

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Report of:	Miss Toli Onon - Joint Group Medical Director	
Paper prepared by:	Karen Fentem, Guardian of Safe Working	
Date of paper:	22 September 2021	
Subject:	Annual report from the Guardian of Safe Working (Period August 2020 – July 2021)	
Purpose of Report:	<p>Indicate which by ✓ (tick as applicable-please do not remove text)</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval • Ratify ✓ 	
Consideration of Risk against Key Priorities	Staff satisfaction and reputation of the Trust	
Recommendations	That the HR Scrutiny Committee notes the contents of this report.	
Contact:	<u>Name:</u>	Karen Fentem
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Annual Report from the Guardian of Safe Working

Period: August 2020 – July 2021

1. Executive Summary

- 1.1 This report summarises progress to the year end 31 July 2021 and provides assurance that junior doctors at Manchester University NHS Foundation Trust (MFT) are safely rostered and enabled to work hours that are safe and support training and educational opportunity.
- 1.2 The terms and conditions of service (TCS) of the junior doctor contract (2016) requires the Guardian of Safe Working (GoSW) to submit an annual report 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.
- 1.3 Throughout 2020/21, COVID-19 has continued to have a significant impact upon the whole of the NHS. The whole of the NHS workforce, including junior doctors, have faced unprecedented challenges as a result of the pandemic and inevitably there will be further challenges ahead as we progress our recovery plans.
- 1.4 In December 2020, Ged Terriere retired and a new GoSW was appointed to the Trust, Karen Fentem. Since joining MFT, Karen has succeeded in raising greater awareness of safe working hours and exception reporting.
- 1.5 On 1 April 2021, MFT welcomed 193 junior doctors from NMGH.
- 1.6 A total of 383 exception reports (ERs) were received in the year 2020/21, equating to an average of 32 per month. These were from 75 individual doctors, the majority of whom are Foundation doctors.
- 1.7 Only a very small percentage (6%) of the junior doctor workforce are actively exception reporting.
- 1.8 Since 2018/19, there has been a year-on-year decrease in the total number of ERs received.
- 1.9 The most common reason for exception reporting continues to be late finishes due to high workload and/or low staffing levels.
- 1.10 The number of educational exception reports has increased annually since 2018 to 28 this year.
- 1.11 The highest number of ERs submitted annually since 2018 is in Gastroenterology, at both ORC and WTWA sites.
- 1.12 The majority (58%) of doctors received payment as compensation for the additional time worked.
- 1.13 The GMC survey results show a correlation between low trainee satisfaction scores and a high number of ERs for renal medicine and geriatric medicine.
- 1.14 Improvements seen in the GMC survey results from 2019 to 2021 were also seen with reduced numbers of ERs in some specialties.
- 1.15 The total fines levied for breach of the rota rules was £3,427.91 of which £2,129.44 was credited to the GoSW fund.
- 1.16 The average vacancy rate for established training posts across all sites was 5.8%. Compared to last year the number of vacant training posts has increased at WTWA but reduced at ORC.
- 1.17 From 2019/20 to 2020/21 there was a 33% increase in the total locum hours paid. A significant part of this increase can be attributed to the addition of the NMGH locum data from April 2021.
- 1.18 To date, 170 locally employed doctors have commenced on the new terms and conditions and can now exception report.
- 1.19 The Junior Doctors Forum (JDF) has been well attended throughout the year. The JDF provided oversight of how the £60k awarded to MFT to support of the BMA Fatigue and Facilities Charter should be spent and will continue to oversee the £10k allocated to NMGH, which has yet to be spent.

2. High Level Data (at 10 August 2021)

Number of established training posts:	
• North Manchester General Hospital	208
• Oxford Road Campus	594
• Wythenshawe, Trafford, Withington and Altrincham	294
Total number of established training posts	1096
Total number of doctors/dentists in training on 2016 TCS	1038
Total number of locally employed junior doctors on 2016 TCS	170
Number of exception reports raised in this year	383
Amount of time available for the Guardian to do the role per week	26 hrs
Admin support provided to the Guardian per week	22.5 hrs
Amount of job planned time for individual educational supervisors	0.25 PA

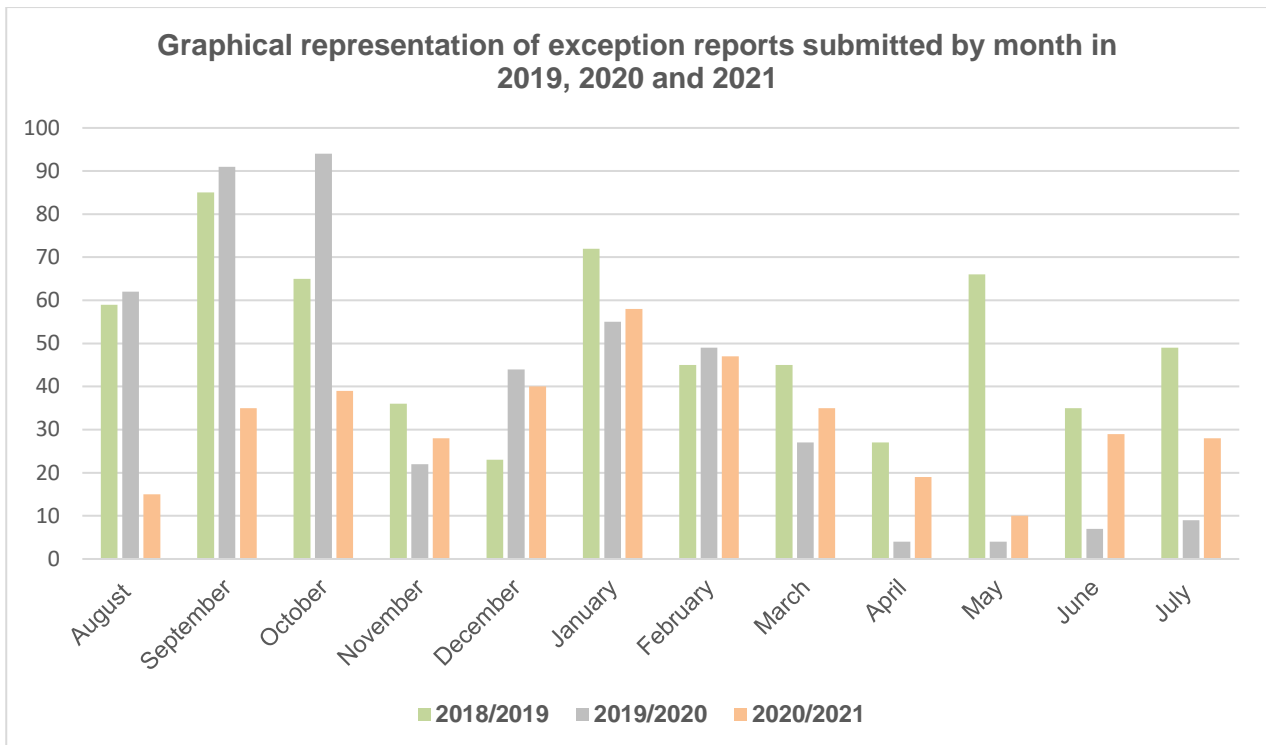
3. Annual Data Summary (August 2020 – July 2021)

Please note that the data presented in this report is for the 'training' year August to July, as opposed to the financial year. The data was extracted from the exception reporting systems: Allocate HealthMedics System for ORC and WTWA; and the Doctors Rostering System (DRS4) for NMGH on 13 September 2021.

For each subsection 3.1 to 3.9, the data is presented with a short explanation to provide context, interpretation and draw conclusions. The overall summary is presented in section 7.

3.1 Exception Reports Submitted by Month by Year

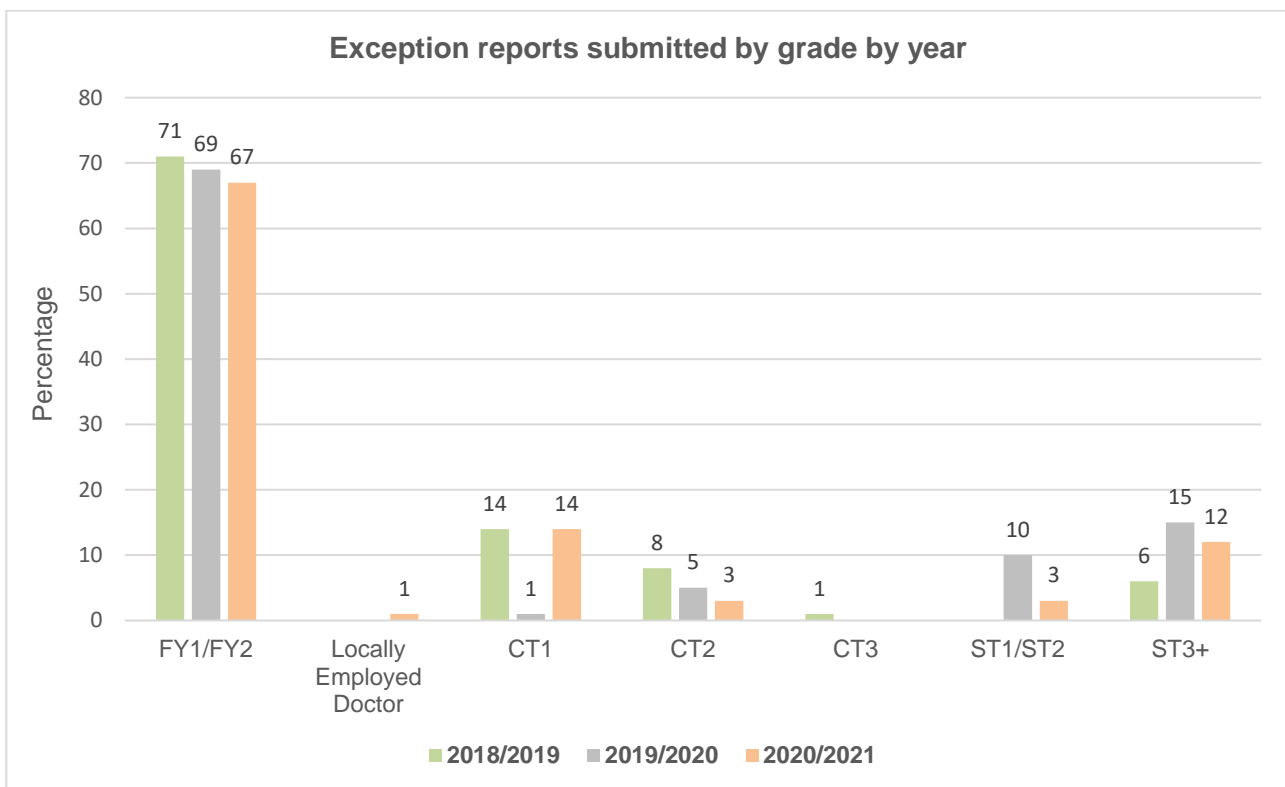
Month	2018/19	2019/20	2020/21
August	59	62	15
September	85	91	35
October	65	94	39
November	36	22	28
December	23	44	40
January	72	55	58
February	45	49	47
March	45	27	35
April	27	4	19
May	66	4	10
June	35	7	29
July	49	9	28
Total	607	468	383



