**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**

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| **Report of:** | Professor Jane Eddleston, Joint Group Medical Director |
| **Paper prepared by:** | Ged Terriere, Guardian of Safe Working |
| **Date of paper:** | November 2019 |
| **Subject:** | Quarterly report from Guardian of Safe Working (Period July – September 2019) |
| **Purpose of Report:** | The report is intended to:1. provide assurance to the HR Scrutiny Committee that junior doctors are working hours that are safe
2. highlight areas of concern to the Committee
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| **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:  Email: | Ged. Terrieregerard.terriere@mft.nhs.uk  |

**Report from the Guardian of Safe Working**

**Period July – September 2019**

1. **Background**

The 2016 Terms and conditions of service for Junior doctors and Dentists in training introduced the role if the Guardian of Safe Working, (GoSW). The Guardian’s primary responsibility is to act as the champion of safe working hours for doctors in training and provide assurance to the Trust that doctors are safely rostered and that their working hours are compliant with the new terms and condition of service. As part of the above, the Guardian of Safe Working is required to submit a yearly, as well as quarterly report to the Board. This report relates to period 01 July to 30 September 2019.

Where possible, the data for Oxford Road Campus (ORC) and Wythenshawe, Trafford, Withington and Altrincham (WTWA) have been merged to produce a single set of data. Unless specified, the data presented is for the whole Trust. The numbers of exception reports received and closed for period August 2017 – September 2019, as well as a comparison of the number of exception reports submitted for July – September 2019 against the same period in 2018 are depicted in Appendix 1 and 2 respectively.

A review of the 2016 junior doctors’ contract has been undertaken leading to a number of further amendments to the contract. Implementation of the amendments, some of which will be challenging to the Trust, commenced in August 2019 and will need to have been completed by August 2020 at the latest. Please find outlined a list of the amendments in appendix 3.

1. **High level data**

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| Total number of doctors/dentists in training | **861** |
| Total number of doctors/dentists in training on 2016 TCS | **616** |

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| Amount of time available in job plan for Guardian to do the role | **15 hrs** |
| Admin support provided to the Guardian per week | **15 hrs** |
| Amount of job planned time for education supervisors | **0.25 PA** |

1. **Exception Reports (July – September 2019)**

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| **3.1** | **Exception reports by speciality**  |
| **3.1.1**  | **Oxford Road Campus (ORC)** |
| **Specialty** | **No. of exceptions carried over from last report** | **No. of exceptions raised in this quarter** | **No. of exceptions closed** | **No. of exceptions outstanding** |
| General Medicine | 0 | 7 | 4 | 3 |
| Gastroenterology | 0 | 23 | 20 | 3 |
| Respiratory medicine | 0 | 6 | 6 | 0 |
| Cardiology | 0 | 3 | 3 | 0 |
| Rheumatology | 0 | 4 | 4 | 0 |
| Renal medicine | 0 | 7 | 3 | 4 |
| HPB | 0 | 13 | 9 | 4 |
| Colorectal surgery | 0 | 18 | 16 | 2 |
| Vascular surgery | 0 | 2 | 2 | 0 |
| Trauma & Orthopaedics | 1 | 0 | 0 | 1 |
| Ophthalmology | 0 | 1 | 1 | 0 |
| Paediatric | 0 | 26 | 25 | 1 |
| CAMHS | 0 | 3 | 3 | 0 |
| Obstetrics and Gynaecology | 0 | 5 | 5 | 0 |
| **Total** | **1** | **118** | **101** | **18** |

There has been an increase in the number of exception submitted in Medicine, Surgery and Paediatrics at ORC in this quarter. Further details are provided below.

**Paediatrics.**

20 of the 26 exception reports have been submitted by one trainee during the last 2 weeks of September primarily prompted by difficulties experienced as a result of low staffing .

In addition to working in excess of the hours identified in the workschedule, the trainee was unable to attend the planned teaching sessions and was also unable to take some of their breaks.

I understand that an additional doctor has been appointed to start in December 2019 which will improve the staffing situation. In the meantime the educational supervisor

will closely monitor the trainee’s working arrangements to ensure that training opportunities and breaks are not missed. The Guardian has liaised with both the Educational supervisor, the trainee, as well as the Associate Director of Medical Education for the Children’s service re the missed training opportunities.

**Medicine**

The majority of reports within medicine have been submitted by trainees with Gastroenterology primarily highlighting the heavy workload on the wards resulting in trainees finishing work later than scheduled.

The number of exception reports relating to September (5) has significantly reduced compared to August ( 18).

