MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Report of:	Professor Jane Eddleston, Joint Group Medical Director		
Paper prepared by:	Ged Terriere - Guardian of Safe Working- (In post from May 2019) Dr Simon Watt - Guardian of Safe Working- (In post until April 2019)		
Date of paper:	September 2019		
Subject:	Annual report from Guardian of Safe Working (Period August 2018 – July 2019)		
Purpose of Report:	The report is intended to: 1. provide assurance to the HR Scrutiny Committee that doctors and dentists in training are safely rostered and that their working hours that are compliant with the Terms and conditions of service. 2. highlight areas of concern to the Committee		
Consideration of Risk against Key Priorities	Staff satisfaction and reputation of the Trust		
Recommendations	That the HR Scrutiny Committee notes the content of this report		
Contact:	Name: Ged. Terriere Email: gerard.terriere@mft.nhs.uk		

Annual report from the Guardian of Safe Working Period August 2018 – July 2019

1. Background

The Terms and conditions of service, (TCS) of the junior doctor contract (2016) require the Guardian of safe working (GoSW) to submit a quarterly report as well as an annual aggregated report. The reports should be submitted directly to the Trust Board or through a committee of the Board. Within the Trust, the HR Scrutiny Committee is the designated committee to receive these reports.

Quarterly reports have been submitted to the committee and this is the annual report reflecting the findings for the period 01/08/18 – 31/07/19.

2. High level data

Total number of doctors/dentists in training	861
Total number of doctors/dentists in training on 2016 TCS	561

During the last year, there has been an increase in the number of doctors and dentists in training employed on the 2016 Terms and conditions of service within MFT. Over 60% of medical trainees are now on the 2016 contract. It is anticipated that all doctors and dentists in training will have transferred to the 2016 TCS within the year.

3. Exception reports

Doctors and Dentists in training, (2016 contract only) are asked to electronically submit exception reports when they work over their contracted hours, miss educational opportunities and breaks. On average, 50 exception reports are received every month. This is a higher than the previous year's average of 42, reflecting the increase of doctors on the 2016 contract.

It should be noted that exception reporting has not been fully embraced by the trainees. Had this been the case, more exception reports would be expected. This however is a national issue.

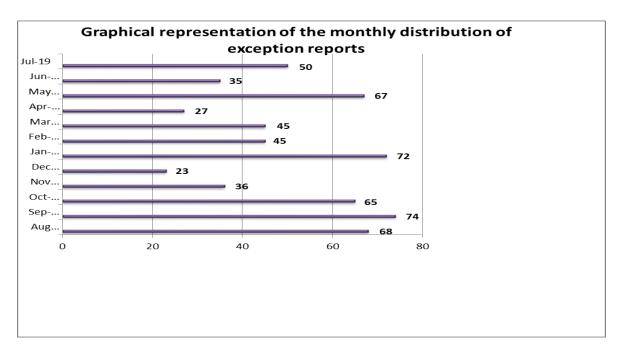
Engagement of educational supervisors with the exception reporting process is overall good. Unlike a number of other Trusts, few exception reports are required to be signed off by the GoSW. However the timescale for dealing with exception reports is an area requiring improvement. The mean timescale ranged from 13 - 163 days. This will be one of the areas of focus this year.

The majority of exception reports are submitted by Foundation doctors. There has generally been less engagement with exception reporting from the Core and Specialist training grades although an increase in the number of exception reports submitted by these 2 groups has been noted over the last 6 months. As the Foundation doctors progress to senior posts it is anticipated that the level of engagement will increase.

Please find outlined below the number of exception reports submitted each month and a breakdown of the total number of reports by grade, type, outcome, speciality and reasons for submission.

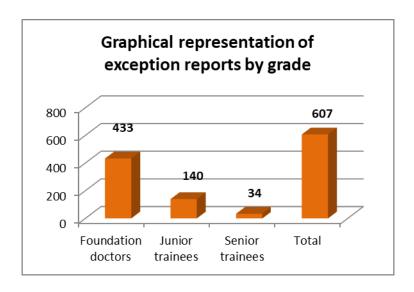
3.1 Total number of exception reports

A total of 607 exception reports were submitted from 1st August 2018 to 31st July 2019. Graphical representation of the monthly distribution is highlighted below.



