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Director of Nursing & Quality
East Suffolk Locality
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[redacted]

Dr Sharpstone
Suffolk Coroner's Court

[redacted]

Date: 13 May 2026

Dear Dr Sharpstone

Rebecca McLellan Inquest

I refer to your letter sent by email on 6 May 2026 and am grateful for the confirmation of your views in relation to PFD regarding each of the matters set out.

As indicated in the Trust's legal team letter on 6 May 2026, the Trust were not aware that you had an ongoing concern in relation to the management of key staff vacancies and absent staff in the Youth team. As such we would be grateful if you would consider the information below, as the Trust considers there is a system in place that addresses the ongoing concerns you have.

1. E-roster: this an electronic platform which holds all shifts across the Trust so that it is easy to see who is working and who is not at any given time to enable planning. Oversight of the E-Roster is undertaken by the Operational Manager and Community Team Manager identify gaps, manage staff absence, book additional temporary staff and provide an overview of how many hours a day each team has to manage capacity.
2. Team off duty chart: this is a chart of all staff within the team, noting who is on and off duty, on leave (of any type, planned or unplanned) at any given time. It also records who is responsible for covering the duty role (availability for urgent calls and referrals) on each day, and who is covering for staff that are off. This chart is held in the Youth Team Microsoft Teams channel to enable all staff who are working on and off site to access it quickly. The chart is created 2 months ahead of time and updated by the team administrator whenever there are reported absences or changes.
3. Daily huddle: This is a team meeting that takes place every morning and where any staffing and absences can be acknowledged and the team informed of any cover requirements. The off duty chart is then updated by the team administrator.
4. Early Warning Trigger Score (EWTS) Audit: this is a monthly audit providing a structured approach to the early identification of quality risks within a clinical team. Upon completion of the audit, a Trigger Score is calculated. The Community Early Warning Trigger Tool has 25 indicators to categorise the team capacity including vacancies, sickness, complaints, leadership post filled, medic posts filled, and more. This supports managers to recognise the risk within their team and escalate as necessary for support with staffing. The EWTS is used in conjunction with Clinical Audit outcomes, financial oversight and key performance indicators, and is a tool used across the Trust.

5. Check and Challenge for the staff roster: this includes monthly review by Associate Director of Nursing for community of the E-roster in relation to anything that may impact on team capacity (for example staff vacancies, sickness, planned leave). This regular review began in April 2026, to ensure we are looking ahead as well as at the current capacity to enable planning of team capacity.

6. Unplanned leave process: When a care co-ordinator is on unplanned leave (sickness), their patient clinic appointments are reviewed by the Community Team Manager (CTM) and team administrator. They then re allocate the appointments to another clinician or rebook them, depending on: predicted length of sickness absence, clinical risk and the intervention need of the patient. When sickness becomes long term, this managed by the CTM who reviews the staff member's caseload and reallocates to the rest of the team based on the patients' acuity and intervention levels. There is also a fortnightly allocation meeting which takes place to allocate new patients but can also be utilised to discuss and re-allocate patients whose care co-ordinator is on long term absence.

7. Planned leave process: When a care co-ordinator is due to go on planned leave, they prepare a hand over of their patients, outlining their intervention level and which patients require reallocation to cover their absence. Patients are notified that their usual clinician will not be present for their next appointment and they may see a different clinician. Patients are also informed to call the duty worker and refer to their safety plan if they need support when their care co-ordinator is on leave. For patients who are receiving specific clinical interventions from their care co-ordinator, their care may be paused until the staff member returns. This is only where it is a specialist need and this is done with the patient's consent and input.

8. Staff shortages due to vacant posts are highlighted through the EWTS audit putting in context the impact of vacancies alongside staff sickness. If the EWTS demonstrates a high score, it can trigger consideration for Business continuity for the team, reviewing capacity and what activity can be undertaken within the resources available. This would also be recorded as a risk on the trust risk register to highlight the increased risk in the team. The East Youth Team EWTS is currently 5 which would not trigger concern for the teams capacity. When staff leave, their posts are reviewed to see if the role and grade of that post meets the needs of the service or requires amendment. Posts then go through an approval process within the Trust before being advertised on NHS Jobs website and recruited to. We ensure a service user is involved with recruitment by participating on the interview panel also.

There are a number of policies relevant to the management of staff absence and vacancies, as follows:

1. Annual leave policy
2. Sickness absence policy
3. Rostering policy (which provides clear parameters for the production of rosters for all wards and departments)
4. Engagement and use of Temporary Workers including Medical Locums policy
5. Transfer policy (which sets out expectations and guidance in relation to safe transfers of care, including in relation to staff changes and sickness)
6. Supporting and Managing Attendance policy (which promotes and supports staff in minimising absence from work)
7. Trust Business Continuity Management Plan policy

The Trust have considered the lack of care coordinator in this case and since then, the E-roster, off duty chart, Check and Challenge and EWTS are all now in place to allow for a better continuation of care despite both planned and unplanned staff leave.

I hope that this further information will assist you in consideration of whether to issue a PFD, or in the drafting of the PFD. If you require any further information, I would be very happy to provide it.

Yours sincerely,

[redacted]

Director of Nursing & Quality, East Suffolk Locality