

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

HUMAN RESOURCES SCRUTINY COMMITTEE

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| Report of: | Miss Toli Onon, Joint Group Medical Director |
| Paper prepared by: | Karen Fentem, Guardian of Safe Working |
| Date of paper: | February 2022 |
| Subject: | Quarterly Report from the Guardian of Safe Working (Quarter 3, Oct – Dec 2021) |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify |
| Consideration against the Trust's Vision & Values and Key Strategic Aims: | <p>Building an organisation that:</p> <ul style="list-style-type: none"> • excels in quality, safety, patient experience, research innovation and teaching • Attracts, develops and retains great people |
| Recommendations: | The HR Scrutiny Committee is asked to note the content of this report |
| Contact: | <p><u>Name:</u> Karen Fentem, Guardian of Safe Working <u>Tel:</u> 07974 609040</p> |

Report from the Guardian of Safe Working Period October - December 2021

1. Introduction

This is the third quarterly report for the year 2021/22, based on a national template, by the Guardian of Safe Working (GoSW). The GoSW's primary responsibility is to act as the champion of safe working hours for doctors and dentists in training and provide assurance to the Trust that they are safely rostered and that their working hours are compliant with the 2016 Terms and Conditions of Service. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition, it can identify missed training opportunities.

The number of exception reports received and closed for the period October 2018 – December 2021 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Quarter 3 against the same quarter in 2019 and 2020 is shown in Appendix 2.

2. High Level Data @ 18 January 2022

| | |
|---|-----------------|
| Number of established training posts: | |
| • North Manchester General Hospital (NMGH) | 222 |
| • Oxford Road Campus (ORC) | 609 |
| • Wythenshawe, Trafford, Withington and Altrincham (WTWA) | 382 |
| Total number of established training posts | 1213 |
| Total number of doctors/dentists in training on 2016 TCS | 1173 |
| Total number of Less than Full-Time doctors/dentists in training | 210 |
| Total number of locally employed junior doctors (LED) | 305 |
| 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 educational supervisors | 0.25 PA |

3. Exception Reports – Quarter 3 (October - December 2021)

Please note the data presented in this report was extracted on 18 January 2022 from the exception reporting systems Allocate HealthMedics System for ORC and WTWA, and the Doctors Rostering System for NMGH.

| | | |
|--|---|------------|
| Total number of exception reports received | | 209 |
| Number reported as an immediate safety concern | | 10 |
| Number relating to: | Hours of working | 146 |
| | Pattern of work | 10 |
| | Educational opportunities | 22 |
| | Service support available to the doctor | 31 |
| Total number work schedule reviews | | 7 |

For each subsection 3.1 to 3.9, the data are presented with a short explanation to provide context, interpretation, and conclusions. The overall summary is presented in section 5.

| 3.1 Exception Reports by Specialty | | | | | | |
|---|--|------------|-------------|--|---------------------------------|---|
| Specialty | No. of exceptions raised in Quarter 3 | | | No. of exceptions carried over from Quarter 2 | No. of exceptions closed | No. of exceptions outstanding ¹ |
| | NMGH | ORC | WTWA | | | |
| Acute Medicine | - | 6 | - | - | 3 | 3 |
| Anaesthetics | - | 1 | - | 2 | 2 | 1 |
| Breast Surgery | 1 | - | - | - | 1 | - |
| CAMHS | - | 2 | - | - | 2 | - |
| Cardiology | - | 7 | 26 | - | 28 | 5 |
| Care of the Elderly | - | - | 12 | 1 | 7 | 6 |
| Diabetes & Endocrinology | 3 | 9 | - | 5 | 16 | 1 |
| Emergency Medicine | - | 1 | - | 1 | 2 | - |
| Gastroenterology | - | 9 | 13 | 1 | 20 | 3 |
| General Medicine | 6 | - | 8 | 2 | 9 | 7 |
| General Surgery | - | 3 | 3 | 1 | 4 | 3 |
| General Surgery (HPB) | - | 2 | - | - | 2 | - |
| Haematology | - | 4 | - | - | 4 | - |
| Infectious Diseases | 2 | - | - | - | - | 2 |
| Obstetrics and gynaecology | - | 1 | 1 | 1 | 3 | - |
| Ophthalmology | - | 2 | - | - | 2 | - |
| Otolaryngology (ENT) | - | - | 3 | - | - | 3 |
| Paediatrics | 2 | 19 | - | 1 | 6 | 16 |
| Renal Medicine | - | 12 | - | - | 10 | 2 |
| Respiratory Medicine | 5 | 6 | 4 | - | 9 | 6 |
| Stroke | - | - | - | 1 | 1 | - |
| Transplant | - | - | - | 2 | 2 | - |
| Trauma & Orthopaedic | 1 | - | - | - | - | 1 |
| Urology | 15 | - | - | - | 13 | 2 |
| Vascular Surgery | - | 20 | - | - | 15 | 5 |
| Total | 35 | 104 | 70 | 18 | 161 | 66 |