3.2 Exception report by grade

Grade	No. of exceptions reports raised in this period	%
Foundation doctors	433	71%
Junior trainees	140	23%
Senior trainees	34	6%
Total	607	100%

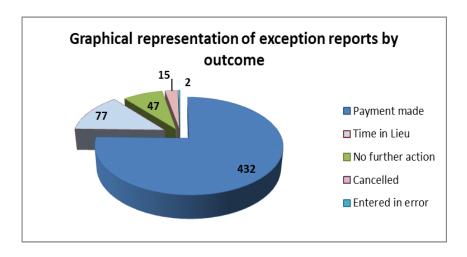


3.3 Exception reports by outcome

Outcomes	No. of exceptions reports raised in this period	%
Payment made	432	71%
Time in Lieu	77	12%
No further action*	47	8.5%
Cancelled	15	3%
Entered in error **	2	0.5%
Pending	34	5%
Total	607	100%

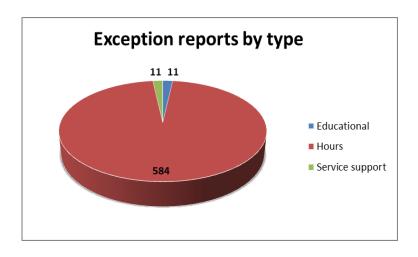
*No Further action – Use of this outcome needs be reviewed. It has been used to ensure that exception reports are closed in a range of circumstances including where additional payments, identified as a result of work schedules, have been made outside the exception reporting system, for exception reports relating to lack of breaks and when doctors have reported rota gaps but not worked any additional hours. Use of this outcome is misleading in these cases as it does not reflect actions that have been taken by the supervisors.

**Entered in error – The 2 exception reports were initially forwarded to the clinical supervisors instead of the Educational supervisors. Both were appropriately resubmitted to the educational supervisors.



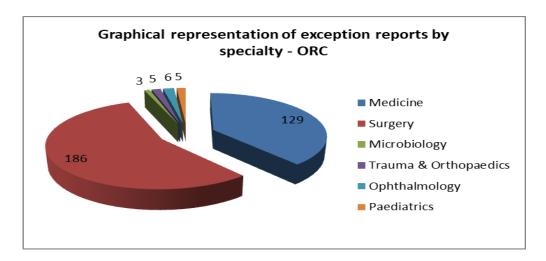
3.4 Exception reports by type.

Туре	No. of exceptions reports raised in this period	%
Educational	11	2%
Hours	584	96%
Service support	11	2%
Total	607	100%



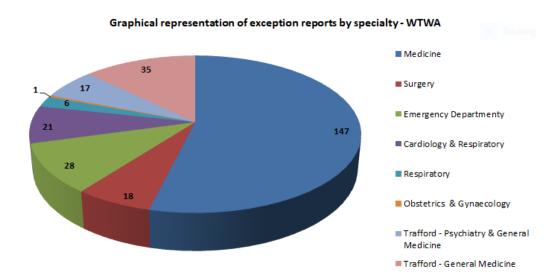
3.5 Exception reports by Speciality

3.5.1 ORC	
Speciality	Number of ERs
Medicine	129
Surgery	186
Microbiology	3
Trauma & Orthopaedics	5
Ophthalmology	6
Paediatrics	5
Total	334



Within the surgical specialities, high levels of exception reports were received from Renal Transplant and the colorectal service. Both areas acknowledged the pressures on the trainees and have taken action to improve the experience of the doctors. This involved an additional doctor within the Transplantation service from August 2019 and the introduction of the consultant of the week within the Colorectal service from July 2019. The GoSW will continue to monitor these two areas.

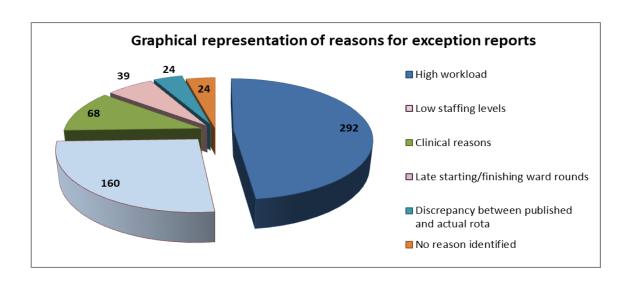
3.5.2 WTWA	
Speciality .	Number of ERs
Medicine	147
Surgery	18
Emergency Department	28
Cardiology & Respiratory	21
Respiratory	6
Obs & Gynae	1
Trafford – Psychiatry & General medicine –	17
Trafford - General Medicine -	35
Total	273



Within the Medical Specialities, high level of exception reports was received from Gastroenterology. This was associated with gaps in rota which has improved from August 2019. A high number of incident reports was also submitted from A&E. It was identified that the doctors were working a different rota that the one originally agreed. This was reviewed with the involvement of staff in Medical Workforce and the doctors appropriately recompensed for the additional work undertaken. As above, the GoSW will continue to monitor these areas.