- 3.1.1 A total of 383 ERs were received in the year 2020/21, equating to an average of 32 per month. Since 2018/19, there has been a year-on-year decrease in the total number of ERs received, with the monthly average declining from 51 in 2018/19 to 39 in 2019/20 and 32 this year. Conversely, the number of junior doctors in training on the 2016 TCS has increased by 115%, going from 561 in 2018/19 to 1,038 in 2020/21, as a result of more doctors transitioning to the 2016 contract and the transfer of NMGH to MFT. In addition, 170 locally employed doctors are now able to exception report.
- 3.1.2 The reduction in the number of ERs received in 2019/20 can be attributed to a number of factors including, junior doctors' acceptance of breaches to their TCS during COVID-19, which is as a positive reflection of their commitment in responding to a national emergency, lockdown, cancellation of many NHS activities and the redeployment of doctors during the pandemic. However, since the Trust moved into post-COVID recovery in 2020/21 the numbers of ERs have not yet returned to their previous levels. The BMA has acknowledged this downward trend across Trusts nationally; the reasons for this are not clear. The Trust do want doctors to report now because we know they are working in an environment of constrained workforce capacity under greater pressures than ever, although it is possible that improvements in safe working have been achieved in some areas
- 3.1.3 From the graph above, it can be seen that the monthly distribution of ERs in previous years peaked in August, September, October and January, whereas this year the pattern is less discernible with the highest numbers received in December, January and February. This could be attributed to there being an increase in the number of vacancies at ORC and WTWA throughout these months, reported in tables 4.2 and 4.3 below, without any increase in the number of locums engaged (see Appendix 1), compounded by the high demand for hospital services, high sickness absence and self-isolation due to COVID-19.

3.2 Exception Reports by Grade by Year

Grade	No. of exception reports submitted each year					
	2018/19		2019/20		2020/21	
FY1 / FY2	433	71%	324	69%	259	67%
Locally Employed Doctor	-	-	-	-	4	1%
CT1	87	14%	4	1%	52	14%
CT2	48	8%	22	5%	10	3%
CT3	5	1%	-	-	-	-
ST1 / ST2	-	-	49	10%	12	3%
ST3 +	34	6%	69	15%	46	12%
Total	607		468		383	



3.2.1 The 383 ERs submitted this year were from 75 individual doctors, which illustrates that only a very small percentage (6%) of the junior doctor workforce are actively exception reporting.

3.2.2 In line with previous years, the majority of ERs (67%) were received from Foundation doctors. Reports from higher trainees are extremely sporadic and although exception reporting was introduced in 2016, anecdotally there is still some reticence from doctors to submit ERs. The GoSW is working to address this by holding regular drop-in sessions, attending induction, delivering a paediatric grand round, presenting at teaching sessions, and promoting exception reporting to all doctors and educational supervisors via the regular postgraduate newsletter.

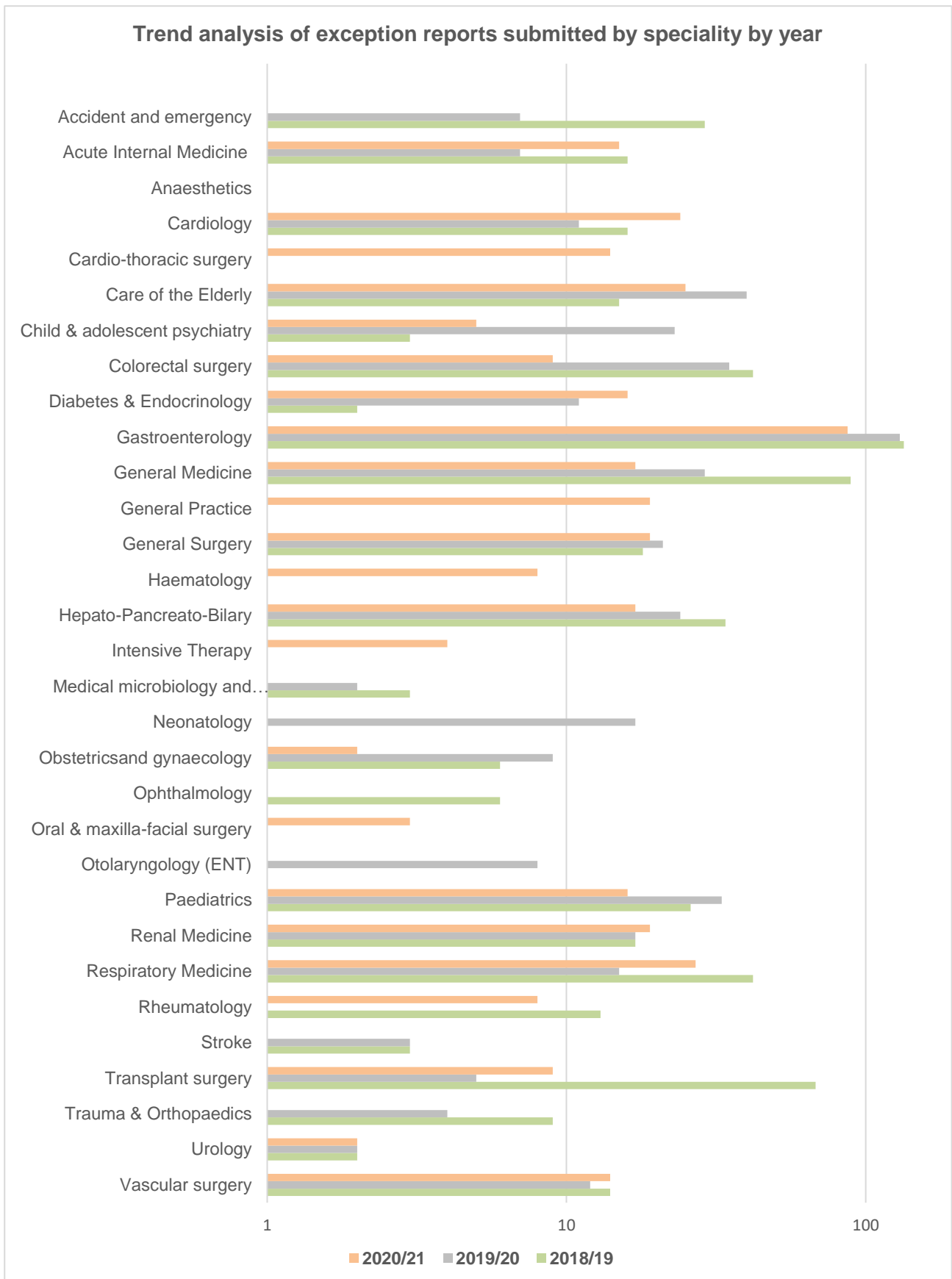
3.3 Exception Reports by Specialty by Year

Specialty	No. of exception reports submitted each year		
	2018/19	2019/20	2020/21
Accident and emergency	29	7	1
Acute Internal Medicine	16	7	15
Anaesthetics	-	-	1
Cardiology	16	11	24
Cardio-thoracic surgery	-	1	14
Care of the Elderly	15	40	25
Child & adolescent psychiatry	3	23	5
Colorectal surgery	42	35	9
Diabetes & Endocrinology	2	11	16
Gastroenterology	134	130	87
General medicine	89	29	17
General practice	-	-	19
General surgery	18	21	19
Haematology	-	1	8
Hepato-Pancreato-Biliary (HPB)	34	24	17
Intensive Therapy	-	-	4
Medical microbiology and virology	3	2	-
Neonatology	-	17	-
Obstetrics and gynaecology	6	9	2
Ophthalmology	6	-	1
Oral & maxilla-facial surgery	-	-	3
Otolaryngology (ENT)	-	8	-
Paediatrics	26	33	16
Renal Medicine	17	17	19
Respiratory Medicine	42	15	27
Rheumatology	13	1	8
Stroke	3	3	-
Transplant surgery	68	5	9
Trauma & Orthopaedics	9	4	1
Urology	2	2	2
Vascular Surgery	14	12	14
Total	607	468	383

3.3.1 Gastroenterology at both ORC and WTWA received the highest number of ERs in each of the past three years. In 2020/21, the number of ERs submitted reduced by c.45, when compared to the previous two years, with a total of 87 ERs submitted, split across ORC (n=25) and WTWA (n=62). The main reasons given for the ERs were low staffing levels and high workload resulting in late finishes on the wards. However, approximately 20% of the ERs were related to out of hours activity for General Internal Medicine (GIM) and this reflects the demands of urgent care and acute medicine.

