

Date: 20/10/2017

FREEDOM OF INFORMATION REQUEST FOI/013686 - Exception Reports

Does your Trust use "Exception Reports" that are used by doctors when day-to-day work varies significantly and/or regularly from the agreed work schedule? - YES

If so, how many exception reports were logged as raising an immediate safety concern since 1.1.16 to the date of this e-mail? -

54 Exception report were logged with 0 logged as immediate safety concerns.

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. - N/A

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 to review medical staffing"

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 bleed 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