3.6 Reasons for exception reports

Reasons	No. of exceptions reports raised in this period	%
High workload	292	48%
Low staffing levels	160	26%
Clinical reasons	68	11%
Late starting/ finishing ward rounds/clinic	39	7%
Discrepancy between published and actual rota	24	4%
No reason identified	24	4%
Total	607	100%



4. Safety concerns

16 of the exception reports received were identified by the doctors as a safety issue. Most were associated with low staffing levels and 3 with inability to take breaks. As for all exception reports these are reviewed by the educational supervisors. It would be helpful for the clinical lead/ Director to also be made aware, at the time, that a safety concern has been raised within their sphere of responsibility. This is not the case currently and a process for facilitating this will be introduced.

5. Work Schedules

Two work schedule reviews were undertaken for junior and middle grade doctors in the Emergency department at Wythenshawe Hospital after it was highlighted that the doctors were working a different rota that the one identified in the work schedule which had been forwarded to them. This resulted in additional payments being made to the doctors concerned.

A further 2 incidents, where doctors are working a different rota than originally identified in their work schedule have been highlighted and are currently being looked at.

The salary of the trainees is based on the rota initially forwarded to them. Importantly also, each rota is checked by staff in Medical workforce to ensure that the rota is compliant with the TCS. Any changes to the rota should therefore be made with the involvement of the Medical workforce staff to ensure that the rota remains compliant and that the salary is correct. This is being raised with the hospital Medical Directors for dissemination within their teams.

A number of work schedule reviews have been requested by educational supervisors. It is not clear if these are being undertaken and, if so, what the outcomes are. The process for undertaking work schedule reviews will be reviewed by the GoSW.

6. Fines

Fines are levied when working hours breach one or more of the following situations:

- 1. the 48 hour average working week
- 2. more than 72 hours worked within any consecutive 7 days
- 3. where the 11 hour rest requirement has been reduced to less than 8 hours
- 4. where meal breaks are missed on more than 25% of occasions

A proportion of the fine is paid to the doctor with the rest paid into a fund managed by the GoSW as specified in the 2016 TCS. The TCS also specifies that the Junior Doctors' Forum is the body that decides how accrued monies in the fund are spent.

It has taken some time to establish a robust process to identify and levy fines on departments that breach the safe working limits. During this period 4 fines were levied. 2 of the fines related to working in excess of the 48 hours average working week within the Renal Transplantation service and the other 2 breaches related to working more than 72 hours within 7 consecutive days with the Gastroenterology service at Wythenshawe Hospital.

Fines totalling £1,289.29 have been levied. Of this, £816 was paid into the GoSW's fund. None of the funding has been spent as yet.

The modest amount levied in fines demonstrates the significant work undertaken by staff in the medical workforce department in conjunction with the clinical teams to develop compliant rotas.

7. Locum bookings (Bank & Agency) by department

Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
A&E	1,423	1,212	13,821	11,057
Medical Assessment	711	661	5,177	4,753
Acute ICU	109	72	1069	757
Anaesthetics	114	63	1007	568
Burns and Plastics	194	170	2191	1916
Cardiothoracic Surgery	340	260	2386	2675
Cardiology	99	68	991	615
Radiology (Paediatrics)	92	59	850	618
Paed Dentistry, Restorative	144	0	1,144	0
Dermatology	139	110	1,026	414
Diabetes & Endocrinology	31	19	259	154
ENT	743	696	7915	6878
Gastroenterology	652	568	5324	4352
Haematology	11	10	113	97
Main X-ray	37	24	342	200
Maxillofacial	257	230	2603	2277

Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
MRI &REH & TGH Oral and Maxillofacial Surgery	1,071	565	11,284	5,201
MRI & TGH General Surgery	1,050	545	10,235	5164
MRI & TGH Orthogeriatrics, Orthopaedic and Trauma Surgery	2,386	1,147	22,622	11,131
MRI Acute, Elderly, Medicine, Resp, Stroke & Endo	5,026	3,419	44,223	29,064
MRI Anaes, Critical, Maternity, Theatres, Obs	491	330	5,100	3,506
MRI Cardiology	1,275	670	12,635	6,135
MRI Cardiothoracic Surgery	865	535	8,832	5,284
MRI - Care of the Elderly	728	317	6,564	2,549
MRI - Dental	28	28	278	278
MRI - ED	2,205	1,874	18,592	17,186
MRI - Haematology	202	86	1,784	972
MRI- ITU	95	72	1066	886
MRI -Renal Medicine	297	155	2693	1,303
MRI Renal Transplant	33	15	593	322
MRI Respiratory Medicine	46	0	391	0
MRI Urology	613	242	5,751	2,153
MRI Vascular Surgery	490	288	6,312	3,873
National Aspergillious	8	7	158	146
Neurology	16	12	127	76
Neurophysiology	43	34	227	178
Obstetrics	206	193	2,371	2,169
Orthopaedics	840	598	9,682	6,917
Paediatrics	220	179	2,267	1,759,
Mental health	39	38	421	418
REH & Dental Ophthalmology, Paediatric Ophthalmology-	1,116	823	9,735	7,268
REH Ophthalmology	88	43	934	645
RMCH CAMS	142	96	8,357	5,601
RMCH	4,099	2,207	35,060	20,054
St Mary's Hospital	975	442	8,027	3,170
St Mary's Neonatal High Dependancy	127	53	1,347	517
Surgery	103	97	995	864
TGH & MRI Dermatology	920	333	7,352	2,748
TGH & MRI Gastroenterology	862	504	7,682	4,286
TGH – Acute, Elderly, Chest. Medicine. Resp & Stroke	2,130	1,299	19,213	11,263
TGH - Anaesthetics, Pain	71	52	748	519
TGH _ Urgent Care/ Emergency Med	1098	742	13,096	8362
TGH – Neurorehabilitation	579	413	4,944	3,082

Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
TGH – O&G	146	114	802	618
Thoracic /Respiratory CLRN	826	767	7,301	6,189
Urology	499	387	4,636	3,870
Vascular Surgery	69	44	917	711
Wellington Unit/ Care of the Elderly rehab	818	695	6,641	5,809
Winter pressures	90	84	717	677
Wythenshawe x-ray	12	8	86	60
Breast care	33	32	297	272
Renal	22	11	227	120
Care of the Elderly Rehab	356	332	3,031	2,661
Medical Specialties	62	56	496	454
CMR Scanner	4	1	24	12
Microbiology	5	5	48	48
ISH_ Manchester	41	20	246	114
Transplant	3	1	32	8
Resuscitation	6	6	71	71
Total	38,977	25,774	363,485	237,194

5.2 Locum bookings (Bank & Agency) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked	
Consultant	8,014	5,051	66,905	41,524	
Dental core training	19	19	209	209	
Foundation (Y1)	235	200	1,765	1,509	
Foundation (Y2)	1,253	930	10,381	7,566	
StR 1-2 & Core Medical Trainees	18,556	12,877	172,621	116,689	
StR3+	10,670	6,574	109,051	68,287	
Specialty/Staff Grade doctors	230	123	2,553	1,410	
Total	38,977	25,774	363,485	237,194	

38,977 locum shifts were requested of which 25,774 (66%) were filled during the period August 2018 to July 2019.

8. Establishment figures and vacancies (Period 01/08/19 – 31/07/19)

The 2016 TCs has prompted increased recognition of the impact that rota gaps can have on both wellbeing and the quality of training.

160 (26%) of exception reports submitted specifically referred to rota gaps/ low staffing levels. Rota gaps ranged between 4 -11% within the Oxford Road Campus and between 4 - 6% at the Wythenshawe, Trafford, Withington and Altrincham site.

The establishment for each specialty and the associated vacancies for each quarter are detailed below. It should be noted that gaps in rota, associated with non-training grades, are not captured centrally and that this data is not freely available. The data below relates solely to doctors in training and as such only provides part of the vacancy picture across the Trust. However, the Trust has made a significant investment in the Allocate software which includes the e-Rostering software for medical staff. The e-Rostering software has already been introduced at Wythenshawe hospital and is expected to be fully implemented within the rest of the Trust by March 2020. This would then enable comprehensive data on rota gaps across the Trust to be produced.

A number of specialities across the Trust have been below their establishment of trainees in some quarters. 7 specialities (highlighted below) have experienced gaps in all 4 quarters. However, other than Paediatrics, there is no correlation between the exception reports received and these specialities. There could be a number of reasons for this, ie. doctors in these areas are not exception reporting or the rota is being supported by other grades of medical and non-medical staff, i.e. Physician Associates. A better understanding of this will only be possible when data on rota gaps is available for all doctors undertaking a rota. The impact that Less Than Full Time (LTFT) trainees have on the rotas will also need to be considered.