3.3.2 During this reporting period, the specialties with the highest number of ERs were: respiratory medicine, care of the elderly, cardiology, general practice, general surgery and renal medicine with numbers in the range of 19 to 27. The reasons given were, high workload, low staffing

levels, clinical reasons and as stated in 3.3.1, predominantly doctors in these specialties work a shared on-call rota in the GIM service.



- 3.3.3 There are two indicators within the GMC trainee survey results which are of interest in the context of safe working, namely rota design and workload. The table below shows where the survey results for either of these two indicators are flagged as red outliers in 2019 and 2021, meaning they are in the lowest quartile nationally, where the upper confidence limit of the score is below the lower confidence limit of the national mean score. The GoSW is supporting colleagues to develop action plans to address the red outliers related to rota design and workload.
- 3.3.4 When comparing the GMC survey results with the exception reporting data by specialty in table 3, there is a correlation between the data for renal medicine and geriatric medicine, however, this correlation is not apparent in other specialties with the highest number of ERs. It is worth noting that although gastroenterology still received the most ERs in 2020/21 this was less than in previous years and there has been an improvement in trainee satisfaction in rota design from 2019 to 2021. This reflects the work that has been done in Gastroenterology, across both sites, to address rota gaps and workload concerns.
- 3.3.5 Improvements from 2019 to 2021 can also be seen in rota design and workload in cardiology, emergency medicine, general medicine, obstetrics and gynaecology, paediatrics, trauma and orthopaedics, and vascular surgery. These improvements are mirrored by a reduction in ERs in all these specialties, apart from cardiology and vascular surgery, where the numbers have remained constant.

Specialty	Site	Indicator	2018	2019	2021
Ophthalmology	Manchester Royal Eye Hospital	Rota Design	75.00	72.55	40.63
		Workload	54.39	43.83	37.97
Anaesthetics	Manchester Royal Infirmary	Rota Design	56.44	59.46	62.44
Clinical radiology		Workload	56.25	53.39	45.83
Oral and maxillo-facial surgery		Rota Design	75.00	76.56	41.67
		Workload	47.40	47.40	25.00
Renal medicine		Rota Design	55.00	44.23	33.75
		Workload	35.00	35.10	25.97
Emergency Medicine	North Manchester General Hospital	Rota Design			38.28
Obstetrics and gynaecology		Rota Design			35.99
Paediatrics	St Mary's Hospital	Rota Design	41.25	44.89	45.45
Geriatric medicine	Wythenshawe Hospital	Rota Design	55.00	41.25	33.65
Intensive care medicine		Rota Design	77.68	73.66	58.59
Obstetrics and gynaecology		Rota Design	41.80	45.96	33.33
Cardiology	Wythenshawe Hospital	Rota Design	44.27	34.09	43.75
Emergency Medicine			51.97	41.48	50.85
Gastroenterology			34.38	28.13	38.75
General (internal) medicine	Trafford General Hospital	Rota Design	29.46	32.81	57.29
Obstetrics and gynaecology	St Mary's Hospital	Workload	22.74	26.80	34.51
Paediatrics	Royal Manchester Children's Hospital	Workload	66.15	27.08	
Trauma and orthopaedic surgery	Manchester Royal Infirmary	Workload	39.06	29.17	
Vascular surgery			36.46	30.21	47.92

3.3.6 Seventeen of the 383 ERs were identified by the doctors as being an 'immediate safety concern' (details are provided in the table below). Where an immediate safety concern is raised the doctor should submit this within 24 hours of the incident and make the clinical director / consultant in charge aware of the issue at the time.

3.3.7 These immediate safety concerns were reviewed by the relevant educational supervisor and GoSW and concerns escalated as appropriate. None of the 17 ERs were found to pose an immediate risk to the patients or doctors concerned.

Specialty	Number of safety concerns raised	Reasons
Acute Internal Medicine	1	High volume of patients in ACU in the afternoon and evening.
Cardiology	2	No ward patients were seen by the on-call consultant / the roles of ward cover were changed after the junior doctors had handed over, so many had handed over to the wrong person.
Cardio-thoracic surgery	1	No SHO ward cover overnight.
Diabetes & Endocrinology	1	Stayed late to administer treatment to a patient.
Gastroenterology	7	All exception reports were related to junior doctor staffing shortages.
Haematology	2	Staff shortages / No registrar cover for evening shift.
Hepato-Pancreato-Biliary (HPB)	1	Stayed late to administer treatment to a patient.
Paediatrics	1	Staff shortages overnight.
Respiratory Medicine	1	High volume of COVID-19 patients resulted in doctor staying late.
Grand Total	17	

3.4 Exception Reports by Rota

Rota	No. of exception reports submitted Aug 2020 – July 2021		
	NMGH	ORC	WTWA
NMGH Gen Med RMO1 June 2020 Live	2	-	-
**MRI Cardio thoracic FY1	-	4	-
**MRI General Surgery FY1	-	44	-
Clinical fellow rota 1:8 Aug 19	4	-	-
FY2 GP Placement	-	17	-
Gen Med Level 1 F1 Aug 20 archived Aug 21	1	-	-
General Practice Placement GP	-	2	-
LTFT *** 60% MRI Renal New 2019	-	1	-
LTFT *** RMCH, CAMHS Senior August 2020	-	3	-
LTFT *** MRI Cardiology St3+ 2019	-	1	-
LTFT *** RMCH COMBINED Senior Gen/Tert	-	4	-
MRI - OMFS DCT - September 2020	-	2	-
MRI A&E Lower GP ST1/2 (Green) FY2 - August 2020	-	1	-
MRI Cardio thoracic Surgery St3+ August 2020	-	8	-
MRI Cardiology St3+ Oct 2020	-	6	-
MRI General Medicine FY1 - 2021	-	1	-
MRI General Medicine FY1 August 2020	-	76	-
MRI General Medicine Junior RMO - 2021	-	1	-
MRI General Medicine RMO August 2020	-	11	-
MRI General Surgery FY1	-	2	-
MRI Renal Medicine Hybrid August 2020	-	10	-
MRI, Cardiology, Junior	-	2	-
REH Ophthalmology, 1st OC 2021	-	1	-
RMCH COMBINED Senior Gen/Tert August 2020	-	11	-
RMCH Haematology New 2019 junior	-	7	-
RMCH Haematology, Junior 2021	-	1	-
RMCH Tertiary Paediatrics ST1-3 2020	-	1	-
RMCH, CAMHS Senior August 2020	-	2	-
St Marys, O&G, Junior - 2021	-	1	-
St Marys, O&G, SHO - 21 August 2020	-	1	-
Transplant Surgery	-	4	-
WTWA A&E Jnr	-	-	1
WTWA AMU	-	-	2
WTWA Cardio & Resp Fy1	-	-	7
WTWA CT Surgery Junior	-	-	2
WTWA Gen Med FY1 - August 2020	-	-	9
WTWA Gen Med Jnr - August 2020	-	-	32
WTWA Gen Surg Fy1	-	-	15
WTWA General Medicine Foundation	-	-	47
WTWA ICU Aug 2020 ST3+ pay	-	-	1
WTWA Oral Surgery Junior	-	-	1
WTWA Respiratory Medicine Jnr	-	-	9

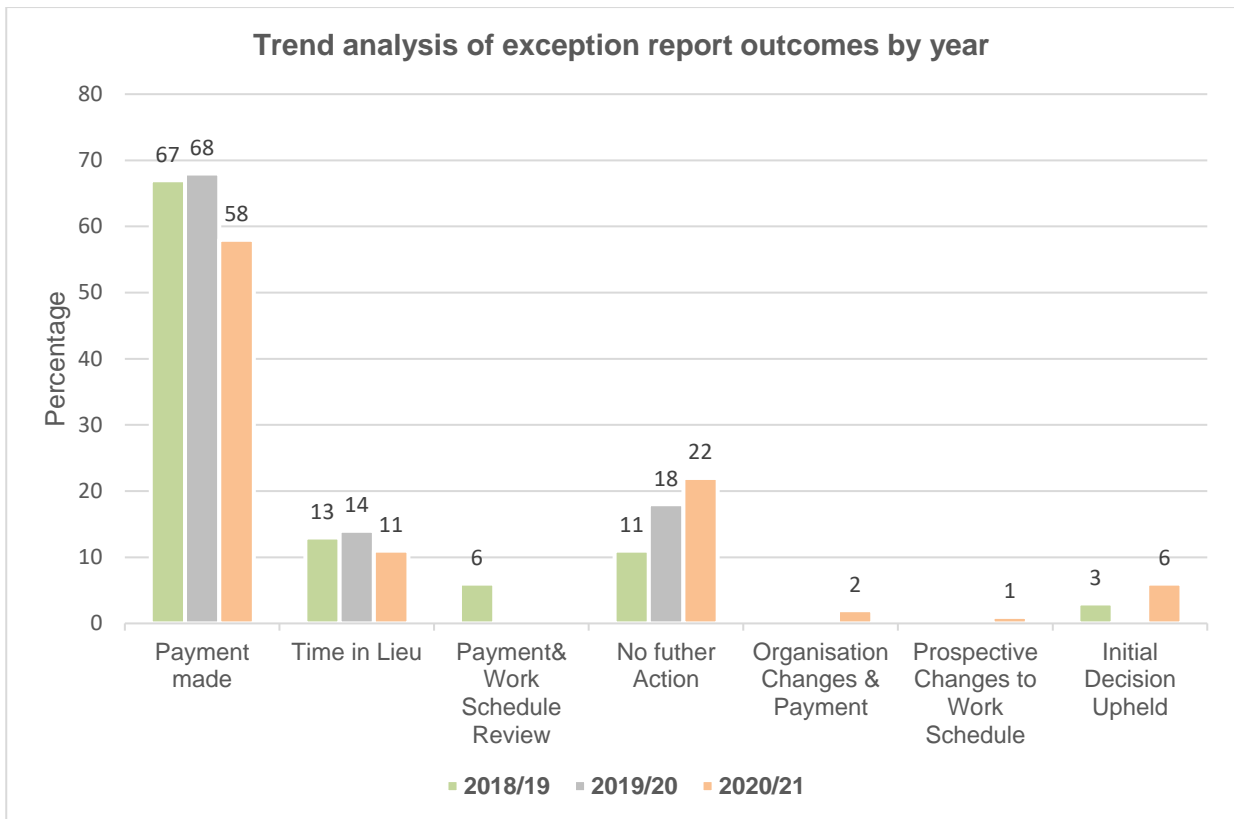
Rota	No. of exception reports submitted Aug 2020 – July 2021		
	NMGH	ORC	WTWA
WTWA Rheumatology ST3	-	-	8
WTWA T&O Jnr April 2021 - inc TGH Fy2 pay	-	-	1
WTWA Trafford Gen Med FY1 - August	-	-	3
WTWA Vascular Surg	-	-	4
WTWA Wythenshawe Gen Med Junior	-	-	9
Total	7	225	151

3.4.1 Since April 2021, only seven ERs have been submitted at NMGH, which is significantly lower than the numbers of ERs usually received in other hospitals/MCS within the MFT Group. The GoSW is working with the Director of Medical Education and the junior doctor representatives at NMGH to raise awareness and engagement with exception reporting.