¹ Exception reports should be reviewed by the Educational Supervisor within 7 days of submission; where these timescales are not met the GoSW will send a reminder to the Educational Supervisor. Any exception reports that remain outstanding will be escalated to the relevant Clinical Director as detailed in Appendix 3 – the Trust’s Escalation Process for Exception Reports

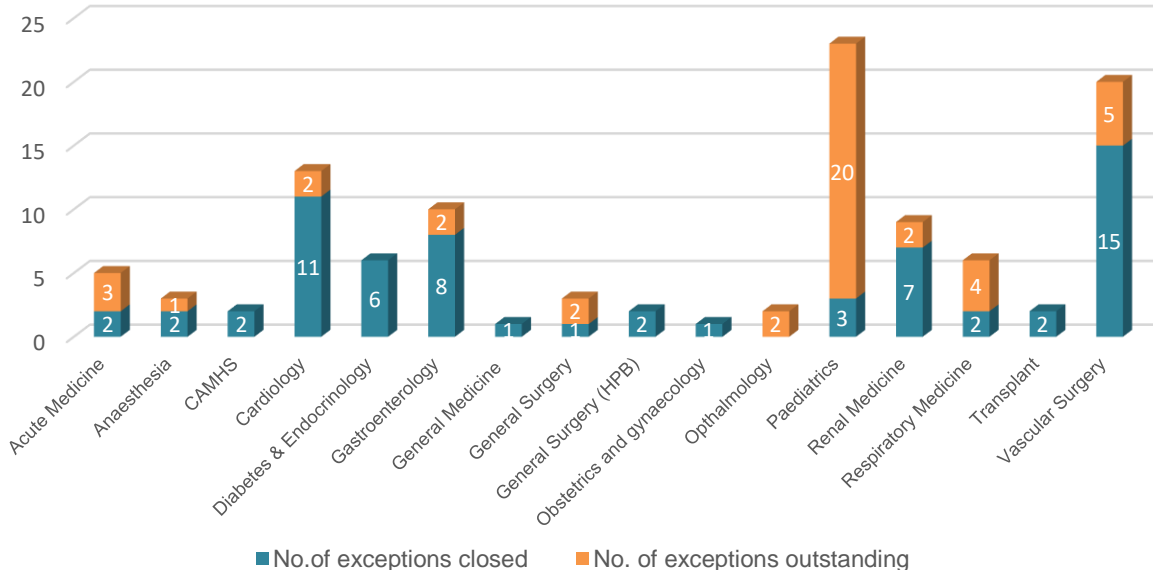
Graphical representation of exception reports closed by specialty in Quarter 3 - NMGH