The GoSW has arranged to meet with the Clinical lead as well as the junior doctors concerned regarding plans to improve the doctors’ experience.

**Surgery**

Within the surgical specialities, the highest number of exception reports have been received from the Colorectal and HBP services.

* **Colorectal service**

12 of the 18 exception reports were submitted in September and relate primarily to high workload resulting in the trainees finishing work later than scheduled.

The GoSW will be meeting with the rota master and the clinical lead to gain a better understanding of the issues as well as plans to improve the experience of the trainees. An update will be provided in the next report of the GoSW.

* **HBP service**

An average of 4 exception reports has been received each month during the quarter.

No safety issues have been identified. To be monitored by the GoSW.

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| **3.1.2** | **Wythenshawe, Trafford, Withington and Altringham (WTWA)** |
| **Specialty** | **No. of exceptions carried over from last report** | **No. of exceptions raised in this quarter** | **No. of exceptions closed** | **No. of exceptions outstanding** |
| Vascular | 0 | 1 | 0 | 1 |
| Gastroenterology | 1 | 29 | 25 | 5 |
| General Medicine | 1 | 21 | 12 | 10 |
| Endocrine and Diabetes | 0 | 2 | 1 | 1 |
| Oncology | 0 | 11 | 11 | 0 |
| Respiratory medicine | 1 | 2 | 2 | 1 |
| Trafford - Psychiatry and Gen Medicine | 0 | 9 | 9 | 0 |
| Trauma & Orthopaedics | 0 | 1 | 1 | 0 |
| A&E | 0 | 4 | 2 | 2 |
| Cardiology  | 0 | 4 | 4 | 0 |
| **Total** | **3** | **84** | **67** | **20** |

The highest number of exception reports at WTWA have been submitted by trainees within the Gastroenterology service and General medicine.

Exception reports highlight heavy workload and staffing difficulties as the two main reasons for trainees working beyond scheduled finish times. The GoSw will be liaising with the clinical leads / Clinical Directors for these services and will update the Committee on progress made to improve the situation in the next report.

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| **3.2** | **Exception reports by grade** |
| **Specialty** | **No. of exceptions carried over from last report** | **No. of exceptions raised in this quarter** | **No. of exceptions closed** | **No. of exceptions outstanding** |
| FY1  | 1 | 142 | 116 | 27 |
| FY2 | 0 | 1 | 1 | 0 |
| CT1 | 1 | 6 | 5 | 2 |
| CT2 | 1 | 14 | 14 | 1 |
| CT3 | 1 | 0 | 0 | 1 |
| ST1 - 2 | 0 | 25 | 24 | 1 |
| ST3 + | 0 | 14 | 8 | 6 |
| **Total** | **4** | **202** | **168** | **38** |

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| **3.3** | **Exception reports by rota** |
|  | **3.3.1** | **ORC** |
| **Specialty** | **No. of exceptions carried over from last report** | **No. of exceptions raised in this quarter** | **No. of exceptions closed** | **No. of exceptions outstanding** |
| St Mary’s - O&G | 0 | 5 | 5 | 0 |
| General Medicine FY1 | 1 | 41 | 36 | 6 |
| Respiratory medicine | 0 | 2 | 1 | 1 |
| General Surgery FYI |  | 31 | 25 | 6 |
| Vascular Surgery | 0 | 2 | 2 | 0 |
|  Renal Medicine | 0 | 7 | 3 | 4 |
| RMCH – Tertiary Paediatrics ST1-3 | 0 | 25 | 24 | 1 |
| RMCH – CAMHs Senior –ST3 | 0 | 3 | 3 | 0 |
| RMCH – General paediatrics St1-3 | 0 | 1 | 1 | 0 |
| R*EH* – Ophthalmology – FY2 | 0 | 1 | 1 | 0 |
| **Total** | **1** | **118** | **101** | **18** |

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|  | **3.3.2** | **WTWA** |
| **Specialty** | **No. of exceptions carried over from last report** | **No. of exceptions raised in this quarter** | **No. of exceptions closed** | **No. of exceptions outstanding** |
| Wythenshawe General Medicine- FY1 | 1 | 30 | 26 | 5 |
| Wythenshawe General Medicine- FY1 ((Gastroenterology) | 0 | 15 | 11 | 4 |
| Wythenshawe General Medicine Junior rota | 1 | 14 | 14 | 1 |
| Wythenshawe General Medicine senior rota | 0 | 4 | 0 | 4 |
| Wythenshawe T & O | 0 | 1 | 0 | 1 |
| Wythenshawe Vascular surgery | 0 | 1 | 0 | 1 |
| Wythenshawe A&E middle grade rota | 0 | 2 | 2 | 0 |
| Wythenshawe A&E – ST3+ | 0 | 2 | 0 | 2 |
| Wythenshawe Respiratory Medicine Junior | 1 | 2 | 1 | 2 |
| Trafford – Psychiatry, Gen Medicine FY1 | 0 | 9 | 9 | 0 |
| Wythenshawe Cardiology and Respiratory | 0 | 4 | 4 | 0 |
| **Total** | **3** | **84** | **67** | **20** |

