

Text of email leaked to ITN

Dear all,

We hope you had reasonable Christmases. Thank you to those of you who were working, in whatever capacity.

Weekly emails no longer seem sufficient as things are changing so fast. We now have over 90 patients on ACCU across the two floors (6 pods of roughly 15 patient each). The number of people with Covid continues to rise rapidly.

Every hospital in North East London is struggling, some with insufficient oxygen supplies, all with insufficient nursing numbers. Believe it or not, Royal London critical care is coping well relative to some sites. We have often had to help out our neighbours by taking patients they simply do not have capacity to manage. General medical bed numbers (so called 'G&A beds') are being increased as well as critical care beds.

Kent is in a similar, if not worse, position. You may have heard on the news that they are sending patients to South West England. The rest of London is probably a couple of weeks behind NEL, but their hospitals too are filling up. NHS London have asked the other sectors to expand capacity in much the same way as we have.

We are currently working on 4E, 4F, 15C, and 15E (both sides). As in the first wave, many nursing staff from a variety of areas have been redeployed to help. ICU nurses from Barts are now a regular feature. We have also been joined by ICU consultants and trainees from Barts.

We will soon be joined by Barts cardiology registrars, to populate a further tier of senior trainees. The anaesthetic department are providing consultants to cover all off-unit calls which would normally be attended by ACCU doctors (trauma calls, code blacks, and cardiac arrests), a consultant to run one of our pods, and will be providing extra airway cover at night (to help with proning/deproning, head turns, managing deteriorations etc.) The comms team is again being boosted in numbers.

There are a few developments we wanted to update you with:

Further expansion. We have always had robust(ish) plans to staff 90 beds, which is where we are now. The new strain and failure of tiers have led to an unexpected increase in numbers however. We are going to have to open more beds. NHS London are authorising 1:3 nursing ratios. We are still gathering together enough staff to do so (both medical and nursing), but the next base of operations to open will be half of 15F. In the meantime, we are going to squeeze extra beds in to the existing 15th floor wards.

The ACCU consultant rota will change from next week back to what it was in the first wave. There will be a separate admissions consultant, working alongside the 1113 trainee. The consultant on call overnight will be resident.

We will be sending more regular, probably daily, emails to nurses with some simple facts to try to keep you in the loop. Feel free to ignore this, as really important information will come separately, or in our weekly(ish) emails (the ones with pictures and/or poems). We are also exploring setting up screens in staff rooms to display useful information/encouraging ditties/vaccine updates etc.

We are starting a daily Teams feedback forum in which to raise practical problems, in an attempt to catch these early, and solve the solvable.

We would like to take this opportunity to reiterate the fact we are now in disaster medicine mode. We are no longer providing high standard critical care, because we cannot. While this is far from ideal, it's the way things are, and the way they have to be for now.

In terms of how much you do for each patient, discuss this with your nurse in charge and/or the medical team. Some will still need hourly obs, others won't. Some will still need 4 hourly rolls, but others may be OK with two rolls per shift. This may even change during the shift.

Things are going to get harder before they get better (which they will, eventually). As we get busy, we all tend to reach a limit, in some way or other. Different people will do this in different ways at different times. Bear with them, offer an ear/shoulder (metaphorically of course, while maintaining social distancing!), be understanding. We'll get through this better by getting through it together.

Best wishes