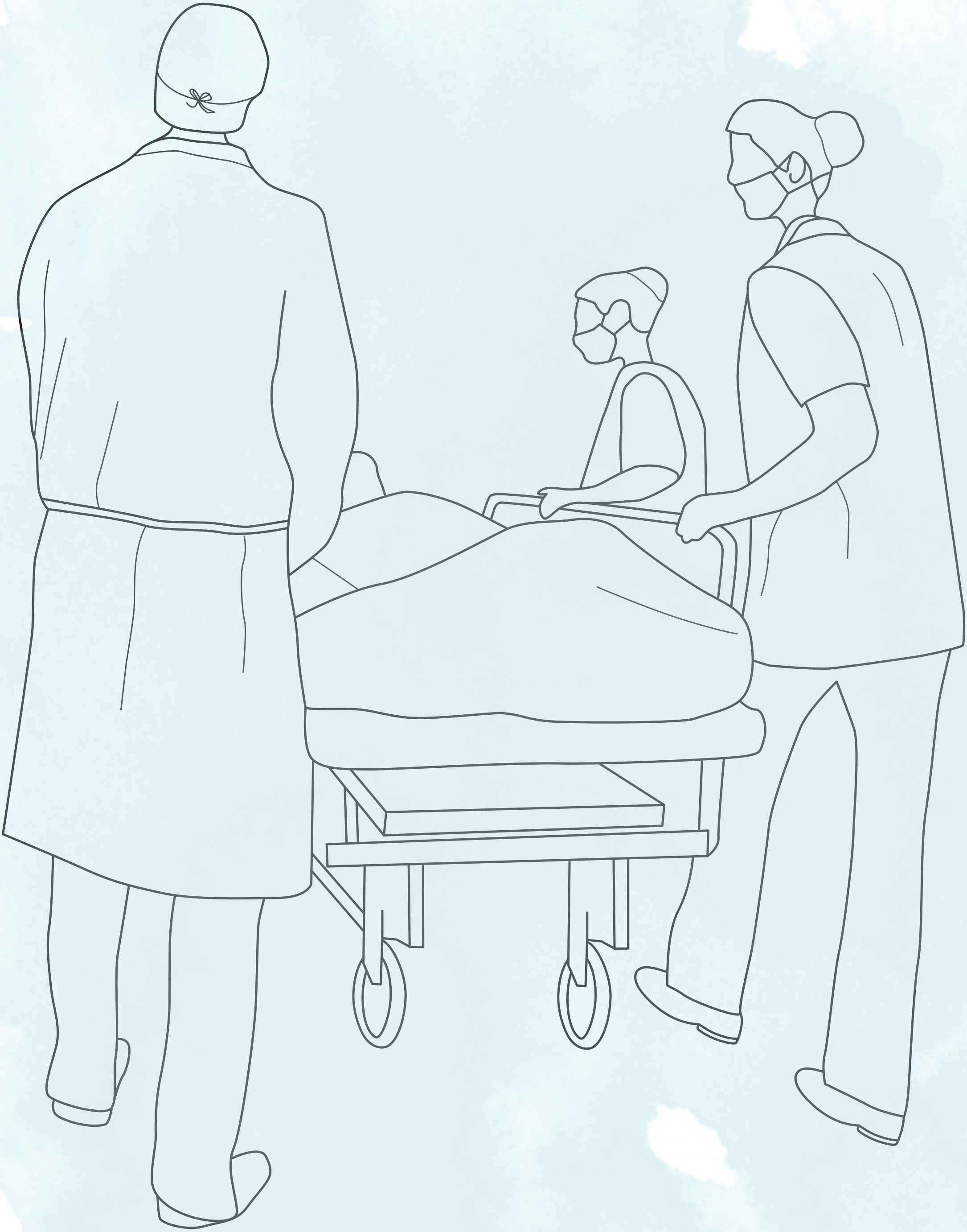
It was relentless. Our entire palliative care team became an end-of-life team, supporting wards and patients wherever we were needed. We'd start each day with a list of patients to see, but by the time we reached the wards, many had already died, and new names were quickly added. I've worked in palliative care for many years, but I had never experienced anything like this. The speed of deterioration was shocking; often there was so little time to manage symptoms or offer comfort.

A few moments from that time have stayed with me. I remember visiting a patient in a bay with five other men. He seemed to be recovering from Covid, but as the man in the next bed took his final breaths, he looked at me and said quietly, "That will be me tomorrow." He died the next day.

I also remember sitting beside a resident doctor, listening as he made call after call to families, telling them their loved one was likely to die, and advising them not to visit because they too might catch Covid. January was relentless. Every day, we watched the rising death tolls on the news and saw those numbers reflected in our wards. I can still recall exactly where I was on the day England recorded its highest number of daily deaths.

On 3rd February 2021, I tested positive for Covid myself. My overwhelming feeling was, strangely, relief; relief that I now had a reason not to go onto the wards, not to witness more people dying. Luckily, by the time I returned to work, the numbers had begun to fall. But a new challenge soon emerged: the aftermath. Patients who hadn't seen their GPs for months began arriving with advanced, untreated diseases. Many were angry about what they had endured and what they were now facing. We tried to support them, but the emotional toll was heavy. I'm not sure I've truly dealt with everything I saw; it's something I've simply parked away in my mind.

In 2025 I visited the Covid Memorial Wall in London. I walked along, holding onto my then 16-year-old son's arm, and sobbed the whole way. He told me he was proud of what I had done. I'm not sure we did much really, other than turn up, every single day. But sometimes, that's all you can do."