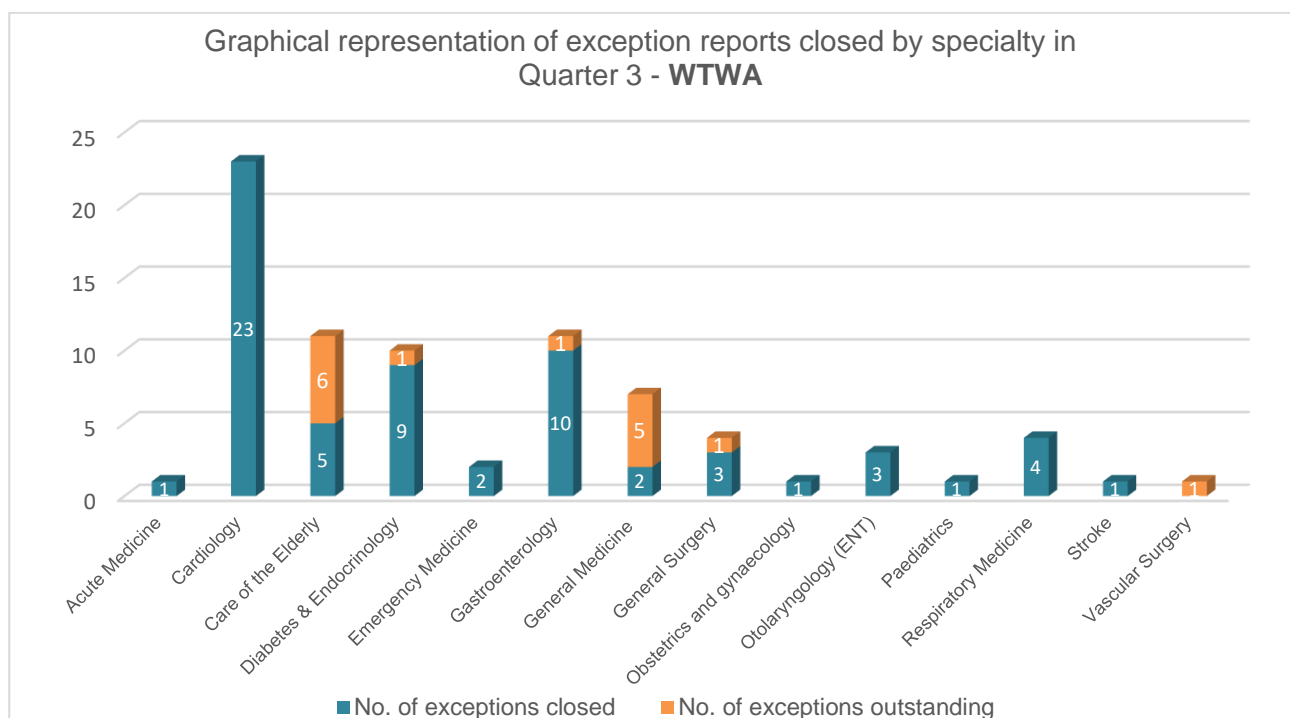
3.1.1 Once again in this Quarter, the number of exception reports at NMGH was low in comparison to the other hospitals sites, with a total of 35 exception reports submitted, however, this is a significant increase from 6 in Q2. Almost half of the exception reports were in Urology, where staffing and workload were the main reasons cited. These doctors have now received payment for the additional hours worked.

3.1.2 Five exception reports were categorised as rota issues; two in Paediatrics because the doctor could not attend GP teaching because it fell on a zero hours day; and three in Urology because the contractual self-development time had not been included in the rota and therefore the doctors had not been able to take the time. This issue was escalated to the rota co-ordinator to ensure self-development time is included in the rota going forwards.

Graphical representation of exception reports closed by specialty in Quarter 3 - ORC



- 3.1.3 The number of exception reports received in Quarter 3 at ORC increased by 63 this Quarter to a total of 104, the reason for over half of these was low staffing levels.
- 3.1.4 Twenty reports were submitted by ten individual doctors in Vascular Surgery because of insufficient numbers of junior doctors and workload pressures. These concerns have arisen since the merger of the vascular service across MRI and Wythenshawe and the MRI Leadership Team and aware of these concerns and are working with the clinical leaders in the Department to address the workforce shortages.
- 3.1.5 Nineteen exception reports were received in Paediatrics, all related to staffing levels and ongoing gaps on the Hospital 24 rota. The RMCH leadership team is progressing several initiatives to address these gaps, including full scale rota redesign, however, at the moment the junior doctors are reporting significant concerns by exception reporting and also the junior doctors representatives have raised concerns at the Junior Doctors' Forum (JDF). Twenty reports are awaiting review the delay is because the educational supervisors for these doctors are employed at other Trusts.
- 3.1.6 Renal Medicine received 12 exception reports during this Quarter, due to workload pressures that resulted in doctors working additional hours and missing breaks.



