

In tray exercise

You are busy DGH and see 90 000 patients per year.

You are a newly appointed consultant and make up a total of 4 WTE.

You have 4 registrars, 2 specialty doctors and 12 SHo equivalents, 2 FY1s

One of your colleagues is on holiday and another is teaching on ATLS.

Your normal working day is 0900-17:00

It is now 08:45

Timetable for the day:

0900 Ward Round

1030 Clinic (6 patients)

1130 Shop floor

1330 SHO Teaching: The Hand

1430 Meeting Clinical Governance Group

15:30 Cardiology liaison meeting

16:30 Senior Team meeting in department

PAT/11/347 Monday 11 April 2011

Dispatches – statement in advance of broadcast transmission

THE Trust has been made aware that October Films is producing a one-hour documentary for Channel 4's Dispatches Programme to be broadcast on Monday 11 April 2011 at 8:00 pm.

The documentary is called 'Undercover Hospital' and the company state: "The documentary examines some of the current pressures facing hospitals such as the drive to meet targets, high bed occupancy and how these factors impact on patient care and in particular the care of the elderly".

During the making of this programme, unknown to the Trust, two undercover reporters, one Sarah Collinson, posing as a Trust volunteer, and one Karim Shah, posing as a Bank Porter, had covertly filmed and recorded aspects of patient care and hospital life including conversations with and between members of staff between 13 December 2010 and 4 March 2011 at North Manchester General Hospital. We do not know what they filmed or recorded because the company has, to date, not shown us any of the footage. Despite requests, the Trust has still not been shown any of the film or transcript.

The Trust voluntarily invited the programme producer, film crew and reporter Tazeen Ahmad to visit North Manchester General Hospital last week (7 April) to discuss and respond to the issues in their letter of 31 March 2011 and arrangements were then made to visit the A&E and MAU Departments and interview the Trust Chief Executive.

In a one hour meeting with the programme producer the only issues raised were those in their letter of 31 March 2011. The interview with the Chief Executive commenced on a misleading basis since different and previously undisclosed allegations were made on camera during the interview. This led to the interview being terminated. A subsequent letter of 8 April 2011 contained a new list of allegations which had not been raised by the producer in the meeting despite assurances that all issues had been disclosed.

John Saxby, Chief Executive of The Pennine Acute Hospitals NHS Trust, said:

"We take all issues of patient safety and patient care extremely seriously. We do not accept the unfounded, unsubstantiated and very serious allegation about compromising patient care to meet targets. The allegation attacks the heart of the relationship between health care professionals and their patients. Dispatches is stating a view that medical and nursing staff would put delivery of an NHS target above their responsibility to provide the best care possible to their patients. We utterly reject such an allegation."

NEWS RELEASE 2

"Despite the fact that we cannot substantiate most of the allegations made by Dispatches we have invited the independent regulator the Care Quality Commission (CQC) to come in to review our standards of care and all cases set out in the documentary."

The Trust has taken legal advice to protect the interests of its patients and staff.

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The Trust is also aware from other media that Dispatches may have footage of staff making comments about patients and inappropriate language and behaviour towards patients. We have not seen footage of any such incident but shouting, forcing food or making derogatory remarks would clearly be unacceptable behaviour. The Trust's disciplinary process details unacceptable behaviour as a disciplinary matter for disciplinary investigation and action.

Notes to editors:

The Pennine Acute Hospitals NHS Trust runs Fairfield General Hospital in Bury, North Manchester General Hospital, The Royal Oldham Hospital, Rochdale Infirmary and services at Birch Hill Hospital. It has a total revenue budget of £580m. It employs around 10,000 staff and serves a population of approximately 800,000 people.

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MEMO

TO: You

FROM: Secretary

I have a reporter who has just phoned and requested a meeting. I have booked her in to see you at lunch time (13:00). She wants to ask some questions about alcohol in the emergency department and the effect of the 24 hour pub opening.

Hope this is OK.

Regards

Miss X

18th February 2010

Complaints Department
IM&T Building
Hospital

COMPLAINTS

RECEIVED

Dear Sirs

Re:- Samantha [redacted] Removal of her Kidney

I wish to ask if it could be possible that you could look into something for me.