8.1 Oxford Road Ca	mpus						
Consister	Grade	Establishment	Vacancies				
Specialty	Grade	Establishment	Q1	Q2	Q3	Q4	
Academic	Foundation Year 2	2.0	0	0	0	0	
ACCS Anaesthetics	Specialty Training Level 1/2: CT2	4.0	1	0	0	0	
ACCS EM	Specialty Training Level 1/2: CT1	3.0	1	0	0	0	
ACCS ICM	Specialty Training Level 1/2: 2	4.0	0	0	0	0	
ACCS Medicine	Specialty Training Level 1/2: CT1	3.0	1	0	0	0	
	Foundation Year 1	2.0	0	0	0 0	0	
Acute Internal Medicine	SpR/Specialty Trainee Level 3+	5.0	1	0	0	0	
	Foundation Year 2	2.0	0	0	0	0	
Anaesthetics	SpR/Specialty Trainee Level 3+	39.0	1	1	2	2	
Audiovestibular Medicine	SpR/Specialty Trainee Level 3+	2.0	1	1	0	0	
	Foundation Year 1	1.0	0	0	0	0	
Cardiology	SpR/Specialty Trainee Level 3+	7.0	0	0	1	1	

Cnacialty	Grade	Establishment	Vacancies				
Specialty	Grade		Q1	Q2	Q3	Q4	
	Foundation Year 1	1.0	0	0	0	0	
Cardiothoracic Surgery	SpR/Specialty Trainee Level 3+	3.0	2	2	0	0	
Chemical Pathology	SpR/Specialty Trainee Level 3+	2.0	1	1	0	0	
Child and Adolescent Psychiatry	SpR/Specialty Trainee Level 4+	10.0	6	0	4	4	
Clinical Genetics	SpR/Specialty Trainee Level 3+	5.0	0	1	0	0	
Clinical Radiology	SpR/Specialty Trainee Level 3+	15.0	2	2	1	1	
Comp. Amounth stine Training	Specialty Training Level 1/2: ST1	3.0	0	0	0	0	
Core Anaesthetics Training	Specialty Training Level 1/2: ST2	2.0	0	0	0	0	
Core Medical Training	Specialty Training Level 1/2: CT1-3	18.0	0	0	0	0	
Cons Davidista Tasinia	Specialty Training Level 1/2: CT1	1.0	0	0	0	0	
Core Psychiatry Training	Specialty Training Level 1/2: CT2	4.0	2	0	0	0	
Core Surgical Training	Specialty Training Level 1/2: CT1-3	16.0	2	2	6	6	
Dental Core Training	Dental Core Training	17.0	0	0	0	0	
Dental Public Health	Dental SpR/Specialty Trainee Level 3+	1.0	0	0	0	0	
	Foundation Year 2	12.0	0	0	0	0	
Emergency Medicine	Specialty Training Level 1/2: GP	7.0	0	0	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	
	SpR/Specialty Trainee Level 3+	15.0	6	0	0	0	
Endocrinology and Diabetes Mellitus	Specialty Training Level 1/2: GP	1.0	0	0	0	0	
	SpR/Specialty Trainee Level 3+	5.0	3	0	0	0	
	Foundation Year 1	3.0	0	0	0	0	
Gastroenterology	Specialty Training Level 1/2: GP	1.0	0	0	0	0	
	SpR/Specialty Trainee Level 3+	3.0	0	0	0	0	
Conoral Madiair -	Foundation Year 1	14.0	0	0	0	0	
General Medicine	Specialty Training Level	1.0	0	0	0	0	

Specialty	Grade	Establishment		Vaca	O O O O O O O O O O O O O O O O O O O	
Specialty	Grade	Establishment	Q1	Q2	Q3	Q4
	1/2: GP					
General Practice	Non-Foundation Year 2: GP	16.0	0	0	0	0
Conoral Dayahiatry	Foundation Year 1	3.0	0	0	0	0
General Psychiatry	Foundation Year 2	4.0	0	0	0	0
	Foundation Year 1	12.0	0	0	0	0
General Surgery	SpR/Specialty Trainee Level 3+	10.0	3	0	2	2
	Foundation Year 2	1.0	0	0	0	0
	Foundation Year 2	1.0	0	0	0	0
Genitourinary Medicine	SpR/Specialty Trainee Level 3+	4.0	1	0	0	0
Contrabute Madining	Specialty Training Level 1/2: GP	1.0	0	0 0	0	0
Geriatric Medicine	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
	Specialty Training Level1- 21/2: GP1.0	1.0	0	0	0	0
Haematology	SpR/Specialty Trainee Level 3+	9.0	1	0	0	0
	Foundation Year 2	1.0	0	0	0	0
Histopathology	Specialty Training Level 1/2: ST1	8.0	0	1	0 0 0 0 0 0	0
	SpR/Specialty Trainee Level 3+	6.0	2	1		0
Immunology	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Intensive Care Medicine	SpR/Specialty Trainee Level 3+	12.0	0	3	1	1
Maxillofacial Radiology	Non-Dental SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Na diad Naissala an	Specialty Training Level 1/2: ST1	1.0	1	0	0	0
Medical Microbiology	SpR/Specialty Trainee Level 3+	5.0	2	1	0	0
Neurosurgery	SpR/Specialty Trainee Level 3+	2.0	1	1	0	0
Nuclear Medicine	SpR/Specialty Trainee Level 3+	2.0	2	0	0	0
	Foundation Year 2	2.0	0	0	0	0
Obstetrics and Gynaecology	Specialty Training Level 1/2: GP	6.0	0	0	1	1

