

**Information Governance**

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Date Received: 9<sup>th</sup> September 2019

Response Due: 7<sup>th</sup> October 2019

19<sup>th</sup> September 2019

Dear

**INFORMATION REQUEST UNDER THE FREEDOM OF INFORMATION ACT 2000**

**You asked:**

- 1. 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 for those under the 2016 Doctors in Training Contract.

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

Rota_Site	Exception_Date	Description
RAEI	27/04/2018	I was absent from the grand round today as I was the only doctor on the ward and a patient was unwell. I spoke to my <i>consultant</i> , the consultant on the ward who asked me to stay as leaving at that time would have been unsafe. He said he could be emailed for confirmation.
RAEI	24/04/2018	Stayed late due to ward pressures. Only doctor covering the <i>ward</i> after 2pm stayed late to talk to families.
RAEI	29/05/2018	Unable to attend teaching. Only myself on the ward; first day back after a bank holiday. Ward round not finished at the time teaching started. Ward jobs still to be done.
RAEI	22/08/2018	We waited for the ward round on <i>the</i> ward to start for couple of hours (this is not unusual in <i>specialty</i> ) and tried to contact the other wards and contacted the rota coordinator to find out

		where the registrars are. There was only one registrar who was meant to cover all wards and we could not get hold of him for several hours. Around midday we finally got the news that he has called in sick so the locum and myself were left to do the ward round alone for almost all the patients. This took as well into the afternoon as we were notified so late. We then had to finish the ward round and complete all the ward jobs which was an impossible task before five o'clock. We ended up staying much longer than we should have. Only myself on the ward; no registrar or other junior. Ward round finished at 14:30 with a list of jobs that needed to be done urgently. No one to be able to hand over jobs to and therefore had to miss teaching as patient safety and care comes first.
RAEI	04/12/2018	Unable to attend FY2 teaching due to ward pressures : discussed with consultant prior to teaching who advised that given the large work load and lack of other junior staff members available to cover; it should please continue to work on the ward
RAEI	20/12/2018	

**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:**

**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 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.”**

I trust that this information is helpful to you, however if you are not entirely satisfied with this response please do not hesitate to contact the Information Governance Department on 01257 488271. If we do not hear from you within 28 days we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Foster', written in a cursive style.

Andrew Foster  
Chief Executive

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If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Wrightington Hospital, Hall Lane, Appley Bridge, Wigan, WN6 9EP

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF