ISC	yes

Year	Month	Variance from work schedule
2018	6	No cover on department. Asking one SHO to hold both bleeps during the daytime compromises patient care and puts that doctor at increased personal risk of making a mistake due to the pressure brought on by the increased workload.
	8	Patient had not been clerked from Ward. Had to stay late to ensure patient had all meds prescribed, otherwise patient would have been at risk.
	9	not following the MATRIX protocol.
		No other SHO available all day. Covering the workload of 3 people all day.
		Only SHO in the department all day. No extra cover arranged, as per previous 2 days.
		Only SHO on call all day. No other SHOs rota'd in to help due to unfilled post.
		Worked overtime. Little support after 5pm.
	10	Staffing shortage in a vulnerable rota. Extended working hours and working through breaks. Chronic problems associated with ward inefficiencies and badly designed on call rota.
		Hour overtime. Worked 2nd on call evening 5-10pm. I was not able to leave my seat until 6:45pm as I was constantly replying to bleeps. There was a very large volume of sick/high NEWS patients on the on call shift - too large for one doctor to handle.
		Today we had no senior support. Ward does not have the staffing capicity to maintain patient demand. We did not finish ward round till 4:30pm and our first break was at 5pm (this was supposed to be hometime). We then had to stay till 7:00pm to complete jobs.
	11	1 person covering 4 person job. No opportunities for meal breaks. I was on call from 1700 as well and made a point of taking a meal break at 1700 before completing remainder of absolutely necessary ward jobs after hours then moving on to clerking as part of on call commitments.
		4.5 hour late finish as ward was short staffed. There were delays in assessing potentially and actually unwell patients due to diagnostic tests/procedures being delayed/cancelled.
	12	My F1 and I started this weekend shift with 57 patients on the Junior Review list on Saturday. This increased to 68 on Sunday. We were both constantly bleeped, preventing us from addressing the jobs on the Junior Review list. I answered over 60 additional bleeps over the weekend. On both days, we have both not been able to take our 1 hour break for a shift lasting more than 9 hours as per the TCS 2016, resulting in a total of 2 additional hours of work over the weekend.
2019	1	Tremedous understaffing with a large burden of discharges, TCIs, ward tasks and ill patients for only one doctor to undertake to ensure patientsafety and standard of care are maintained
	2	Due to gaps in rota/new staff being inducted I ended up being on call SHO. There was a helper SHO who worked hard in the afternoon - they was meant to finish at 1700 but ended up staying past 9pm like I did. We shared the bleep between us. The workload was heavy throughout the day, and the situation was exacerbated by having patients being spread out over a large number of wards all over the hospital.
		Due to new inductions I ended up covering the SHO bleep. There was a helper who worked hard and stayed a bit late. The bleep was shared between us. The day was busy, and again patients were spread all over the hospital. When I was about to finish at circa 1930 I was asked to assess a post-op patient. I ended up staying to assess and treat patient. Also note risk of fatigue and hunger/thirst leading to risks to wellbeing/impaired performance.
		Due to sickness absence we were a SHO down from 1730 to 2030. I was moved from wards with little handover to allow consultants who stayed late and worked hard to cover several wards. She stayed in site until past 8pm.
		Risks identified during the peri-arrest call described in the next section: 1. Nursing staff prioritising handover over clinical emergency 2. Insufficient gas machine training or access availability (0% day and night Nursing/HCA team on Ward was able to run a sample or proactive in delivering it). 3. Poor BLS/ALS training in the general staff - nurses were not following ABCDE algorithm and were not proactive in being available for the necessary management despite my requests.
		Workload especially in evening was unmanageable. Sickness of reg meant some difficulties in accessing senior support. As I was being called to several wards documentation was delayed. Not helped by medications not available on ward.