3.4.2 The majority of ERs submitted at ORC were from doctors working on the two foundation rotas: MRI General Medicine FY1 August 2020 and MRI General Surgery FY1. The same could be seen at WTWA, with the three foundation rotas: WTWA Gen Med Jnr - August 2020; WTWA Gen Surgery FY1; and WTWA General Medicine Foundation accounting for the majority of ERs.

3.5 Exception Reports by Outcome by Year

Outcomes	No. of exception reports closed					
	2018/19		2019/20		2020/21	
Payment made	410	67%	319	68%	221	58%
Time off in Lieu	76	13%	66	14%	43	11%
Payment & Work Schedule Review	37	6%	-	-	-	-
No further action	66	11%	83	18%	83	22%
Organisation Changes & Payment	1	-	-	-	9	2%
Prospective Changes to Work Schedule	1	-	-	-	5	1%
Initial Decision Upheld	16	3%	-	-	22	6%
Total	607		468		383	



3.5.1 During 2020/21, in 58% of cases, payment for the additional hours worked has been agreed, with no further action taken in 22% of cases and 11% being granted time off in lieu. There has been a downward trend this year in the percentage of payments made, with increased outcomes seen in ‘no further action’, ‘organisation changes’ and ‘initial decision upheld’ from Level 1 work schedule reviews.

3.5.2 Where ‘no further action’ is recorded as the outcome, this usually means that the issues have been noted and escalated to other colleagues, for example, where there are known gaps on the rota, this is escalated to the relevant rota lead for the department. Throughout the year there has been an encouraging upward trend of ERs submitted solely to notify where there are rota gaps.

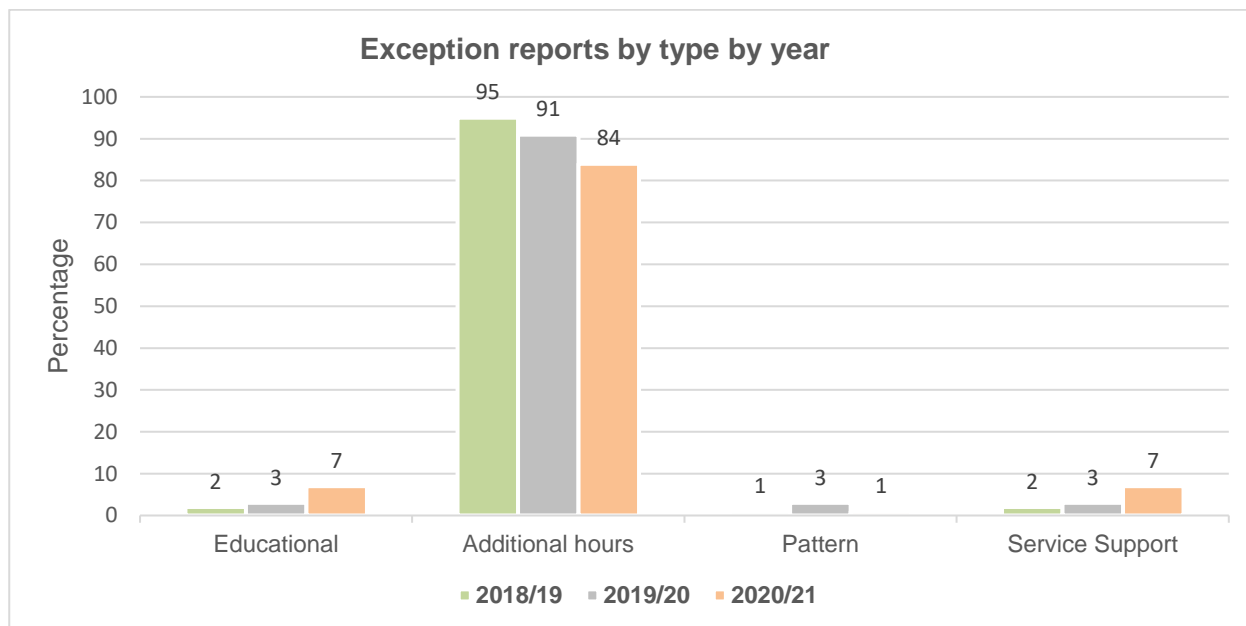
3.6 Work Schedule Reviews				
Rota	Site	No. of Work Schedule Reviews	Reason(s)	Outcome
MRI General Surgery FY1	ORC	7	Foot rounds overran resulting in doctors staying late to complete jobs.	Prospective changes to work schedule
MRI Cardiology St3+ Oct 2020	ORC	2	Missed training session as had to cover gap on rota.	Escalated to consultants meeting. Additional staff recruited.
MRI General Medicine FY1 August 2020	ORC	18	Respiratory Medicine (4) – late finishing board rounds. Gastroenterology (14) – staff shortages due to annual leave and long-term sickness.	Organisation changes Further attempts to arrange locum cover & payment for additional hours worked
MRI Renal Medicine Hybrid August 2020	ORC	1	Busy workload and short-staffed.	Payment
WTWA Gen Med Jnr – August 2020 & WTWA General Medicine Foundation	WTWA	5	Gastroenterology – workload / staffing issues escalated to Directorate SMT & Hospital DME.	Plans in place to recruit additional staff. Payment.
WTWA Gen Surg FY1	WTWA	4	Workload pressures and low staffing levels.	Payment.
WTWA ICU Aug 2020 ST3+ pay	WTWA	1	Payment of on-calls incorrect.	Escalated to Lead Employer.
TOTAL		38		

3.6.1 A work schedule review is undertaken when either a doctor is dissatisfied with the outcome of the initial review meeting or the concerns raised require a work schedule to be reviewed. The work schedule review process incorporates three levels of escalation and all 38 work schedule reviews undertaken during this year have been resolved at Level 1. Further details are provided in the table above.

3.6.2 The highest number of work schedule reviews (n=14) were in MRI gastroenterology. The reasons for these were short staffing due to annual leave and long-term sickness absence during January and February 2021. Additional locum cover was sought, and the issues resolved themselves when staff returned from annual leave and sickness absence.

3.7 Exception Reports by Type by Year

Type	No. of exception reports submitted each year					
	2018/19		2019/20		2020/21	
Educational	14	2%	13	3%	28	7%
Additional hours	577	95%	427	91%	323	84%
Pattern	5	1%	14	3%	5	1%
Service Support	11	2%	14	3%	27	7%
Total	607		468		383	



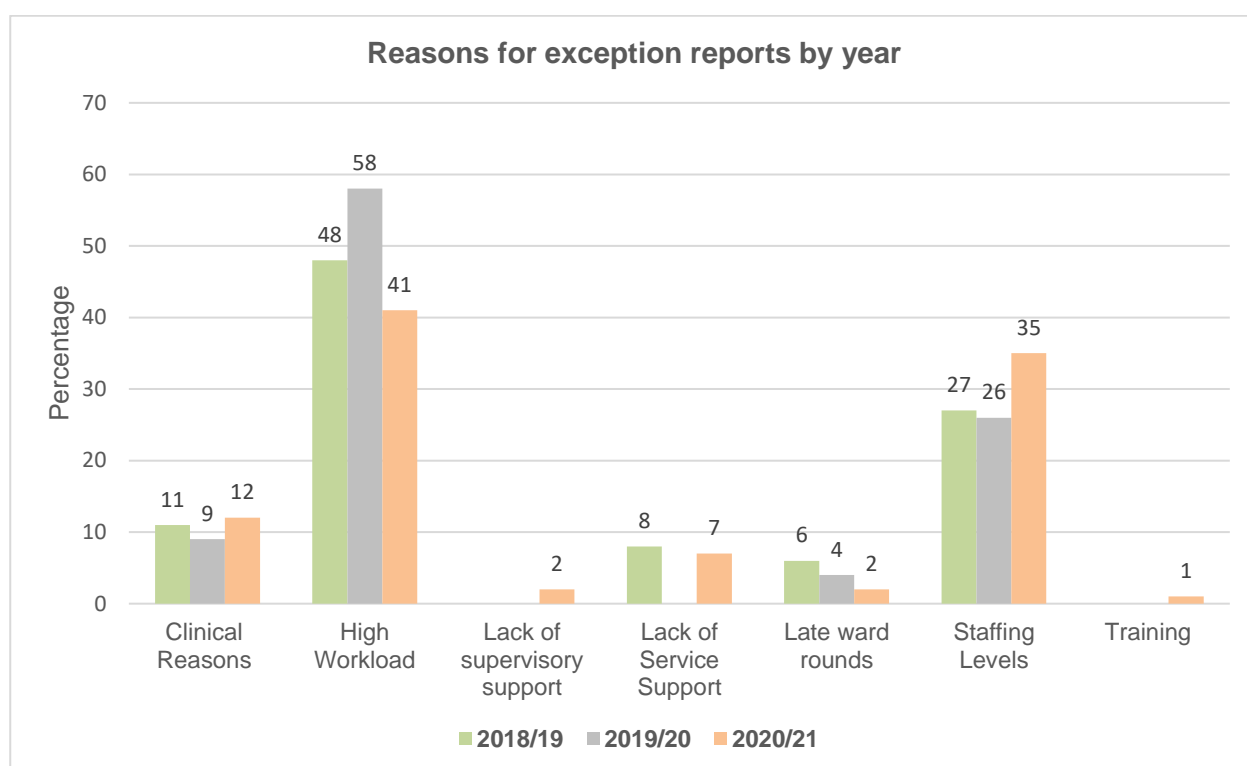
3.7.1 The primary reason for exception reporting related to trainees working above their contracted hours due to high workload and/or low staffing levels and this pattern has remained consistent over the past 3 years, with a slight reduction seen from 95% in 2018/19 to 84% in 2020/21.