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| **3.4** | **Exception reports by outcomes** |
| **Outcomes** | **Number** | **%** |
| Payment made | 105 | 52% |
| Time in Lieu | 27 | 13% |
| No Further action | 32 | 16% |
| Request further information | 10 | 5% |
| Awaiting review  | 28 | 14% |
| **Total** | **202** | **100%** |

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| **3.5** | **Exception reports by type** |
| **Type** | **No. exceptions report raised** | **%** |
| Educational | 9 | 4% |
| Additional hours | 180 | 89% |
| Unable to take breaks | 13 | 7% |
| **Total** | **202** | **100%** |

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| **3.6** | **Reasons for exception reports** |
| The main reasons identified for submission of exception reports were: |
| **Reasons** | **Number** |
| High workload | 119 |
| Low staffing levels | 51 |
| Clinical reasons | 22 |
| Late starting/finishing ward rounds | 10 |
| **Total** | **202** |

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| **3.7** | **Breaches that attract a financial penalty** |

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 meal breaks are missed on more than 25% of occasions.
4. The minimum non-residential on call overnight continuous rest of 5 hours between 22.00 – 07.00 hours.
5. The minimum 8 hours total rest per 24 hour non-resident on call shift
6. The maximum 13 hours shift length
7. The minimum 11 hours rest between resident shifts

A proportion of the fine, (with the exception of fines for breaks where payment is 100%), is paid to the GoSW as specified in the 2016 Terms & conditions of service (TCS). The TCS also specifies that the Junior Doctors’ Forum is the body that decides how accrued monies are spent within the framework identified within the TCS.

Accruals in year from fines levied amount to £816. Ideas for spending this fund before the end of the financial year are being sought.

No fines were levied during this quarter.

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| **3.8** | **Hours monitoring exercises (for doctors on 2002 TCS only)** |

* + 1. - ORC

Monitoring of hours has been undertaken in Vascular surgery and Paediatric Orthopaedics. Analysis of the data is currently being undertaken.

Monitoring of hours for the doctors of the Combined Senior Paediatric rota is also currently being undertaken.

An update of the above monitoring exercises will be provided in the next report.

* + 1. – WTWA

 No monitoring has been undertaken during this period.

1. **Work Schedule reviews**

No work schedule review has been undertaken during this period.

1. **Locum bookings (Period 01/07/19 – 30/09/19)**

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| **5.1** | **Locum bookings (Bank & Agency) by department** |
| **Area** | **Number of shifts requested** | **Number of shifts worked** | **No of hours requested** | **Number of hours worked** |
| A&E | 692 | 412 | 6,070 | 3600 |
| Medical Assessment | 106 | 79 | 731 | 519 |
| Acute medicine | 981  | 180 | 9,172 | 1,501 |
| Acute ICU | 51 | 50 | 563 | 546 |
| Adult CRF | 16 | 13 | 53 | 45 |
| Anaesthetics | 197  | 56 | 2,233 | 623 |
| Burns and Plastics | 179 | 149 | 1,929 | 1,579 |
| Cardiology | 122 | 12 | 1,293 | 122 |
| Cardiothoracic Surgery | 319 | 86 | 3,580 | 929 |
| Care of the Elderly Rehab | 536 | 1,299 | 4,556 | 11,220 |
| Children’s Radiology  | 10 | 3 | 105 | 29 |
| Critical care | 8 | 3 | 90 | 29 |
| Dental | 24 | 5 | 314 | 99 |
| Dermatology | 129 | 118 | 996 | 851 |
| Diabetes & Endocrinology | 21 | 17 | 241 | 191 |
| ENT | 170 | 150 | 1,465 | 1,363 |
| **Area** | **Number of Shifts requested** | **Number of Shifts worked** | **Number of hours requested** | **Number of hours worked** |
| Gastroenterology | 265 | 139 | 2,235 | 1,139 |
| Obstetrics & Gynaecology | 184 | 138 | 1,372 | 1,412 |
| Haematology | 93 | 14 | 779 | 136 |
| Main X-ray | 6 | 4 | 53 | 37 |
| Maxillofacial | 43 | 35 | 396 | 338 |
| Microbiology | 100 | 76 | 927 | 755 |
| NICU | 57 | 12 | 656 | 133 |
| MRI & TGH Orthogeriatrics, Orthopaedic and Trauma Surgery | 309 | 91 | 2,750 | 820 |
| Neurology | 11 | 48 | 90 | 349 |
| Neurophysiology | 38 | 33 | 275 | 240 |
| Trauma & Orthopaedics | 217 | 18 | 2,030 | 206 |
| Paediatrics | 519  | 678 | 4,913 | 6,583 |
| RMCH CAMS | 85 | 80 | 1,617 | 1,488 |
| PICU | 219 | 32 | 2,431 | 315 |
| Surgery | 80 | 158 | 937 | 1,798 |
| Thoracic | 186 | 254 | 1,573 | 2,446 |
| General Medicine ( Trafford) | 402 | 43 | 3,679 | 422 |
| Urology | 99 | 31 | 1,056 | 336 |
| INRU (TGH) | 124 | 0 | 1,015 | 0 |
| Resuscitation | 10 | 28 | 73 | 163 |
| Wythenshawe x-ray | 28 | 0 | 163 | 0 |
| Area not specified | 1,736 | 190 | 17,729 | 1,997 |
| **Total** | **8,682** | **6,472** | **83,888** | **61,339** |

