NHS
East London
NHS Foundation Trust

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23rd September 2020

Our reference: FOI DA3539

I am responding to your request for information received 10 September 2020. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,

Ayo Adediran
Information Governance Coordinator

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision. If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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Request:

Question 1. **Does your Trust use "Exception Reports" for doctors flag when day-to-day work varies significantly and/or regularly from the agreed work schedule?**

Answer: Yes, the Trust uses exception reporting via DRS system and monitored by the Guardian of Safe Working - all doctors on the 2016 contract are encouraged to report exceptions to work schedules. The Guardian reports on exception reporting to the Trust Quality Committee and any issues raised are in the public domain.

Question 2. **If so, how many exception reports were logged as raising an immediate safety in the 2018/19 financial year?**

For each occurrence please state
(a) when the incident took place,
(b) which Trust site did it relate to and
(c) provide a detailed, verbatim account of how the doctor described the concern as per the level of detail in the two examples below:

EXAMPLE 1:
2 May 2017 – 0800 – "There are supposed to be a core number of 3 SHOs on the Rota, today there is only myself. The on-call full shift for neurosurgery (SHO) is under the empty slot on the Rota and has not been filled. The other SHO due to be in work today is now off post-nights as she was moved to nights last week last minute to cover another gap in the Rota. The Rota coordinator has put the shift out for locum. This gap in the Rota has been known about for at least 5 days. A datix is also being completed." This incident was immediately notified to the directorate manager who put in support with the registrar and ensured the consultant on call was aware of the situation. In addition on a daily basis have put in plans toreview medical staffing"

EXAMPLE 2:
23 May 2017 – "Pulled from Breast Surgery day job at 11am and told I must come in and cover medical nights overnight for the rest of the week, despite being on Surgery. Told on the phone that the deputy medical director had talked to my consultant and said I must do this, as there would otherwise only be a single SHO looking after all of the medical patients in the hospital. After discussion with my consultant we reluctantly agreed that the best measure from a patient safety perspective would be for me to attend this shift, despite it being unsafe and bad for my personal training/development. Unfortunately, I did not manage much sleep before coming in for the night due to the short notice. Other than myself, there was only one doctor on ward cover nights (out of 3) and two SHOs and an F1 in MAU. Between myself and the other SHO on ward cover we were responsible for the care of 436 patients between the two of us, while carrying the crash bleep which covers the whole hospital (and incidentally kept us busy from around 04:00 - 07:00). We have Datix'd the unsafe environment and want it to be noted while having done our best; this was a very unsafe shift from the patient perspective."

Answer: Five exception reports were raised as immediate safety concerns in the 2018/19 financial year. Please note, it is the doctor's subjective decision as to whether to raise reports as having 'immediate safety concerns'. All reports are reviewed by the Guardian and supervisor on submission.

Report 1: 44588
a) 04/09/2018
b) City and Hackney and Forensics
c) I was the SpR on call on long day Sunday shift; 02/09/18 for City and Hackney. In these shifts; there are two resident SHOs (one for the ward cover and another one for Psych Liaison/HPM); a resident SpR; as well as the non resident consultant on call for the shift. On that day; no SHO turned up to cover the Psych Liaison (HPM). There was discrepancy between the 6 months SHO rota (which was distributed to the SHOs at the start of the rotation) and between the monthly rota that was released for the month September; in that the two rotas were showing different people doing the same shift. As a result; the SHO who was meant to do the ward cover held both bleeps; however we coordinated tasks between us being on constant communication with each other. There was no time for enough break within the 12 hour shift. The handover to the night shift was more than usually; as naturally; we prioritised tasks that needed immediate/urgent attention. I left the workplace about 1 hour late.

Report 2: 58074
a) 27/03/2019
b) Newham
c) On 27/03/19 I was listed as the on-call ward cover from 9-21:30. As it was a weekday; I also had some lighter HTT commitments to also attend to; expecting a degree of ward cross-cover for the hospital ward between medical teams.It was a very difficult shift. with very poor levels of medical staffing and coupled to a backlog of workloads on most wards; seemed to create an fairly uncontained and potentially dangerous environment. The medical cover appeared to be particularly poor as the GP trainees were all away at a speciality training day; the Ruby SHO and consultant were away and I understand that for the entire hospital and HTT there was only myself; Arjan and Rhema as SHOs; the later two tied up in ward rounds and leaving at 13:00 for teaching. Due to a combination of high workload and no other ward doctors I was unable to achieve any rest breaks in the entire 12.5 hours due to significant qualities of emergency and urgent work that could not wait. Considering this was a weekday; there was also no associated SpR on call to assist with he 136 assessments and it did not feel safe.I know that we are all aware that this is a busy job but there is a safety issue regarding the medical support for Newham Centre for Mental Health and this was most recently officially raised at the J/S meeting on 20/03/19 as a patient safety issue. I hope that the concerns regarding the level of medical cover on call is given serious consideration; particularly that the cross-cover arrangements between wards are made to be more robust and do not simply fall to one doctor but also that the on call staffing levels and skills reflect the workload to avoid potential serious incidents.

Report 3: 51411
a) 13/12/2018
b) Tower Hamlets

c) Completing mental health act assessment paperwork - 0.75 additional hours

Report 4: 56467
a) 06/03/2019
b) Tower Hamlets
c) Was on call in the morning due to last minute sickness of duty on call doctor (9-1). Afternoon duty doctor (1-5 pm) then did not arrive on site on time as read the rota incorrectly thinking he was not meant to be there until 5pm. Unfortunately the same day was a mandatory teaching day for trainees at Barts; and I had to miss the entire day of teaching due to emergency medical cover on the wards at MEH

Report 5: 42352
a) 01/08/2018
b) Tower Hamlets
c) Acting Down - No SHO night ward cover core trainee notified management on the morning of shift (full details remain unclear). Management were unable to find locum and offered rate of £60.52 to trainees and speciality doctors but without luck. I was notified that I would be acting down at Newham as onsite SHO and a SpR locum shift from home was offered to a speciality doctor. Just to mention that it remains unclear in the acting down policy whether SpR that act down are entitled to the £250 honorarium payment. Furthermore the policy is not clear as to the role of the General Adult/Old Age/LD SpR with regards to CAMHS wards and patients. For example; during the shift I provided a TTA repeat prescription to a Coborn patient on leave but at the same time in light of circumstances declined a referral to see/ screen a suicidal 12 year old in A&E who was later seen by the CAMHS GOSH SpR without any issue in doing so.