3.7.2 7% of exception reports were for service support reasons, these included: system issues delaying biochemistry results; theatre lists over-running; departmental teaching being cancelled; known gaps on the rota due to staffing shortages; and the rota not including contractual self-development time. As part of induction, the GoSW has encouraged doctors to submit exception reports where there are known gaps on the rota, so these can be escalated to the relevant rota leads / clinical directors, and this has resulted in an increase in the number of reports received.

3.7.3 Similarly, the number of educational exception reports has increased year-on-year since 2018/19. The 28 exception reports submitted for educational reasons were from: NMGH general medicine (2); MRI acute internal medicine (3); MRI cardiology (7); MRI cardio-thoracic surgery (2); RMCH haematology (2); RMCH paediatrics (4); SMH obstetrics & gynaecology (2); and WTWA rheumatology (6). The reasons cited can be categorised into four themes: missed educational opportunities because doctors had to cover rota gaps; teaching days falling on zero hours days; 2 hours/week contractual self-development time not being included in Foundation doctors' rotas; and no supervising consultant being present on-site in clinic.

3.8 Reasons for Exception Reports by Year

Reason	No. of exception reports submitted by year					
	2018/19		2019/20		2020/21	
Clinical Reasons	68	11%	41	9%	46	12%
High Workload	292	48%	266	58%	156	41%
Lack of supervisory support	-	-	-	-	7	2%
Lack of Service Support	48	8%	-	-	27	7%
Late Ward Rounds	39	6%	21	4%	7	2%
Staffing Levels	160	27%	124	26%	136	35%
Training	-	-	-	-	4	1%
Concern about rota	-	-	16	3%	-	-
Total	607		468		383	



3.8.1 In 2020/21, the main reasons noted for exception reporting were high workload (41%), low staffing levels (35%), clinical reasons (12%) and lack of service support (7%).

3.8.2 Over the past three years, high workload and low staffing levels have consistently been the main reasons why junior doctors' exception-report. However, during this year there has been a shift, with ERs due to low staffing levels increasing, with a corresponding decrease in ERs related to high workload.

3.9 Breaches that Attract a Financial Penalty

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

- i. The 48 hours average working week.
- ii. Maximum 72 hours worked within any consecutive period of 168 hours.
- iii. Minimum of 11 hours continuous rest between rostered shifts.
- iv. Where meal breaks are missed on more than 25% of occasions.
- v. The minimum non-residential on call overnight continuous rest of 5 hours between 22.00 – 07.00 hours.
- vi. The minimum 8 hours total rest per 24 hours non-resident on call shift
- vii. The maximum 13 hours shift length
- viii. The minimum 11 hours rest between resident shifts

3.9.2 A proportion of the fine, apart from fines for breaks where payment is 100%, is paid to the GoSW fund, as specified in the 2016 TCS (see penalty rates and fines below). 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.

3.9.3 Penalty Rates and Fines

i) Penalty rates and fines for hours worked at the basic hourly rate.

Nodal Point	Total hourly (x4) figure	Hourly penalty rate (£), paid to the doctor	Hourly penalty rate (£), paid to the guardian of safe working fund
1	63.56	23.83	39.73
2	73.56	27.59	45.97
3	87.04	32.64	54.40
4	110.32	41.38	68.94

ii) Penalty rates and fines for hours worked at the enhanced hourly rate.

Nodal Point	Total hourly (x4) figure	Hourly penalty rate (£), paid to the doctor	Hourly penalty rate (£), paid to the guardian of safe working fund
1	87.08	32.64	54.44
2	100.78	37.79	62.99
3	119.25	44.72	74.53
4	151.14	56.68	94.46

3.9.4 Penalty rates have been calculated using the 2019 NHSI locum rates. These remain unchanged from the 2018/19 rates as set out in pay circular 3/2018.

3.9.5 The table below shows a breakdown of the fines levied throughout 2020/21. Fines were levied against:

- the child & adolescent mental health service, where three doctors reported a breach of the minimum non-residential on call overnight continuous rest period of 5 hours between 22.00 – 07.00 hours on six separate occasions, and
- geriatric medicine at Wythenshawe, where one doctor breached the maximum 72 hours worked within a 198 hours period.

3.9.6 The total fines levied was £3,427.91 of which £1,298.47 was paid to the doctors with £2,129.44 credited to the GoSW fund. The Junior Doctors' Forum will decide towards the end of the financial year how the GoSW fund should be spent to improve the working lives of junior doctors.

Grade	Department	Amount to Doctor £	Amount to GoSW Fund £	Total Fine £	Nature of Breach
ST5	Child & Adolescent Mental Health Service	374.25	623.62	997.87	5 hours continuous rest whilst on-call
ST5	Child & Adolescent Mental Health Service	664.86	1,073.54	1,738.40	5 hours continuous rest whilst on-call
ST4	Child & Adolescent Mental Health Service	226.72	377.84	604.56	5 hours continuous rest whilst on-call
F1	Wythenshawe Geriatric Medicine	32.64	54.44	87.08	Maximum of 72 hours worked within any consecutive period of 198 hours
TOTAL		1,298.47	2,129.44	3,427.91	

4. Establishment Figures and Vacancies

Please note that the data in tables 4.1, 4.2 and 4.3 below relates only to doctors in training and as such provides only 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 once full roll out of the software has been undertaken.

4.1 NMGH Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (CT/ST 1/2)	Grand Total	Vacancies April - July 2021
NORTH MANCHESTER GENERAL HOSPITAL									
Acute Care Common Stem - Acute Medicine							1	1	
Acute Care Common Stem - Intensive Care Medicine							1	1	
Acute internal medicine						1		1	
Anaesthetics	1					8		9	2
Cardiology	1							1	
Clinical Radiology						9	1	10	
Core anaesthetics training							6	6	
Core surgical training							8	8	4
Dental Core Training							7	7	
Emergency Medicine					6			6	
Endocrinology and Diabetes Mellitus						1		1	
Foundation			36	20				56	
General (internal) Medicine					4			4	
General Surgery						4		4	2
Genito-urinary Medicine						1		1	
Geriatric Medicine						2		2	
Infectious Diseases						10		10	
Intensive Care Medicine						4		4	1
Internal Medicine Stage One							25	25	3
Obstetrics and gynaecology					7	10	4	21	1
Oral and maxillofacial surgery						4		4	2
Paediatrics					13	3	3	19	
Respiratory Medicine		1				3		4	
Rheumatology						1		1	
Trauma and Orthopaedic Surgery						2		2	
Grand Total	2	1	36	20	30	63	56	208	15

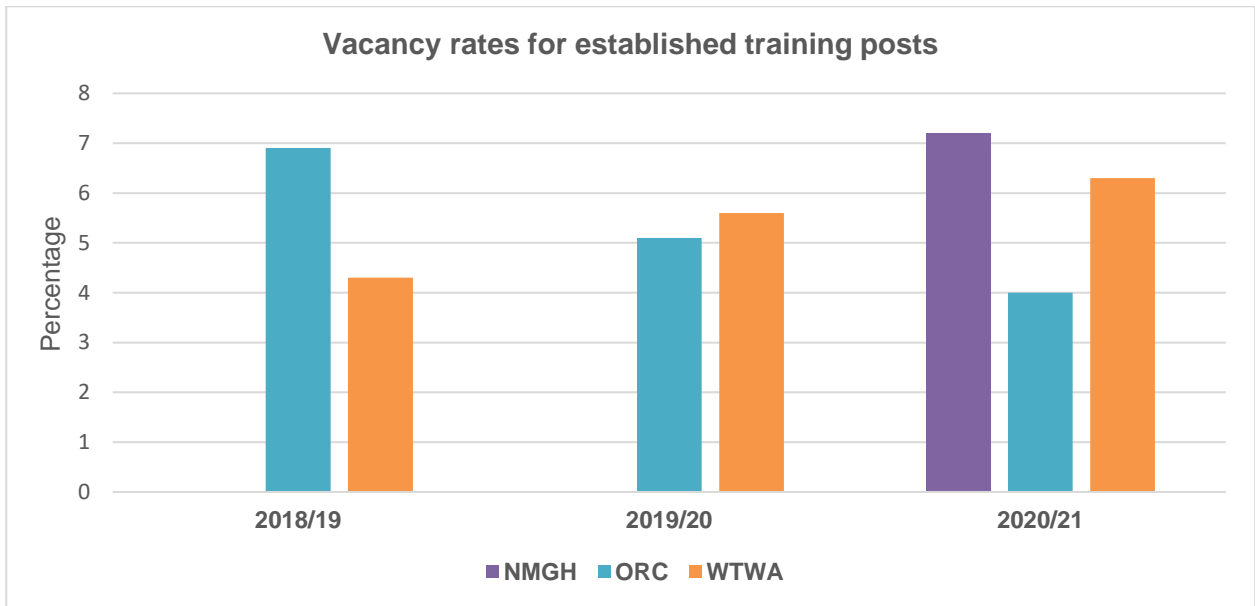
4.2 ORC Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies			
										Aug-Sep '20	Oct-Dec '20	Jan-Mar '21	Apr-Jul '21
Manchester Royal Eye Hospital (ROA04)													
Ophthalmology	4	1			2		17	2	26	2			1
Manchester Royal Infirmary (ROA02)													
Academic					2				2				
Acute Care Common Stem - Acute Medicine								4	4				
Acute Care Common Stem - Anaesthetics								5	5				
Acute Care Common Stem - Emergency Medicine	1							3	4				
Acute Care Common Stem - Intensive Care Medicine								3	3				
Acute internal medicine				2		1	3		6				
Anaesthetics		1			2			23	26	1	1		
Audio Vestibular Medicine							2		2				
Cardiology		1		1			7		9				
Cardiothoracic surgery				1				3	4	2	1	1	1
Clinical Oncology (based at The Christie)						1							
Chemical Pathology							1		1	1	1		
Clinical Radiology							11	1	12	1	1		
Core anaesthetics training			5						5				
Core medical Training	1		1						2	3	5		
Core surgical training			13						13	1	1	1	1
Dental Core Training			7						7				
Emergency Medicine		1			12	3	7		23				
Endocrinology and Diabetes Mellitus		1		2		1	4		8				
Gastroenterology		1		3			3		7				
General (Internal) Medicine				2					2				
General Practice					16				16				
General Surgery				13	1		10		24	1		2	1
General Psychiatry					3				3				
Genito-urinary Medicine					1		4		5			1	1
Geriatric Medicine				1		4	2		7	2	2	1	
Haematology							6		6		2		
Histopathology							5	8	13	2	2	3	3
Immunology							1		1	1			
Intensive Care Medicine							14		14	1		1	1
Internal Medicine Stage One	3		15					11	29			5	4
Longitudinal Integrated Foundation Training (LIFT)					3				3				
Medical Microbiology							4		4	1			
Nuclear Medicine							2		2				
Oral and maxillofacial surgery							4		4	1	1	1	1
Otolaryngology							3		3				
Paediatric emergency medicine						2			2				
Rehabilitation Medicine							1		1	2	1	1	
Renal Medicine	1	1		2			8		12				
Respiratory Medicine			4	1	1	2			8				
Rheumatology		1		1		4			6				
Trauma and Orthopaedic Surgery				3			2		5				
Urology				1			2		3				
Vascular Surgery				4			7		11				1
TOTAL	6	7	41	39	42	13	145	35	327	20	18	17	14

4.2 ORC Establishment & Vacancies (cont'd)	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies				
										Aug-Sep '20	Oct-Dec '20	Jan-Mar '21	Apr-Jul '21	
MANCHESTER NHS FT (HQ) (ROA01)														
Child and adolescent psychiatry	1						11		12					1
Core psychiatry training	1		7						8					
TOTAL	2		7				11		20					1
ROYAL MANCHESTER CHILDREN'S HOSPITAL (ROA03)														
Anaesthetics							16		16			1	1	
Chemical Pathology							1		1					
Clinical Radiology							3		3					
Core surgical training			3						3					
Emergency Medicine	1				2		10		11					
Haematology							3		3					
Neurosurgery	1	1					2		4			2	2	
Otolaryngology							1		1					
Paediatric and Perinatal Pathology		1					2		3					
Paediatric Surgery							9		9	1	1	2	1	
Paediatrics	2				2	4	31	26	63		1	2	2	
Plastic Surgery	1						1		2	1	1			
Trauma and Orthopaedic Surgery							5		5			1	1	
TOTAL	5	2	3			4	84	26	124	2	3	8	7	
ST MARY'S HOSPITAL (ROA05)														
Clinical Genetics	1	1					5		7	1	1			
Community Sexual and Reproductive Health							1		1					
Obstetrics and gynaecology	1	7			2	10	15	5	38					
Paediatrics							6	8	14					
TOTAL	2	8			2	10	27	13	60	1	1			
University Dental Hospital of Manchester (ROA06)														
Dental Core Training	1		10						11					
Dental Medical Specialties		1							1					
Oral Medicine							1		1					
Oral Pathology	1								1					
Oral Surgery	1	1						1	3					
Orthodontics								1	1					
Paediatric Dentistry		1						5	6					
Prosthodontics		1							1					
Public health dental	1								1					
Restorative Dentistry	1							6	7					
Special Care Dentistry	1								1					
TOTAL	6	4	10					14	34					
Grand Total	25	22	61	39	46	27	298	76	594	25	22	25	23	

4.3 WTWA Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies			
										Aug-Sep '20	Oct-Dec '20	Jan-Mar '21	Apr-Jul '21
TRAFFORD GENERAL HOSPITAL (ROA09)													
Acute internal medicine							2		2				
Emergency Medicine						1			1				
Endocrinology and Diabetes Mellitus							1		1				
General (Internal) Medicine				3		1			1				
General Psychiatry				3	1								
Geriatric Medicine				3			2		2			1	
Internal Medicine Stage One								4	4				
Rehabilitation Medicine							1		1				
Respiratory Medicine							1		1				
Rheumatology							1		1				
Trauma and Orthopaedic Surgery							1		1				
TOTAL				9	1	2	9	4	15			1	
WITHINGTON COMMUNITY HOSPITAL (ROA08)													
Genito-urinary Medicine							1		1	1			
Rehabilitation Medicine							1		1				
TOTAL							2		2	1			
WYTHENSHAW HOSPITAL (ROA07)													
Academic					2								
Acute Care Common Stem - Acute Medicine								3	3	1	1	1	
Acute Care Common Stem - Anaesthetics								1	1				
Acute Care Common Stem - Emergency Medicine								4	4				
Acute Care Common Stem - Intensive Care Medicine								1	1				
Acute internal medicine				1			3		3				1
Allergy							2		2				
Anaesthetics	2						23		25				
Cardiology		1		2			6		7		1		1
Cardiothoracic surgery		1					5		6	2	2	2	
Chemical Pathology							1		1				
Clinical Radiology							10	1	11	1	1	1	
Core anaesthetics training			7						7				
Core medical Training			1						1	2			
Core surgical training	1		18						19	2	2	2	
Dental Core Training			5						5				
Emergency Medicine					5	5	12		17				
Endocrinology and Diabetes Mellitus				2		2	2		4				
Gastroenterology				2			3		3				
General Practice					13								
General Psychiatry (Adult)				2									
General Psychiatry (Old Age)				1									
General Surgery		1		8			7		8				
Geriatric Medicine				6		7	6		13				
Histopathology							4		4	1		1	2
Intensive Care Medicine	1				1		20		21	3		5	6
Internal Medicine Stage One	2		22					13	37		5	4	5
Liaison Psychiatry					1								
Medical Microbiology							1		1				
Obstetrics and gynaecology					2	5	8	3	16				
Oncology - Combined (at the Christie)					8								
Oral and maxillofacial surgery							2		2				
Orthodontics							3		3				
Otolaryngology							2		2				
Paediatrics	1				2	5	7	3	16		2	2	1
Plastic Surgery	1	1					14		16	1	1	1	1
Psychiatry (Crisis Team)					1								
Psychiatry (Perinatal)					1								
Renal Medicine							1		1				
Respiratory Medicine				5			8		8	1	1	1	
Rheumatology		1					2		3				
Trauma and Orthopaedic Surgery				3	1		4		4	1	1	1	1
Urology				4			2		2				
TOTAL	8	5	53	36	37	24	158	29	277	15	18	22	17
Grand Total	8	5	53	45	38	26	169	33	294	16	18	23	17

4.4 Annual Vacancy Rate against Establishment

Year	NMGH ¹	ORC	WTWA
2018/19	-	6.9%	4.3%
2019/20	-	5.1%	5.6%
2020/21	7.2%	4.0%	6.3%



- 4.4.1. The vacancy rate for established training posts at NMGH is only for the period April to July 2021 and this rate (7.2%) is slightly higher than the rates previously reported at ORC or WTWA since 2018/19.
- 4.4.2 The graph above highlights that there are opposing trends at ORC and WTWA, with the ORC vacancy rate falling during the past 3 years, whereas the rate has increased at WTWA.
- 4.4.3 NMGH is carrying most vacancies in core surgical training, whereas MRI and Wythenshawe have the highest vacancies in internal medicine and intensive care medicine respectively.
- 4.4.4 Appendix 1 provides full details of the number of locum shifts/hours requested and paid for by specialty, grade, and reason for NMGH, ORC and WTWA. It should be noted that the data presented is for all grades of doctor, not just junior doctors in training.
- 4.4.5 In 2020/21, 61% of the total hours worked by locums (bank & agency) were at junior doctor grade. The main reasons for locum cover were stated as: vacancy 62%, COVID-19 10% and additional activity 9%. Notwithstanding the fill rate of 78%, the demand for locum shifts to cover vacancies does correlate with the high number of ERs related to low staffing levels.

¹ NMGH vacancy data is only available for the period April - July 2021

5. Locally Employed Doctors

- 5.1 With effect from January 2021, all newly appointed clinical fellows working on-call have been engaged on the same terms and conditions as the junior doctors in training. Further to this, on a phased basis in line with governance processes, existing trust grade doctors are being offered the opportunity to move to the new terms and conditions.
- 5.2 Locally employed doctors (LEDs) on the new terms and conditions will be able to raise exception reports, where there are safety concerns (for the patient and/or themselves) or their working hours are outside the 2016 rota rules. To date, 170 LEDs have commenced on the new terms and conditions. Throughout 2020/21, four ERs were received from one LED at NMGH related to additional hours worked, for which time off in lieu was granted. It is anticipated that the number of exception reports from LEDs will increase in the coming months as more LEDs transition onto the new contract and awareness of exception reporting increases.

