

## QUESTION

Under the Freedom of Information Act I wish to request the following information:

1. Please confirm whether you have a permanent guardian of safe working hours in place at the trust. Please confirm their length of service in the guardian role.
2. Please detail the total number of exception reports submitted during:
3. Please detail the number of exception reports submitted during the time frame which focus on staff shortages/rota gaps
4. Please provide anonymised text for all of the reports fulfilling the above criteria.
5. Please provide the total number of clinical vacancies currently at the trust, separated however trust figures are usually detailed.

## RESPONSE:

1. Yes, in post since 26 July 2016
2. 2016/17 - 69  
2017/18 – 49
3. 11
4.
  - On post take for the week so already very busy but in addition two of the advanced nurse practitioners were off sick in addition all the other FY1s in my team were on annual leave/on a zero day pre/post call. Thus too much work to be done in the time period. Did not have chance to stop for lunch; rang the rota team to try and see if I could be excused from teaching at 2pm; I was told I had to go and the ""nurses would have to cope."" Returned after teaching at 4pm but had to chase scans and complete jobs from the morning ward round. Did not finish until 7pm.
  - Minimal junior staffing levels; with no middle grade cover. We stayed until 6:30pm to complete jobs and ensure there were robust plans in place for the weekend.
  - I was due to work a long day on call but due to gaps in junior staffing levels I was pulled off clerking in PCRU to stay on the ward to do ward jobs. The rota had been poorly organised as all the other FY1s and SHOs were on call/ zero days/ GP days; the SpR's were on study leave of had referrals/ clinics. This was a missed learning opportunity as rather than clerking; taking histories; examining patients and formulating management plans I was instead required to do simple admin tasks. The consultant left to do endoscopies half way through the day and

returned just before 5pm to continue the ward round. This generated more jobs that needed to be done but as it was 5pm I then had ibleep duties. I therefore completed my on call shift on ibleep and returned to the ward at 9:30pm to complete the jobs that had been generated earlier and stayed until midnight.

- Only 2 junior members of staff were rota'd on the ward. In addition; one of the registrars was off sick; requiring the other registrar to cover clinics & referrals and not be available to assist on the ward. This meant there was minimal staffing on the wards to do all the jobs.
- Only 2 junior members of staff rota'd on the ward. Given the volume and complexity of patients on the ward; this often requires us to stay later to ensure the majority of ward jobs are done.
- I was the only junior staff on the ward on this day; and had to complete the jobs for all 26 patients. (Registrar) and (Consultant) also stayed behind to help me.
- Denied the opportunity to attend mandatory teaching and was told to stay on the ward due to short staffing. Was also initially told teaching was cancelled which turned out to be untrue. So I will now miss the 3 hours of teaching to help out on the ward.
- Advised to log this incident by ED registrar. Was working night shift overnight on the 14th when we started with an SHO down and the med Reg collapsed due to exhaustion / illness around 5am.
- FY1 working surgical e-discharge shift unavailable to work due to sickness. No FY1 able to cover the shift. I was on twilight ward cover and was just expected to cover both the wards and all discharged on that day.
- 15 mins of 60 mins natural rest taken. Med SpR sick so one out of two Reg posts unfilled for five hours of shift. Busy take with more than 20 patients to be seen by the medical team for the majority of the shift and multiple critically unwell patients on the ward.
- Staff shortage - F1 on call absent for night shift, post not able to be filled. SHO therefore removed from take and placed on ward cover. Busy take meant full natural rest not practical, 30mins taken only. Required to complete coroner's referral for patient who died during previous shift - unable to complete prior to handover due to staff shortage, therefore remained on site to complete paperwork.

5. 41.23 WTE