Over two years ago my daughter Samantha started to complain of pains in her lower back, they became so severe I had to take her to the A&E department. Over the next two years we were told so many times that her problem was a muscle pain in her lower back. My GP said this, the A&E doctors, [redacted] walk in centre, and I think we used dial a doctor, they all gave the same prognosis.

Samantha started Six Form College at [redacted] to do her A levels one of which was in dance, she had been dancing in competitions for over ten years, she was in so much pain a few hours after her lessons she had to give the dancing up, then it took her two or three days to recover. Samantha also had a weekend job in a restaurant and the back pain became so horrendous a few hours after finishing her shift's it also took her another few days to recover.

In the end she got behind in her college work and left, also she was asked to leave her job because some days she could barely walk or stand up straight. We now know that all this was do to her drinking lots of water/juice, it was hot

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when dancing and very hot running around the restaurant. I always encouraged Samantha from an early age to drink lots of water. When we finally came to see the consultant at [REDACTED] he gave us three options, one was to leave the kidney alone. (This was not an option to Samantha as she was still having terrible pains) she still had them up until three days before her operation.

To try and repair the kidney or to have the kidney removed. (I think the kidney was beyond repair at this stage) I would like to know how badly damaged the tube that leads to the kidney was. (Could this have been repaired if diagnosed a year or so earlier).

I would like to know how many times we came to A&E [REDACTED], the walk in centre [REDACTED] and our GP. She was also given antibiotics on and off for over a year, what were they for. The consultant informed us about the operation procedure and the scar this would leave, Samantha was horrified, being only seventeen she did not want a large bumpy scar, he never offered key hole surgery, when I asked I was told the consultant who did the key hole surgery was off on sick leave with an injured shoulder. I asked to be referred to [REDACTED]. A copy of the referral letter was sent to me and I was astounded to read they had requested the wrong Kidney to be removed, so I had to phone [REDACTED] to get all this sorted out.

Samantha has had a terrible two years of suffering and I feel our NHS system had let my daughter down. This affected/dominated our lives for two years, I really do believe if you keep going back to A&E with the same problem they should have investigated more thoroughly.

Samantha is back at college doing her A levels (not dance) a year behind all her friends, they all go to University this year while Samantha has to attend another year at college.

I look forward to your reply.

[REDACTED]
[REDACTED]

Samantha's Mum

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MEMO

TO: Consultant

FROM: Dr Domore

Dear Dr,

I was on duty on the late yesterday and something happened in resus that I should let you know about.

We had a Joe Bloggs, hosp number 0123456, aged 86, who presented in fast ventricular tachycardia with a rate of 170, and a blood pressure of 85/45. The medical registrar (Dr Brain) was in resus at the time and rapidly became involved in the case prior to A&E doing any definitive care on this patient. He proceeded to give the patient midazolam, and then cardioverted them successfully. However, during this time, he lost the patients airway, and they were not breathing to well, so the anaesthetist, Dr Gasman, came and intubated the patient with no other drugs except sux. He then gave atracurium, and after about half an hour, it was noticed that the propofol infusion was not on! I think that this patient was mismanaged and wanted to bring it to your attention, as you were on call, so you can shout at these half wit medics and anaesthetists.

Regards

Mary

ST5, EM

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Your senior (ST6) and very conscientious Registrar from last night comes to see you in distress.

She was on over night, and it was a very bad night with very long waiting times, no beds in the hospital so the A&E was totally blocked with patients waiting for beds. There was no free cubicles and the resus was full. There were a number of ambulance stretcher patients on the corridor waiting for cubicles.

Medical patients were being seen and transferred to a nearby hospital within the same Trust. She was asked to see a patient in the back of the ambulance who had been complaining of some SOB. After a rapid assessment, the patient was symptom free and the obs were all normal, so the ambulance was dispatched to take the patient directly to the other hospital.

The stand by phone goes after 10 minutes, and the patient is brought back after having had a VF arrest en route.

On arrival back in A&E, the patient has required 2 shocks, there is ROSC, she is intubated, ventilated with reasonable output. The patient is in ITU.

The registrar is upset, stressed about the state of the department and worried she sent this patient off in the ambulance and that she may have done something wrong.