6. Junior Doctors' Forum (JDF)

- 6.1 Engagement and attendance at the JDF have been good throughout the year. The JDF is held every other month via MS Teams and this virtual platform is working well with junior doctor and LED representatives from each hospital/MCS in attendance, along with colleagues from postgraduate medical education, medical workforce and the BMA. NMGH representatives joined the JDF in March 2021. The JDF has the potential to identify, discuss and jointly address rota and training issues as they arise. The structure of the meeting was changed in October 2020 with the first half of the meeting now focussed on safe working and the second half on trainee welfare.
- 6.2 Improving the working conditions and morale of junior doctors is important as it will aid recruitment and retention, reducing rota gaps and thus improve patient safety. NHS Employers, in support of the BMA Fatigue and Facilities Charter, awarded MFT £60k to improve rest facilities for trainees and clinical fellows. The JDF provided oversight of this funding and doctors requested the funds be spent on furniture, kitchen equipment and other items across all sites. The JDF agreed that the fine monies accrued (£167.47) in the GoSW fund for 2019/20 financial year be added to this. The £10k allocated to NMGH is yet to be spent.

7. Overall Summary for 2020/21

- 7.1 In December 2020, the Trust appointed a new GoSW, Karen Fentem, to replace Ged Terriere, who retired. Dr Robert Henney, Associate Director of Medical Education (Workforce) provides clinical support to the GoSW. Since joining MFT, Karen has endeavoured to raise awareness of safe working and exception reporting with attendance at: induction events; training sessions; consultants' meetings; educational supervisor development sessions; medical education committees; and regular drop-in sessions across all hospital sites. The exception reporting guidance materials have been updated on the intranet and a series of short videos have been uploaded into the learning hub and the foundation doctors' portal.

- 7.2 On 1 April 2021, MFT welcomed 193 junior doctors from NMGH. The GoSW is working closely with the Director of Medical Education, educational supervisors and junior doctor representatives at NMGH to raise awareness and encourage doctors to exception report.
- 7.3 A total of 383 ERs were received in the year 2020/21, equating to an average of 32 per month. Since 2018/19, there has been a year-on-year decrease in the total number of ERs received and post-COVID the numbers of ERs have not yet returned to their previous levels. The BMA has acknowledged that this is a national trend, however, the reasons for this are not clear and the possibility that a downward trend in the number of ERs reflects improvements in safe working, should not be discounted.
- 7.4 The primary reason for exception reporting related to trainees working above their contracted hours due to high workload and/or low staffing levels and this pattern has been consistent over the past 3 years, with a slight reduction seen from 95% in 2018/19 to 84% in 2020/21.
- 7.5 The number of educational exception reports has increased year-on-year since 2018/19. The reasons for these can be grouped into four themes: missed educational opportunities because doctors had to cover rota gaps; teaching days falling on zero hours days; self-development time not being included in foundation doctors' rotas; and no supervising consultant begin present on-site in clinic.
- 7.6 Gastroenterology at both ORC and WTWA received most ERs in each of the past three years, for reasons related to low staffing levels and high workload. Other specialties with high numbers of ERs were respiratory medicine, care of the elderly, cardiology, general practice, general surgery and renal medicine.
- 7.7 The 383 ERs submitted this year were from 75 individual doctors, the majority of whom are foundation doctors. Only a very small percentage (6%) of the junior doctor workforce are actively exception reporting.
- 7.8 The GMC survey results show a positive correlation between low trainee satisfaction scores and the number of ERs for renal medicine and geriatric medicine, however, this correlation is not apparent in other specialties with the highest number of ERs. Improvements in trainee satisfaction scores from 2019 to 2021 are mirrored by a reduction in ERs submitted in emergency medicine, general medicine, obstetrics and gynaecology, paediatrics, and trauma and orthopaedics,
- 7.9 Seventeen ERs were identified by the doctors as being an 'immediate safety concern'. These were reviewed by the relevant educational supervisor and GoSW and concerns escalated as appropriate. None of the 17 ERs were found to pose an immediate risk to the patients or doctors concerned.
- 7.10 In 58% of cases, payment for the additional hours worked has been agreed, with no further action taken in 22% of cases and 11% being granted time off in lieu. Where 'no further action' is recorded as the outcome, this usually means that the issues have been noted and escalated to other colleagues.
- 7.11 During the year, the total fines levied was £3,427.91 of which £2,129.44 was credited to the GoSW fund. The Junior Doctors' Forum will decide towards the end of the financial year how the GoSW fund should be spent to improve the working lives of junior doctors.

- 7.12 The average vacancy rate across all sites for 2020/21 was 5.8%. NMGH is carrying most vacancies in core surgical training, whereas MRI and Wythenshawe have the highest vacancies in internal medicine and intensive care medicine respectively.
- 7.13 From 2019/20 to 2020/21, there was a 33% increase in the total locum hours paid, to 312,703 hours. A significant part of this increase can be attributed to the addition of the NMGH locum data from April 2021 onwards. 61% of these hours were at junior doctor grade. The main reasons for locum cover were stated as: vacancy 62%, COVID 10% and additional activity 9%.
- 7.14 From January 2021, all newly appointed clinical fellows working on-call have been engaged on the same terms and conditions as the junior doctors in training and can now raise exception reports if their working hours are outside the 2016 rota rules. To date, 170 locally employed doctors have commenced on the new terms and conditions.
- 7.15 Engagement and attendance at the JDF have been good throughout the year. The structure of the meeting was changed in October 2020 with the first half of the meeting now focussed on safe working and the second half on trainee welfare. The JDF provided oversight of how the £60k awarded to MFT to support of the BMA Fatigue and Facilities Charter was spent and will continue to oversee the £10k allocated to NMGH, which has yet to be spent.

Locum Bookings for NMGH, ORC & WTWA (Period: 1 August 2020 – 31 July 2021)

Please note that the data relates to all grades of doctor not just trainees.

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
A&E	3,762	3,515	34,461	31,498
Acute ICU	11	9	109	99
Acute Medicine	1,972	1,671	17,188	14,059
Adult and Specialist Services	264	176	1,948	1,264
Adult CRF	53	50	264	244
Ambulatory Care	170	170	1,243	1,124
Anaesthetics	1,131	1,069	11,364	9,617
Anaesthetics & Critical Care	648	546	6,639	5,572
Breast Surgery	104	104	869	596
Burns and Plastics	408	337	4,646	3,802
CAMHS	438	267	6,113	3,911
Cardiology	238	183	2,131	1,634
Cardiothoracic Medical Staff	318	241	3,383	2,520
Cardiothoracic Surgery	176	154	1,873	1,591
Cardio-Vascular	616	295	6,235	3,137
Care of the Elderly Rehab	513	436	4,562	3,634
Chemical Pathology	17	16	45	43
Children's Radiology	10	10	111	111
Children's Critical Care	434	335	4,357	3,296
Children's Medicine	1,254	708	11,057	6,136

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
Children's Surgery	303	231	3,529	2,692
Children's Theatres and Anaesthetics	24	16	224	162
Community Learning Disability Team Central	79	39	632	308
Community Services	38	26	327	227
COVID 19	2,102	1,833	19,060	15,293
Critical care	112	104	1,296	1,141
Cystic Fibrosis service	2	2	11	11
Dental Hospital	319	310	3,221	3,205
Dermatology	207	155	1,690	1,225
Diabetes & Endocrinology	124	111	1,117	936
ENT	629	507	7,523	6,233
Gastroenterology	490	365	4,331	3,002
General Medicine	279	218	1,883	1,679
General Surgery	1,889	1,623	18,527	15,167
GI Medicine and Surgery	453	317	4,330	3,039
GU Medicine	1	1	9	8
Haematology	326	254	2,732	2,134
Head and Neck	120	101	1,317	1,094
Healthy Young Minds	54	32	676	333
Heart and Lung Services	3	1	39	15
Histology	79	37	622	272
Imaging	20	20	128	128
Infectious Diseases	33	33	281	245
Inpatient Medical Specialities	4,213	2,700	36,015	23,208

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
Intensive Care	685	685	7,343	6,665
Laboratory Medicine	616	219	4,970	1,701
LD CENTRAL (HEALTH)	1	1	8	8
Major Trauma	8	3	83	38
Manchester Royal Eye Hospital	1,053	592	8,591	4,561
Medical Assessment	207	187	1,988	1,787
Medicine	1,760	1,760	15,082	13,477
Microbiology & Virology	31	26	244	196
MRI Corporate	1	1	9	9
Neurosurgery	4	4	67	67
Neurophysiology/Neurology	73	44	708	430
NICU	21	16	218	174
Obstetrics & Gynaecology	668	593	6,201	5,230
Oral and Maxillofacial Surgery	622	586	6,448	5,243
Orthogeriatrics	87	87	650	573
Orthopaedics	381	378	3,159	2,425
Outpatient Services	8	5	48	32
Paediatric - Community	26	21	220	204
Paediatric Radiology	12	12	122	122
Paediatrics and Neonates	1,103	1,008	10,955	9,483
Paediatrics services	725	600	7,543	6,268
Paediatric Surgery	11	11	86	86
Paediatrics General Medicine	5	3	55	29
Paediatrics Specialist Medicine - Tertiary	73	63	719	580

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
R Research I&E	325	188	3,663	2,190
Radiology	81	70	747	650
Renal medicine	35	30	435	386
Renal Transplant	11	3	175	46
Respiratory	279	261	2,315	1,991
RMCH - WTWA Paediatrics	120	80	1,381	908
SMH - Neonates - Medical Rota	54	43	612	484
SMH - NICU - Medical Rota	13	12	151	138
SMH - Obstetrics - Medical Rota	7	4	58	24
SMH - Obstetrics & Gynaecology ORC - Medical Rota	237	177	1,862	1,343
SMH - Obstetrics & Gynaecology WTWA	237	156	2,669	1,646
SMH - Reproductive Medicine - Medical Rota	37	36	241	235
Speciality not specified	555	365	5,116	3,347
TGH - General Medicine	610	542	6,209	5,255
TGH - INRU - Medical Rota	265	186	2,236	1,491
TGH - Urgent Care - Medical Rota	304	265	3,665	3,114
The Vaccine Clinic	2	2	13	13
Trafford - Medicine	404	342	4,696	3,819
Trafford Diabetes	24	19	242	202
Trauma & Orthopaedics	1,359	1,144	13,772	11,355
Urgent Care	946	876	8,762	8,000
Urology, Renal and Transplant	374	347	3,957	3,554
Vascular Surgery	22	20	386	362
WTWA - Cardiology	45	31	394	289