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| **5.2** | **Locum bookings (Bank & Agency) by grade** |
| **Specialty** | **Number of shifts requested** | **Number of shifts worked** | **No of hours requested** | **Number of hours worked** |
| Consultant | 1,915 | 19,631 | 16,321 | 11,735 |
| Dental core training | 28 | 0 | 335 | 274 |
| Foundation (Y1) | 77 | 1,017 | 649 | 529 |
| Foundation (Y2) | 147 | 0 | 1,281 | 1,108 |
| StR 1-2 & Core Medical Trainees | 3,899 | 30,582 | 36,737 | 27,865 |
| StR3+ | 2,432 | 7,154 | 26,840 | 18,929 |
| Specialty/Staff Grade doctors | 184 | 849 | 1,725 | 900 |
| **Total** | **8,682** | **6,472** | **83,888** | **61,339** |

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| **5.3** | **Locum bookings (Bank & Agency) by reason** |
| **Reason** | **Number of shifts requested** | **Number of shifts worked** | **Hours requested** | **Hours worked** |
| Additional activity | 2,379 | 1,892 | 23,443 | 17,434 |
| Annual leave | 61 | 49 | 512 | 389 |
| Capacity & Demand | 18 | 18 | 132 | 117 |
| Carer leave | 5 | 0 | 40 | 0 |
| Extra cover | 5 | 0 | 40 | 0 |
| Maternity/Paternity leave | 50 | 49 | 451 | 486 |
| Sickness | 109 | 84 | 1,194 | 361 |
| Special leave | 9 | 6 | 76 | 50 |
| Study leave | 18 | 10 | 225 | 93 |
| Vacancy | 6,028 | 4,364 | 57,777 | 41,806 |
| **Total** | **8,682** | **6,472** | **83,888** | **61,339** |

*Of the 6,472 shifts undertaken by locums, 1,803 (28%) were provided by agency staff and the remaining 4,669 (72%) by bank staff.*

1. **Establishment figures and vacancies each month (Period 01/07/19 – 30/09/19)**

Please note that the data below relates only to doctors in training and as such only provides part of the vacancy picture across the Trust.

Use of the Allocate software for rosters across MFT will also enable the number of vacancies for non-training grade doctors to be captured and included in this report. I understand that full rollout of this module will be completed by March 2020.

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| **6.1** | **Oxford Road Campus**  |
| **Specialty** | **Grade** | **Establishment** | **Vacancies**  |
| **July** | **Aug** | **Sept** |
| Academic | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| ACCS Anaesthetics | Specialty Training Level 1/2: CT2 | 4.0 | 0 | 0 | 0 |
| ACCS EM | Specialty Training Level 1/2: CT1 | 3.0 | 0 | 0 | 0 |
| ACCS ICM | Specialty Training Level 1/2: 2 | 4.0 | 0 | 0 | 0 |
| ACCS Medicine | Specialty Training Level 1/2: CT1 | 3.0 | 0 | 0 | 0 |
| Acute Internal Medicine | Foundation Year 1 | 2.0 | 0 | 0 | 0 |
| SpR/Speciality Trainee Level 3+ | 5.0 | 0 | 0 | 0 |
| Anaesthetics | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 39.0 | 2 | 1 | 1 |
| Audio-vestibular Medicine | SpR/Speciality Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Cardiology | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| SpR/Speciality Trainee Level 3+ | 7.0 | 1 | 1 | 1 |
| Cardiothoracic Surgery | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 2 | 2 |
| Chemical Pathology | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Child and Adolescent Psychiatry | SpR/Specialty Trainee Level 4+ | 10.0 | 4 | 3 | 3 |
| Clinical Genetics | SpR/Specialty Trainee Level 3+ | 5.0 | 0 | 0 | 0 |
| Clinical Radiology | SpR/Specialty Trainee Level 3+ | 15.0 | 1 | 2 | 2 |
| Core Anaesthetics Training | Specialty Training Level 1/2: ST1 | 3.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST2 | 2.0 | 0 | 0 | 0 |
| Core Medical Training | Specialty Training Level 1/2: CT1-3 | 18.0 | 0 | 4 | 4 |
| Core Psychiatry Training | Specialty Training Level 1/2: CT1 | 1.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: CT2 | 4.0 | 0 | 0 | 0 |
| Core Surgical Training | Specialty Training Level 1/2: CT1-3 | 16.0 | 6 | 3 | 3 |
| Dental Core Training | Dental Core Training | 17.0 | 0 | 0 | 0 |
| Dental Public Health | Dental SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Emergency Medicine | Foundation Year 2 | 12.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 7.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 15.0 | 0 | 1 | 1 |
| Endocrinology and Diabetes Mellitus | Specialty Training Level 1/2: GP | 1.0 | 0 | 0 | 0 |

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| **Specialty** | **Grade** | **Establishment** | **Vacancies**  |
| Gastroenterology | **July** | **Aug** | **Sept** |
|  |  | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 5.0 | 0 | 0 | 0 |
| Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| General Medicine | Foundation Year 1 | 14.0 | 0 | 0 | 0 |
| Specialty Trainee Level 1 /2: GP | 1.0 | 0 | 0 | 0 |
| General Practice | Non-Foundation Year 2: GP | 16.0 | 0 | 0 | 0 |
| General Psychiatry | Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| Foundation Year 2 | 4.0 | 0 | 0 | 0 |
| General Surgery | Foundation Year 1 | 12.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 10.0 | 2 | 2 | 2 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Genitourinary Medicine | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 0 | 0 |
| Geriatric Medicine | Specialty Training Level 1/2: GP | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 1 | 1 |
| Specialty Training Level 1/2: GP | 1.0 | 0 | 0 | 0 |
| Haematology | SpR/Specialty Trainee Level 3+ | 9.0 | 0 | 0 | 0 |
| Histopathology | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST1 | 8.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 6.0 | 1 | 1 | 1 |
| Immunology | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Intensive Care Medicine | SpR/Specialty Trainee Level 3+ | 12.0 | 1 | 0 | 0 |
| Maxillofacial Radiology | Non-Dental SpR/ Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Medical Microbiology | Specialty Training Level 1/2: ST1 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 5.0 | 0 | 0 | 0 |
| Neurosurgery | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Nuclear Medicine | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Obstetrics and Gynaecology | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 6.0 | 1 | 0 | 0 |
| Specialty Training Level 1/2: ST1 | 1.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST2 | 3.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 15.0 | 1 | 0 | 0 |

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| **Specialty** | **Grade** | **Establishment** | **Vacancies** |
| **July** | **Aug** | **Sept** |
| Ophthalmology | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: CT2 | 1.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST2 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 17.0 | 1 | 0 | 0 |
| Oral and Maxillofacial Surgery | SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 0 | 0 |
| Oral Medicine | Non-Dental SpR/ Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Oral Rehab/Head & Neck Fellowship | Non-Dental SpR/ Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Oral Surgery | Non-Dental SpR/ Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Orthodontics | Non-Dental SpR/ Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Otolaryngology | SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 0 | 0 |
| Paediatric and Perionatal Pathology | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 1 | 1 |
| Paediatric Cardiology | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Paediatric Dentistry | Non-Dental SpR/ Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Paediatric Emergency Medicine | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Paediatric Surgery | SpR/Specialty Trainee Level 3+ | 8.0 | 0 | 1 | 1 |
| Paediatrics | Specialty Training Level 1/2: GP | 3.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST1 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST2 | 20.0 | 1 | 0 | 0 |
| SpR/Specialty Trainee ST3+ | 47.0 | 4 | 4 | 2 |
| Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| Plastic Surgery | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Rehabilitation Medicine | SpR/Specialty Trainee Level 3+ | 2.0 | 1 | 1 | 1 |
| Renal Medicine | Foundation Year 1 | 2.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 8.0 | 3 | 0 | 0 |
| Respiratory Medicine | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Restorative Dentistry | Dental SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Other SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Rheumatology | SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |

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| **Specialty** | **Grade** | **Establishment** | **Vacancies** |
| **July** | **Aug** | **Sept** |
| Trauma and Orthopaedic Surgery | Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 7.0 | 1 | 0 | 0 |
| Urology | Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 2.0 | 2 | 0 | 0 |
| Vascular Surgery | Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 1 | 0 | 0 |
| **Grand Total** |  | **540.0** | **34** | **28** | **26** |

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| **6.2** | **Wythenshawe Hospital site**  |
| **Specialty** | **Grade** | **Establishment** | **Vacancies** |
| **July** | **Aug** | **Sept** |
| Academic | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| ACCS Anaesthetics | Specialty Training Level 1/2: CT2 | 3.0 | 0 | 0 | 0 |
| ACCS EM | Specialty Training Level 1/2: CT1-3 | 5.0 | 0 | 0 | 0 |
| ACCS ICM | Specialty Training Level 1/2: 2 | 1.0 | 0 | 0 | 0 |
| ACCS Medicine | Specialty Training Level 1/2: CT1 | 4.0 | 0 | 0 | 0 |
| Acute Internal Medicine | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 4.0 | 1 | 0 | 0 |
| Allergy | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Anaesthetics | SpR/Specialty Trainee Level 3+ | 23.0 | 1 | 0 | 0 |
| Cardiology | Foundation Year 1 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 6.0 | 1 | 0 | 0 |
| Cardiothoracic Surgery | SpR/Specialty Trainee Level 3+ | 5.0 | 0 | 0 | 0 |
| Chemical Pathology | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Clinical Radiology | Specialty Training Level 1/2: ST1 | 2.0 | 0 | 1 | 1 |
| SpR/Specialty Training | 9.0 | 0 | 0 | 0 |
| Core Anaesthetics Training | Specialty Training Level 1/2: CT1 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: CT2 | 5.0 | 0 | 0 | 0 |
| Core Medical Training | Specialty Training Level 1/2: CT1 | 12.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: CT2 | 16.0 | 0 | 7 | 7 |
| Core Surgical Training | Specialty Training Level 1/2: CT1 | 13.0 | 2 | 0 | 0 |
| Dental Core Training | Dental Core Training | 5.0 | 0 | 0 | 0 |
| Emergency Medicine | Foundation Year 2 | 5.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 5.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 7.0 | 0 | 0 | 0 |
| Foundation Year 1 | 1.0 | 0 | 0 | 0 |

|  |  |
| --- | --- |
|  |  |
| **Specialty** | **Grade** | **Establishment** | **Vacancies** |
| **July** | **Aug** | **Sept** |
| Endocrinology and Diabetes Mellitus | Specialty Training Level 1/2: GP | 2.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 0 | 0 |
| Gastroenterology | Specialty Training Level 1/2: GP | 2 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| General Medicine | Foundation Year 1 | 4.0 | 0 | 0 |  |
| General Practice | Foundation Year 2: GP | 12.0 | 0 | 0 | 0 |
| General Psychiatry | Foundation Year 1 | 2.0 | 0 | 0 | 0 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| General Surgery | Foundation Year 1 | 8.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 7.0 | 0 | 0 | 0 |
|  |  |  |  |  |
| Genitourinary Medicine | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Foundation Year 1 | 6.0 | 0 | 0 | 0 |
| Geriatric Medicine | Specialty Training Level 1/2: GP | 6.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 6.0 | 0 | 0 | 0 |
| Histopathology | SpR/Specialty Trainee Level 3+ | 4.0 | 4 | 1 | 1 |
| Intensive Care Medicine | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 10.0 | 5 | 0 | 0 |
| Liaison Psychiatry | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Medical Microbiology | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Obstetrics and Gynaecology | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: GP | 3.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2 | 3.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 8.0 | 0 | 0 | 0 |
| Old Age Psychiatry | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
|  | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Oral and Maxillofacial Surgery | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Orthodontics | Dental SpR/Specialty Trainee Level 3+ | 3.0 | 0 | 0 | 0 |
| Otolaryngology | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Paediatrics | Foundation Year 2 | 2.0 | 0 | 0 | 0 |
| Specialty Training Level 1/2: ST1-2 | 5.0 | 0 | 1 | 1 |
| Specialty Training Level 1/2: GP | 5.0 | 0 | 0 | 0 |
| Specialty Training Level 3: ST3 | 8.0 | 0 | 0 | 0 |
| Pathology | Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| Plastic Surgery | SpR/Specialty Trainee Level 3+ | 13.0 | 1 | 3 | 3 |