				Vaca	ncies	
Specialty	Grade	Establishment	Q1	Q2	Q3	Q4
	Specialty Training Level 1/2: ST1	1.0	0	0	0	0
	Specialty Training Level 1/2: ST2	3.0	0	0	0	0
	SpR/Specialty Trainee Level 3+	15.0	1	0	1	1
	Foundation Year 2	1.0	0	0	0	0
Ophthalmology	Specialty Training Level ½: CT2	1.0	0	0	0	0
	Specialty Training Level 1/2: ST2	1.0	0	0	0	0
	SpR/Specialty Trainee Level 3+	17.0	0	0	1	1
Oral and Maxillofacial Surgery	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
Oral Medicine	Non-Dental SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Oral Rehab/Head & Neck Fellowship	Non-Dental SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Oral Surgery	Non-Dental SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
Orthodontics	Non-Dental SpR/Specialty Trainee Level 3+	1.0	1	0	0	0
Otolaryngology	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
Paediatric and Perinatal Pathology	SpR/Specialty Trainee Level 3+	2.0	1	0	0	0
Paediatric Cardiology	SpR/Specialty Trainee Level 3+	1.0	1	0	0	0
Paediatric Dentistry	Non-Dental SpR/Specialty Trainee Level 3+	2.0	0	0	0	0
raediatiit Delitistiy	SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
Paediatric Emergency	Foundation Year 2	1.0	0	0	0	0
Medicine	SpR/Specialty Trainee Level	1.0	0	0	0	0
Paediatric Surgery	SpR/Specialty Trainee Level 3+	8.0	1	0	0	0
	Specialty Training Level 1/2: GP	3.0	0	0	0	0
Paediatrics	Specialty Training Level 1/2: ST1	2.0	0	0	0	0
	Specialty Training Level	20.0	3	1	1	1

Constalto	Consider	Fatablish :		Vaca	Cancies Q3 6 0 1 0 3 0 0 0	
Specialty	Grade	Establishment	Q1	Q2	Q3	Q4
	1/2: ST2					
	SpR/Specialty Trainee ST3+	47.0	1	0	6	4
	Foundation Year 2	2.0	0	0	0	0
Plastic Surgery	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Rehabilitation Medicine	SpR/Specialty Trainee Level 3+	2.0	2	2	1	1
	Foundation Year 1	2.0	0	0	0	0
Renal Medicine	SpR/Specialty Trainee Level 3+	8.0	1	0	3	3
	Foundation Year 1	1.0	0	0	0	0
Respiratory Medicine	SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
	Foundation Year 2	1.0	0	0	0	0
Doctorative Doublets	Dental SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
Restorative Dentistry	Other SpR/Specialty Trainee Level 3+	2.0	0	0	0	0
Rheumatology	SpR/Specialty Trainee Level 3+	3.0	0	0	Q3 6 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 1 0 1 0 1 1 0 1 1 0 1 1 0 1 1 1 0 1	0
	Foundation Year 2	1.0	0	0		0
Trauma and Orthopaedic	Foundation Year 1	3.0	0	0	0	0
Surgery	SpR/Specialty Trainee Level 3+	7.0	3	3	1	1
	Foundation Year 1	3.0	0	0	0	0
Urology	SpR/Specialty Trainee Level 3+	2.0	0	0	2	2
	Foundation Year 1	3.0	0	0	0	0
Vascular Surgery	SpR/Specialty Trainee Level 3+	3.0	0	1	1	1
Grand Total		540.0	58	24	35	33

8.2 Wythenshawe Hospital Site							
Consists	Grade	Establishment	Vacancies				
Specialty	Grade	Establishment	Q1 Q2	Q3	Q4		
Academic	Foundation Year 2	2.0	0	0	0	1	
ACCS Anaesthetics	Specialty Training Level	3.0	2	0	0	0	

Specialty	Grade	Establishment	Vacancies				
Specialty	Grade		Q1	Q2	Q3	Q4	
	1/2: CT2						
ACCS EM	Specialty Training Level 1/2: CT1-3	5.0	0	0	0	0	
ACCS ICM	Specialty Training Level 1/2: 2	1.0	0	0	0	0	
ACCS Medicine	Specialty Training Level 1/2: CT1	4.0	1	0	0	0	
	Foundation Year 1	1.0	0	0	0	0	
Acute Internal Medicine	SpR/Specialty Trainee Level 3+	3.0	0	0	1	1	
Allergy	SpR/Specialty Trainee Level 3+	2.0	2	0	0	0	
Anaesthetics	SpR/Specialty Trainee Level 3+	23.0	0	1	3	1	
Cardiology	Foundation Year 1	2.0	0	0	0	0	
	Specialty Training Level 1/2: GP	1.0	0	0	0	0	
	SpR/Specialty Trainee Level 3+	6.0	0	0	1	1	
Cardiothoracic Surgery	SpR/Specialty Trainee Level 3+	5.0	0	0	0	0	
Chemical Pathology	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0	
Clinical Radiology	Specialty Training Level 1/2: ST1	2.0	1	0	0 0 1 0 3 0 0 1 1 0 0	0	
	SpR/Specialty Training	9.0	0	1		0	
Court America the attent Tunining	Specialty Training Level 1/2: CT1	2.0	0	0	0	0	
Core Anaesthetics Training	Specialty Training Level 1/2: CT2	5.0	0	0	0	0	
Coro Modical Trainin	Specialty Training Level 1/2: CT1	12.0	0	0	0	0	
Core Medical Training	Specialty Training Level 1/2: CT2	16.0	0	0	0	0	
Caro Cumiral Tasia	Specialty Training Level 1/2: CT1	13.0	2	2	2	2	
Core Surgical Training	Specialty Training Level 1/2: CT2	5.0	0	0	0	0	
Dental Core Training	Dental Core Training	5.0	0	0	0	0	
	Foundation Year 2	5.0	0	0	0	0	
Emergency Medicine	Specialty Training Level 1/2: GP	5.0	0	3	0	0	

Specialty	Grade	Establishment		Vaca	O O O O O O O O O O O O O O O O O O O	
Specialty	Grade	Listablishment	Q1	Q2	Q3	Q4
	SpR/Specialty Trainee Level 3+	7.0	0	2	0	0
	Foundation Year 1	1.0	0	0	0	0
Endocrinology and Diabetes	Specialty Training Level 1/2: GP	2.0	0	1	0	0
Mellitus	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
	Specialty Training Level 1/2: GP	2.0	0	1	0	0
Gastroenterology	SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
General Medicine	Foundation Year 1	4.0	0	0	0	0
General Practice	Foundation Year 2: GP	12.0	0	0	0	0
General Psychiatry	Foundation Year 1	2.0	0	0	0	0
General Psychiatry	Foundation Year 2	1.0	0	0	0	0
	Foundation Year 1	8.0	0	0	0	0
General Surgery	SpR/Specialty Trainee Level 3+	7.0	0	0	0	0
Genitourinary Medicine	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
	Foundation Year 1	6.0	0	0	0	0
Geriatric Medicine	Specialty Training Level 1/2: GP	6.0	0	1	0	0
Geriatric Medicine	SpR/Specialty Trainee Level 3+	6.0	0	0	0	0
Histopathology	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
	Foundation Year 2	1.0	0	0		0
Intensive Care Medicine	SpR/Specialty Trainee Level 3+	10.0	1	0	5	5
Liaison Psychiatry	Foundation Year 2	1.0	0	0	0	0
Medical Microbiology	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
	Foundation Year 2	2.0	0	0	0	0
Obstatrics and Cunaccalcan	Specialty Training Level 1/2: GP	3.0	0	1	0	0
Obstetrics and Gynaecology	Specialty Training Level 1/2	3.0	0	0	0	0
	SpR/Specialty Trainee Level 3+	8.0	0	0	0	0
Old Age Psychiatry	Foundation Year 1	1.0	0	0	0	0