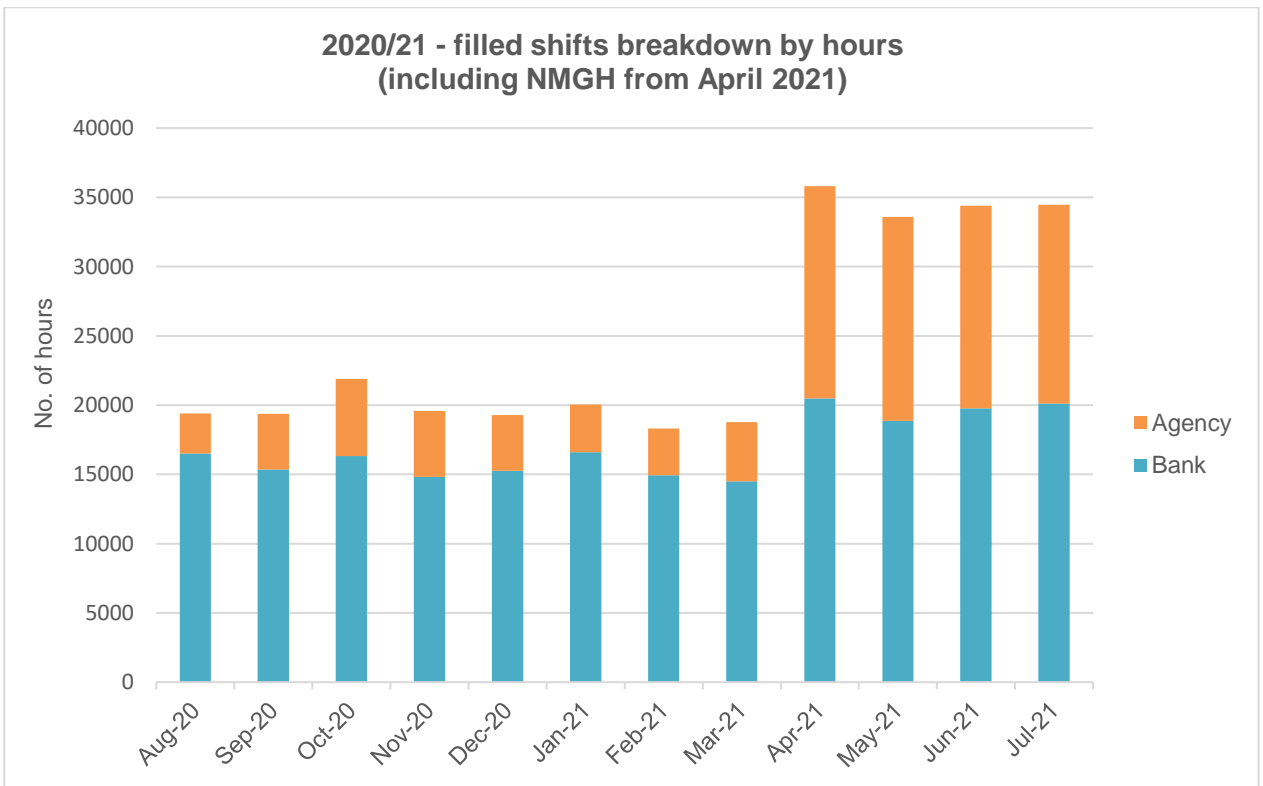
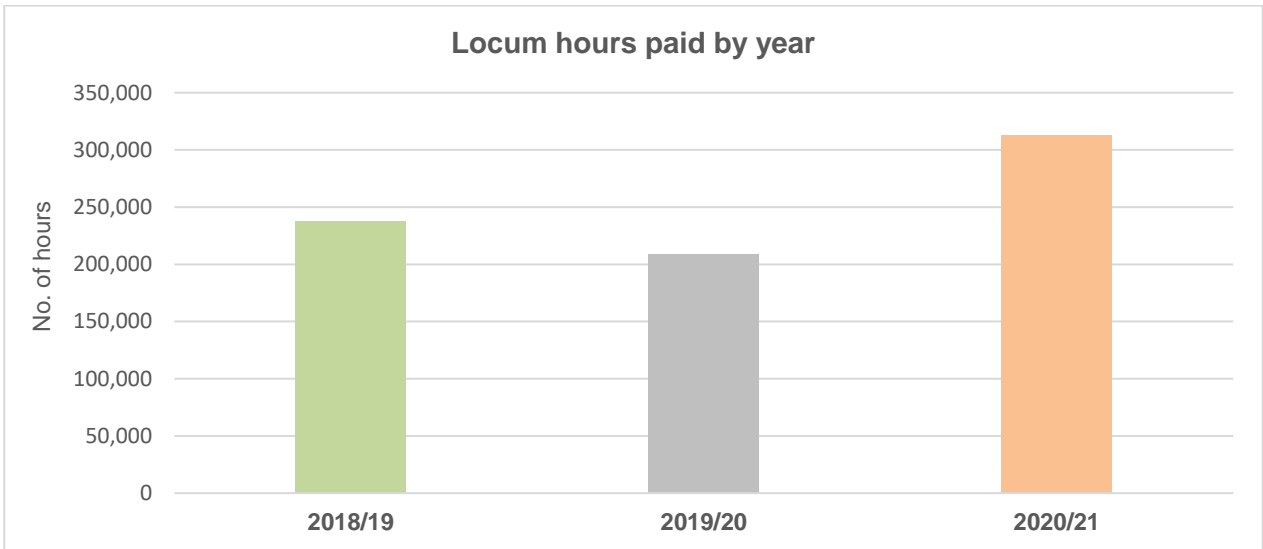
Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
WTWA - Cardiothoracic	90	70	1,131	882
WTWA - Dermatology	100	71	777	554
WTWA - Emergency Medicine	868	655	7,270	5,616
WTWA - ENT	31	29	273	243
WTWA - Gastroenterology - Consultant Rota	126	93	893	667
WTWA - General Medicine	841	602	7,242	5,204
WTWA - General Surgery	147	111	1,537	1,113
WTWA – Nightingale unit	5	3	864	24
WTWA - Obstetrics	2	-	24	-
WTWA - Respiratory	122	94	1,175	942
WTWA - Rheumatology	54	38	432	304
WTWA - Trauma & Orthopaedics	1,135	949	11,474	9,680
WTWA - Urology	2	1	29	14
WTWA - Vascular Surgery	1	1	6	6
WTWA & RMCH - Burns & Plastics	133	91	1,945	1,310
XRAY	77	41	476	278
Grand Total	42,697	34,281	402,926	312,703

Locum Bookings (Bank & Agency) by Grade				
Grade	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
Associate Specialist	32	32	309	319
Consultant & SAS	8,092	6,693	69,744	53,638
Consultant / GP	1,549	1,120	13,665	9,326
CT 1	25	20	148	112
CT 2	21	21	193	150
Foundation (Y1)	1,326	1,264	11,758	10,355
Foundation (Y2)	425	404	4,224	3,579
FY2-ST2	527	463	5,033	4,424
GP	357	315	2,264	2,020
JCF	11	9	94	77
Locum Junior	6,860	5,487	63,209	50,759
Locum Senior	5,505	4,477	57,404	46,635
Medical - Speciality / Staff Grade Doctor	884	151	9,303	1,635
Not stated	3,033	184	26,872	950
Physician Associate	1	1	4	-
Registrar	1,642	1,642	15,926	14,774
Senior House Officer	2,414	2,414	21,085	18,915
Speciality Doctor	792	761	7,433	6,627
ST3-ST8	3,566	3,787	38,395	39,729
ST 1-2 & Core Medical Trainees	5,628	5,029	55,821	48,636
Trust Grade	7	7	44	44
Grand Total	42,697	34,281	402,926	312,703

Locum Bookings (Bank & Agency) by Reason				
Reason	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
Additional Activity	3,416	2,993	33,648	29,409
Additional pressures	1,401	1,187	12,649	10,043
Annual leave	91	76	887	693
Capacity & Demand	302	185	2,786	1,553

Locum Bookings (Bank & Agency) by Reason				
Reason	Number of shifts requested	Number of shifts paid	No. of hours requested	Number of hours paid
Compassionate/Special Leave	30	30	236	224
COVID 19 pressures	4,797	3,669	43,493	32,437
COVID-19 Additional Staff	191	132	1,872	1,220
COVID-19 Isolation	89	81	873	767
ED Support Shift - Medical Staff Only	1,685	1,436	14,302	12,164
Escalation	679	506	6,804	5,070
Initiative	625	442	5,249	3,643
Maternity/Paternity/Adoption	95	62	937	598
On-call cover	103	49	821	531
Planned Leave	6	6	52	52
Pool - out of hours	1	1	15	15
Protected teaching during working hours	2	2	15	15
Restricted Duties	13	13	111	36
Rota Compliance	366	318	3,436	2,948
Sickness	1,554	1,129	14,953	11,170
Site Pressures	80	80	584	477
Special leave	154	143	1,447	1,297
Study Leave	16	12	180	145
Theatre Unplanned Overrun	1	1	10	10
Training	3	3	24	24
Unfulfilled Role Cover	11	10	87	83
Unplanned Leave	87	57	910	568
Vacancy	26,497	21,321	253,334	194,925
Winter pressures	39	39	356	329
Workload Increased	363	298	2,859	2,258
Grand Total	42,697	34,281	402,926	312,703
Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested)	78%			

Locum Bookings by Year			
	2018/19	2019/20	2020/21 ²
Number of hours paid	237,194	209,090	312,703



² NMGH locum data for period 1st Apr to 31st Jul 2021 is included in 2020/21 figures