|  |  |
| --- | --- |
|  |  |
| **Specialty** | **Grade** | **Establishment** | **Vacancies** |
| **July** | **Aug** | **Sept** |
| Plastic Surgery (Hand Surgery) | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Rehabilitation Medicine | SpR/Specialty Trainee Level 3+ | 1.0 | 0 | 0 | 0 |
| Renal Medicine | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| Respiratory Medicine | Foundation Year 1 | 4.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 8.0 | 0 | 0 | 0 |
| Rheumatology | SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Stroke Medicine | Foundation Year 1 | 1.0 | 0 | 0 | 0 |
| Trauma and Orthopaedic Surgery | Foundation Year 1 | 4.0 | 0 | 0 | 0 |
| Foundation Year 2 | 1.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 4.0 | 0 | 0 | 0 |
| Urology | Foundation Year 1 | 2.0 | 0 | 0 | 0 |
| SpR/Specialty Trainee Level 3+ | 2.0 | 0 | 0 | 0 |
| Vascular Surgery | Foundation Year 1 | 3.0 | 0 | 0 | 0 |
| **Grand Total** |  | **321.0** | **15** | **13** | **13** |

There were a total of 49 (6%) vacant posts for medical trainees across the Trust at the beginning of the quarter. This number reduced to 39 (4.5%) by the end of the quarter.

1. **Summary**

The number of doctors on the 2016 Terms and condition of service (TCS) within the Trust now stands at 616, (72%), an increase of 5% since the previous quarterly report.

202 exception reports were submitted during the quarter. 70% of these were submitted by Year 1 Foundation doctors.

89% (180) of exception reports were submitted as a result of the trainees working in excess of contracted hours. The majority of trainees were paid for the additional hours worked. Time back was given in 13% of cases.

The number of exception reports submitted during this quarter was higher than the average number received in a quarter. Examination of the data for 2017 and 2018 indicates a similar pattern with the highest number of exception reports being submitted in August and September. The increase in the number of trainees on the 2016 contract together with an increased understanding of the TCS by the trainees would have contributed to the increase in the number of exception reports submitted in this quarter. High workload and gaps in the rotas are the main factors influencing the level of exception reporting.

4 exception reports from the previous quarter and 34 from this quarter remain outstanding at the time on this report. Relevant trainees and educational supervisors have been contacted to identify any difficulties that may be delaying reports being actioned.

The purpose of exception reports is to ensure that prompt action is taken to maintain safe working hours. Within the TCS, reviewers should respond to exception reports within 7 days of a report being submitted. The majority of exception reports within MFT are currently not actioned within this timescale. Written communication about exception reports and the timescale for closing them together with an update of the amendments to the 2016 TCS will be forwarded to the educational supervisors. In addition drop in sessions for supervisors are also planned.

**Appendix 1**

**Total number of exception reports submitted each month and number closed at the end of the month (Period August 2017 – June 2019)**

|  |  |  |
| --- | --- | --- |
| Month | Total number of exception reports raised | Total number of exception reports closed at time of report |
| August 2017 | 67 | 67 |
| September 2017 | 87 | 80 |
| October 2017 | 55 | 53 |
| November 2017 | 60 | 60 |
| December 2017 | 37 | 37 |
| January 2018 | 55 | 53 |
| February 2018 | 37 | 37 |
| March 2018 | 27 | 21 |
| April 2018 | 23 | 22 |
| May 2018 | 21 | 21 |
| June 2018 | 24 | 24 |
| July 2018 | 11 | 9 |
| August 2018 | 59 | 48 |
| September 2018 | 60 | 39 |
| October 2018 | 60 | 49 |
| November 2018 | 36 | 35 |
| December 2019 | 23 | 17 |
| January 2019 | 72 | 64 |
| February 2019 | 45 | 36 |
| March 2019 | 45 | 35 |
| April 2019 | 27 | 17 |
| May 2019 | 67 | 52 |
| June 2019 | 35 | 31 |
| July 2019 | 49 | 46 |
| August 2019 | 62 | 45 |
| September 2019 | 91 | 77 |
| **Total** | **1235** |  **-** |

**Graphical representation of exception reports submitted from July 2018 – September 2019**

**Appendix 2**

**Comparison of number of exception reports submitted for July - September 2019 against the same period in 2018.**

**Table 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **July 2018** | **July 2019** | **August 2018** | **August****2019** | **September****2018** | **September**  **2019** |
| **Number of Exception Reports** | 11 | 49 | 59 | 62 | 60 | 91 |

**Appendix 3**

**List of amendments to the 2016 contract**

**Annual pay uplifts**

• Annual 2 per cent uplift applied during the period 2019/20 to 2022/23. Back dated to 1 April in 2019/20.

