

Occurrence time	ISC	Trust Site	Variance from work schedule
08 Sep 2019	yes	Darlington Memorial Hospital	<p>Summary rather than verbatim report (see covering letter): This report flags concern with respect to the level of junior doctor cover across a number of wards / areas, on the particular shift, taking account of the need for more senior staff to assist with emergencies and a high number of sick patients. The report notes the impact on the junior doctor (long hours and the lack of a break) and a risk of delays to patients receiving medications and discharge letters. The author has therefore flagged the matter due to the impact on staff and because they perceived there to be a risk of harm to patients.</p> <p>Routine bloods. Reviewing sick patients. Sorting out bloods for the weekend.</p> <p>Many unwell patients across wards (including boarders), direct admission to other wards that needed clerking, influx of admission during the day which needed immediate management, ward at minimum staffing levels, urgent jobs that needed to be done but oncall f1 was very busy with admissions so myself and F2 stayed until 19:00 to clear jobs as would have direct impact on patient care.</p> <p>Stayed until 7pm to complete work from today. As much as possible handed over.</p> <p>No doctors on call on general surgery so only 1 doctor on the ward on this day.</p> <p>On this date, I was required to work an extra 5 hours after my shift should have ended. Therefore, instead of working an 8 hour day, I worked a 13 hour shift.</p> <p>ETWD suggests that we receive 11 hours break between shifts. The clock went forward at 01:00 on Sunday which reduced the rest period to 10 hours. In addition, due to a Cardiac Arrest during handover, I did not finish until 22:30.</p>
30 Aug 2019	yes	Darlington Memorial Hospital	
06 Feb 2019	yes	University Hospital North Durham	<p>Summary rather than verbatim report (see covering letter): This report flags concern with respect to the level of junior doctor cover across a number of wards / areas, on the particular shift, taking account of the need for more senior staff to assist with emergencies and a high number of sick patients. The report notes the impact on the junior doctor (long hours and the lack of a break) and a risk of delays to patients receiving medications and discharge letters. The author has therefore flagged the matter due to the impact on staff and because they perceived there to be a risk of harm to patients.</p> <p>Routine bloods. Reviewing sick patients. Sorting out bloods for the weekend.</p> <p>Many unwell patients across wards (including boarders), direct admission to other wards that needed clerking, influx of admission during the day which needed immediate management, ward at minimum staffing levels, urgent jobs that needed to be done but oncall f1 was very busy with admissions so myself and F2 stayed until 19:00 to clear jobs as would have direct impact on patient care.</p> <p>Stayed until 7pm to complete work from today. As much as possible handed over.</p> <p>No doctors on call on general surgery so only 1 doctor on the ward on this day.</p> <p>On this date, I was required to work an extra 5 hours after my shift should have ended. Therefore, instead of working an 8 hour day, I worked a 13 hour shift.</p> <p>ETWD suggests that we receive 11 hours break between shifts. The clock went forward at 01:00 on Sunday which reduced the rest period to 10 hours. In addition, due to a Cardiac Arrest during handover, I did not finish until 22:30.</p>
30 Jan 2019 19:00	yes	University Hospital North Durham	
07 May 2018	yes	Darlington Memorial Hospital	
29 Mar 2018	yes	University Hospital North Durham	<p>Summary rather than verbatim report (see covering letter): This report flags concern with respect to the level of junior doctor cover across a number of wards / areas, on the particular shift, taking account of the need for more senior staff to assist with emergencies and a high number of sick patients. The report notes the impact on the junior doctor (long hours and the lack of a break) and a risk of delays to patients receiving medications and discharge letters. The author has therefore flagged the matter due to the impact on staff and because they perceived there to be a risk of harm to patients.</p> <p>Routine bloods. Reviewing sick patients. Sorting out bloods for the weekend.</p> <p>Many unwell patients across wards (including boarders), direct admission to other wards that needed clerking, influx of admission during the day which needed immediate management, ward at minimum staffing levels, urgent jobs that needed to be done but oncall f1 was very busy with admissions so myself and F2 stayed until 19:00 to clear jobs as would have direct impact on patient care.</p> <p>Stayed until 7pm to complete work from today. As much as possible handed over.</p> <p>No doctors on call on general surgery so only 1 doctor on the ward on this day.</p> <p>On this date, I was required to work an extra 5 hours after my shift should have ended. Therefore, instead of working an 8 hour day, I worked a 13 hour shift.</p> <p>ETWD suggests that we receive 11 hours break between shifts. The clock went forward at 01:00 on Sunday which reduced the rest period to 10 hours. In addition, due to a Cardiac Arrest during handover, I did not finish until 22:30.</p>
25 Mar 2018 22:30	yes	University Hospital North Durham	