# “THE HUG THAT MEANT EVERYTHING”

### *Vicky - Senior Finance Administrator*

*Vicky - Senior Finance Administrator*

> *“We will never take life for granted again.”*

“I never thought Covid would affect me and my loved ones in the way it did. As a family, we all assumed it wouldn’t really impact us. My husband, youngest son, and granddaughter lived with me, and my eldest son lived just across the road; we were all close together. My husband was slightly concerned because he ran a valeting business, but we believed lockdown would be short-term.

We quickly changed our view. Like everyone else, we stocked up on food and supplies; though, in truth, our wine and beer supply was probably larger than the food one. We found it hilarious that people were bulk buying toilet roll. Our youngest son worked for a food wholesaler, so we weren’t particularly worried about running out of essentials.

I remember driving into work at the main hospital; the roads were empty, parking was easy, and the phones were constantly ringing. Businesses that were closing down were donating everything from tissues and soap to crisps, biscuits, and care packs for staff. Then one day, a member of my team asked, “Are you okay? You’re coughing.” I hadn’t noticed, but later they commented again and insisted I go home, even though I felt fine. When I got home, both my husband and son were feeling a bit under the weather. Over the next few days, all four of us became very unwell.

That Easter weekend, we sat in the garden painting trellises together. My husband was still exhausted, but I was beginning to feel better. By Tuesday, I had spoken to the doctor, who prescribed him antibiotics for what was thought to be a chest infection or pneumonia. But he kept getting weaker, shuffling as he walked, struggling to talk. He called 111 and his GP, but neither would see him. Eventually, I took over the call and insisted he had to be seen.

They finally agreed to assess him at a local surgery. When we arrived, we had to call from the car. A staff member, dressed head-to-toe in PPE, came out. I wasn't allowed to go in. He was checked over and told to wait in the car for their decision. By now, I was terrified, he had aged 30 years in a matter of days. He told me quietly he didn't think he would recover. I tried to reassure him, talking about future plans and places we'd visit. He looked at me and said, "I have no regrets. I'd marry you again tomorrow. My only wish is that we'd done the Norwegian Fjords together, it was so special when I went as a teenager."

Moments later, I received a text: "Report to Poole Hospital. Stay in your car. Call the department, and they will collect you." We went home briefly to collect a few things. While driving, my husband rang each of our sons to say goodbye. It was heart-breaking. At home, I told our 11-year-old granddaughter what was happening. She was so brave, she hugged her grandad tightly and told him she loved him. He also called his brother, asking him to promise to look after me and the children.

At Poole Hospital, we called the number as instructed. A nurse eventually arrived in full PPE with a wheelchair. My husband was so weak he could barely stand. I asked where they were taking him and begged for one last hug. That hug, awkward and clumsy through tears and masks, was the most important one of our marriage. The nurse told me to call the number later for an update. I sat in the car in shock, sobbing, before forcing myself to go home and be strong for the family.

When I arrived home, both my sons were in tears. My granddaughter sat quietly, trying to process it all. I had to call both sets of parents to tell them what had happened.

Everyone was stunned — my husband was the fit one, always full of energy.

After hours of waiting, I finally spoke to him. He was exhausted and in pain but a bit more coherent on oxygen. His oxygen levels had been so low, around 40, that alarms kept going off. At first, staff thought the monitors were faulty. The GP later told us that if I hadn't insisted he be seen, he would have died; his organs were on the verge of shutting down. An X-ray confirmed his lungs were completely congested.

A doctor discussed his options: an induced coma and ventilator, or participation in a drug trial. Neither offered guarantees. He chose the trial. The dose was so strong that a crash cart was kept in his room in case he reacted. His assigned nurse was so distressed she couldn't stay with him. People meant well by calling and checking in, but I found it exhausting; constantly on edge, waiting for updates. I stopped answering most calls, saving my energy for the hospital or my husband. We were lucky to be able to talk each day thanks to mobile phones; it was a lifeline for both of us. Slowly, he began to improve.

Then came the call I'd been praying for: "We're discharging your husband." The relief was indescribable. Forty-five minutes later, the doorbell rang. Expecting a delivery, I opened it to find two ambulance drivers supporting my husband on the doorstep. They asked, smiling, "Do you want to accept the delivery?". There were tears and laughter all around — they were so happy to be bringing someone home, not taking them away.

We know how lucky we are. Although my husband now lives with ongoing physical and cognitive challenges, he survived. We renewed our wedding vows at our local church, surrounded by friends and family, and we have finally gone on that Norwegian Fjord cruise. All boxes ticked.

As a family, we still carry scars, some physical, many emotional. Our granddaughter missed all the milestones of her transition to secondary school and developed deep anxiety from everything she witnessed, yet she never once complained. We later lost parents and relatives to Covid, and life has never quite been the same.

We will never take life for granted again. Everyone assumed I was the one most at risk, overweight, diabetic, on blood pressure medication, but Covid instead brought the healthiest of us to the brink."

The Covid-19 pandemic changed all our lives in ways we could never have imagined.

Within these pages are real stories from those who lived and worked through that time; stories of loss, courage, compassion, and quiet resilience.

But these are just a few voices among many. We know there are countless others with experiences that deserve to be heard.

If you have a memory, reflection, or story to share, we'd love to hear from you. Together, we can ensure these moments are never forgotten.

E: paul@forestholmehospice.org.uk
T: 01202 670644
A: Forest Holme Hospice Charity, 5 Seldown Road, Poole, Dorset, BH15 1TS

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Charity No: 1038021