• System updates will be available on ESR by September 2019.

**Pay and transitional arrangements**

• Under schedule 14 will have their pay protection extended until 2025.

• Pay protection for changing specialty clause is updated to reflect the agreed method of calculating pay protection for those moving into hard-to-fill

specialties.

**Leave**

• Leave for life changing events.

**Safety and rest limits**

• Breaks for night shifts.

• Weekend frequency exemption for nodal point 2:

FY2 rotas using the weekend frequency exemption will be risk assessed at the point of commencement in August. Where no significant risks are identified that would render the service unworkable, rotas will be amended to a maximum frequency of 1 in 2 weekends, using local rota change processes, in line with the good rostering guide.

Where there is a significant impact on service provision and/or the trainees training requirements the existing rotas will remain in place until no later than December 2019.

• Employers notified of 12-month timeframe to commence the process to alter existing rotas and will need to start consultation with trainees to reduce:

* the maximum number of consecutive shifts rostered or worked over 8 consecutive days reduced from 8 to 7
* the maximum number of consecutive long day shifts rostered or worked reduced from 5 to 4.

Arrangements to alter existing rotas to meet this provision should commence as soon as is reasonably practicable but, in any event, must have concluded by 5 August 2020.

**Locum work**

• Locum clause clarification

**Facilities**

• Too tired to drive home provisions

• Payment for accommodation when non-resident on-call

**GP Trainees**

• Supernumerary status of GP trainees

• Additional mileage/expenses for GP trainee home visits

**Guardian fines** (as per amended pay circular)

• Rates of guardian fines

**Exception reporting**

• What can be exception reported

• Pre-authorisation for additional hours of work

**Work scheduling**

• Personalised work scheduling meetings and off-site educational supervisors

• Exception reporting for missed personalised work scheduling meetings

Due to the short notice with the implementation of this provision, for trainees commencing on 7 August, it may not be possible to arrange a meeting with their educational supervisor within the 4 week timeframe. In this situation the trainee must arrange a meeting with the clinical lead as soon as it’s practicable to do so.

**Pay and transitional arrangements**

• Pay protection clause for those on 2002 terms and conditions is updated to reflect pay protection arrangements for those moving onto the updated 2016

TCS.

The parties have committed to ensure that an arrangement in this regard will be reached by early October 2019. Trainees who remain on the 2002

TCS should not be moved onto the updated 2016 terms until pay protection arrangements have been finalised and a transition date agreed.

**Safety Limits**

• Maximum of 72 hours work in any consecutive 168-hour period

**Work scheduling**

Recommended to issue for Oct 2019, or at the trainees next scheduled rotation

• Host and lead employer responsibilities (guidance)

• Mandatory training requirements to be sent with generic work schedule

• Generic work schedules to be sent to include the local trust induction required to be undertaken prior or at the start of the placement

**Exception reporting**

• Review process for exception reports locally

Agreed sections of the good rostering guidance

• Non-resident on-call rotas (NROC)

• Less Than Full Time (LTFT) principles

• Cover arrangements and leave

**Pay**

• Weekend frequency allowance

• An enhanced rate of pay for shifts that finish after midnight and by 4am

**Exception reporting**

• Response time for educational supervisors

**Guardian of safe working hours**

• Administrative time and support

**Guardian fines**

• Breaches that attract a financial penalty

**Flexible Pay Premia**

• Academic Flexible Pay Premia (FPP)

**Less Than Full Time**

• LTFT Allowance

**Flexible training**

• Champion of flexible training

**Leave**

• Study leave and mandatory training

• Prospective cover for study leave

**Code of practice**

• 8/6 week notification provisions, with supporting caveats.

**Introduction of the fifth nodal point**

• 1 October 2020 the value will be £3,000 [£52,036]

• 1 October 2021 the value will increase to £6,000 [£56,077]

• 1 April 2022 the value will increase to £7,200 [£58,398]