Specialty	Grade	Establishment		Vaca	0 0 0 0 0 0 0 1	
эресіану	Grade	Establishinent	Q1	Q2	Q3	Q4
	Foundation Year 2	1.0	0	0	0	0
Oral and Maxillofacial Surgery	SpR/Specialty Trainee Level 3+	2.0	1	1	0	0
Orthodontics	Dental SpR/Specialty Trainee Level 3+	3.0	0	0	0	0
Otolaryngology	SpR/Specialty Trainee Level 3+	2.0	0	0	0	0
	Foundation Year 2	2.0	0	0	0	0
	Specialty Training Level 1/2: ST1-2	5.0	0	0	0	0
Paediatrics	Specialty Training Level 1/2: GP	5.0	0	3	0	0
	Specialty Training Level 3: ST3	8.0	2	1	0	0
Pathology	Foundation Year 2	1.0	0	0	0	0
Plastic Surgery	SpR/Specialty Trainee Level 3+	13.0	0	0	1	1
Plastic Surgery (Hand Surgery)	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Rehabilitation Medicine	SpR/Specialty Trainee Level 3+	1.0	0	0	0	0
Renal Medicine	Foundation Year 1	1.0	0	0	0	0
	Foundation Year 1	4.0	0	0	0	0
Respiratory Medicine	SpR/Specialty Trainee Level 3+	8.0	0	0	0	0
Rheumatology	SpR/Specialty Trainee Level 3+	2.0	0	0	0	0
Stroke Medicine	Foundation Year 1	1.0	0	0	0	0
	Foundation Year 1	4.0	0	0	0	0
Trauma and Orthopaedic	Foundation Year 2	1.0	0	0	0	0
Surgery	SpR/Specialty Trainee Level 3+	4.0	0	0	0	0
	Foundation Year 1	2.0	0	0	0	0
Urology	SpR/Specialty Trainee Level 3+	2.0	0	0	0	0
Vascular Surgery	Foundation Year 1	3.0	0	0	0	0
Grand Total		321.0	12	18	13	12

As in other Trusts, there are a number of rota gaps caused by a range of complex factors. Within the Trust, 66% of all rota gaps were filled with a mixture of internal and external

locum shifts during this period. However, a third of requested shifts were not able to be filled which meant that the relevant specialities were, at times, working with less medical staff that they felt was required.

In addition to use of locums, specialties in conjunction with the Recruitment department have actively attempted to recruit to vacant medical posts. The Trust is also an approved Sponsor for the General Medical Council which helps with attracting candidates and the timeframe for recruitment.

Recognising the increasing difficulties to recruit doctors, the Trust has also invested in the appointments of Physician Associates. Together with Advanced Nurse Practitioners and Specialist nurses, Physician Associates, who are specifically trained in the medical model, will assist reduce the workload of medical staff. 31 Physician associates are currently employed by the Trust.

9. Junior Doctor Forum

As part of the TCS (2016), there is a requirement for the Guardian to hold a Junior Doctor Forum, (JDF). The main purpose of the forum is to provide trainees with the opportunity to feedback about the contract and to decide on spending of monies accrued as a result of fines.

Within the Trust, JDFs are held both on the ORC and Wythenshawe Hospital sites. Attendance to the forums has been variable. The arrangements for the forums are being reviewed.

10. Summary

The Trust is committed to improve the experience of junior doctors and significant work continues to be undertaken to that effect.

A number of rotas were identified as requiring review during the year. Appropriate actions have been taken to resolve these.

As well as rota gaps, heavy workload leading to late finishes has been the reason for doctors submitting exception reports in some areas. These areas are being monitored by the GoSW.

Less than 20% of trainees, who are eligible to, use the exception reporting system. However, the information gained from the exception reports is very important and valuable. The information should help support changes that would improve the experience of trainees. Exception reporting has replaced the 'Hours monitoring exercise ' undertaken by doctors on the previous TCS and as such is the main process for trainees on the 2016 TCS to feedback, in real time, concerns about their working conditions to their employers. The GoSW will continue to liaise with trainees, particularly in areas that have previously not exception reported, to encourage the use of the software.

Areas identified for further work this year work schedule reviews, providing direct feedback on safety concerns to Clinical Directors/ Clinical leads, Junior doctor forum and timescale for closing exception reports. As well as the mandated Junior Doctor Forums, other forums to engage junior doctors, such as the junior doctors committee/ Board should be fostered.

Further amendments have been agreed to the 2016 TCS with staggered implementation dates. It is anticipated that all trainees will be on the 'new' contract within the year. A review of all rotas against

the amended TCS, to ensure compliance, is being undertaken by staff in Medical Workforce. Any particular concerns will be highlighted in the future reports by the GoSW.

It is also worth noting that from May 2019, a non clinical GoSW was appointed for the Trust who can dedicate more time to the role. As well as attending various forums aiming to improve the experience of junior doctors, such as the Junior doctor Boards and the Junior doctor working group to look at the 8 high impact changes, the GoSW's has focused on being more visible within the Trust and continues to meet with junior doctors and supervisors both in formal and non formal settings.