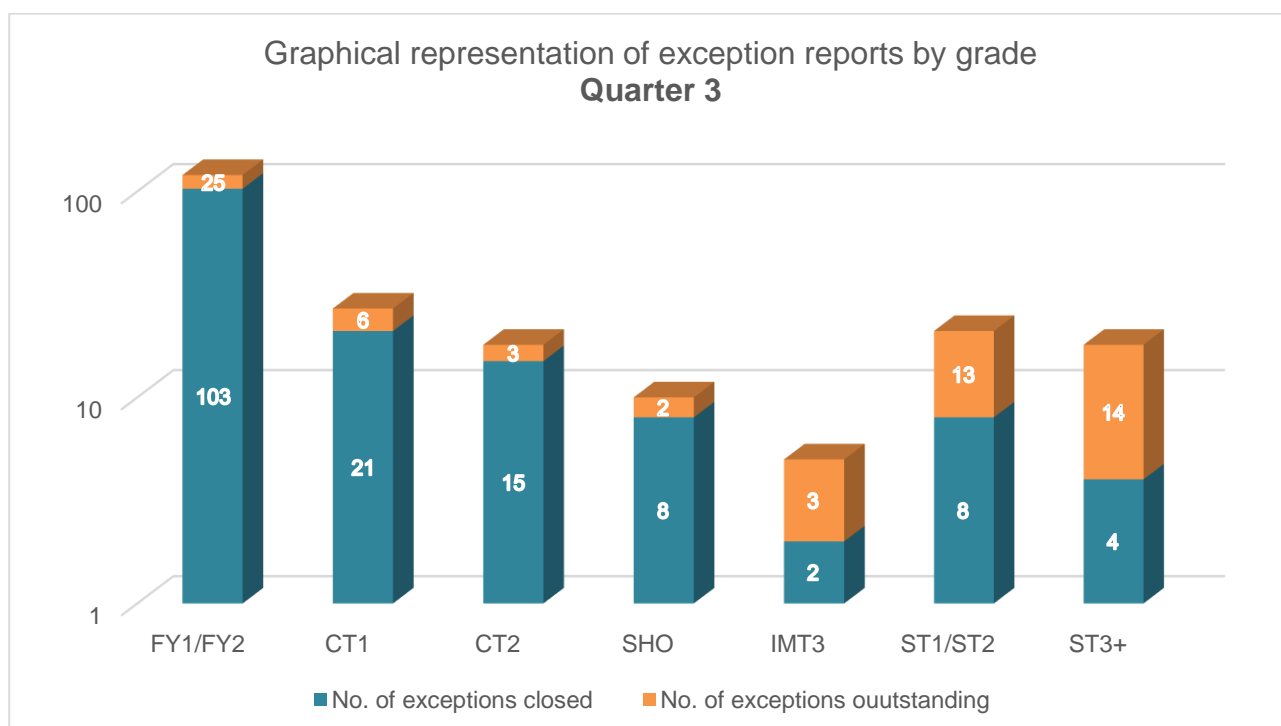
- 3.1.7 Cardiology received 23 exception reports during this Quarter, which is an increase of 19 from Quarter 2. Twelve individual doctors submitted reports and the reasons for these were primarily workload and staffing levels. All of these reports have been actioned, with doctors receiving payment or time off in lieu for the additional hours they worked.
- 3.1.8 Gastroenterology and Care of the Elderly received 13 and 12 exception reports respectively. Workload and staffing levels were again cited as the reasons for reporting, with payment, time off in lieu and no further action noted as the outcomes.

3.2 Exception Reports by Specialty by Year

| Specialty | Average no. of exception reports in Quarter 3 | No. of exception reports submitted in Quarter 3 | | | Trend against average for this Quarter |
|-------------------------------|---|---|------------|------------|--|
| | | 2019/20 | 2020/21 | 2021/22 | |
| Accident and emergency | 1 | - | 1 | 1 | Aligned |
| Acute Internal Medicine | 3 | 6 | 3 | - | Downward |
| Acute Medicine | 7 | - | - | 21 | Upward |
| Anaesthetics | 1 | - | 1 | 1 | Aligned |
| Cardiology | 8 | 2 | 9 | 12 | Upward |
| Cardio-thoracic surgery | 2 | 1 | 6 | - | Downward |
| Care of the Elderly | 8 | 19 | 6 | - | Downward |
| CAMHS | 6 | 16 | - | 1 | Downward |
| Colorectal surgery | 3 | 5 | 4 | - | Downward |
| Diabetes & Endocrinology | 5 | 8 | 2 | 5 | Aligned |
| Gastroenterology | 13 | 24 | 10 | 4 | Downward |
| General medicine | 34 | 14 | - | 88 | Upward |
| General practice | 1 | - | 2 | - | Downward |
| General surgery | 7 | - | 3 | 17 | Upward |
| Haematology | 1 | - | - | 4 | Upward |
| Hepato-Pancreato-Biliary | 8 | 14 | 11 | - | Downward |
| Neonatology | 5 | 16 | - | - | Downward |
| Obstetrics and gynaecology | 2 | 4 | - | 2 | Aligned |
| Ophthalmology | 1 | - | - | 2 | Upward |
| Oral & maxillo-facial surgery | - | - | 1 | - | Aligned |
| Otolaryngology (ENT) | 1 | - | - | 3 | Upward |
| Paediatrics | 15 | 12 | 11 | 21 | Upward |
| Renal Medicine | 7 | 7 | 7 | 6 | Downward |
| Respiratory Medicine | 9 | 5 | 14 | 7 | Downward |
| Rheumatology | - | 1 | - | - | Aligned |
| Transplant Surgery | 3 | 3 | 6 | - | Downward |
| Trauma & Orthopaedics | 1 | 2 | - | 1 | Aligned |
| Urology | - | - | - | 1 | Upward |
| Vascular Surgery | 8 | - | 10 | 13 | Downward |
| Total | | 160 | 107 | 209 | |

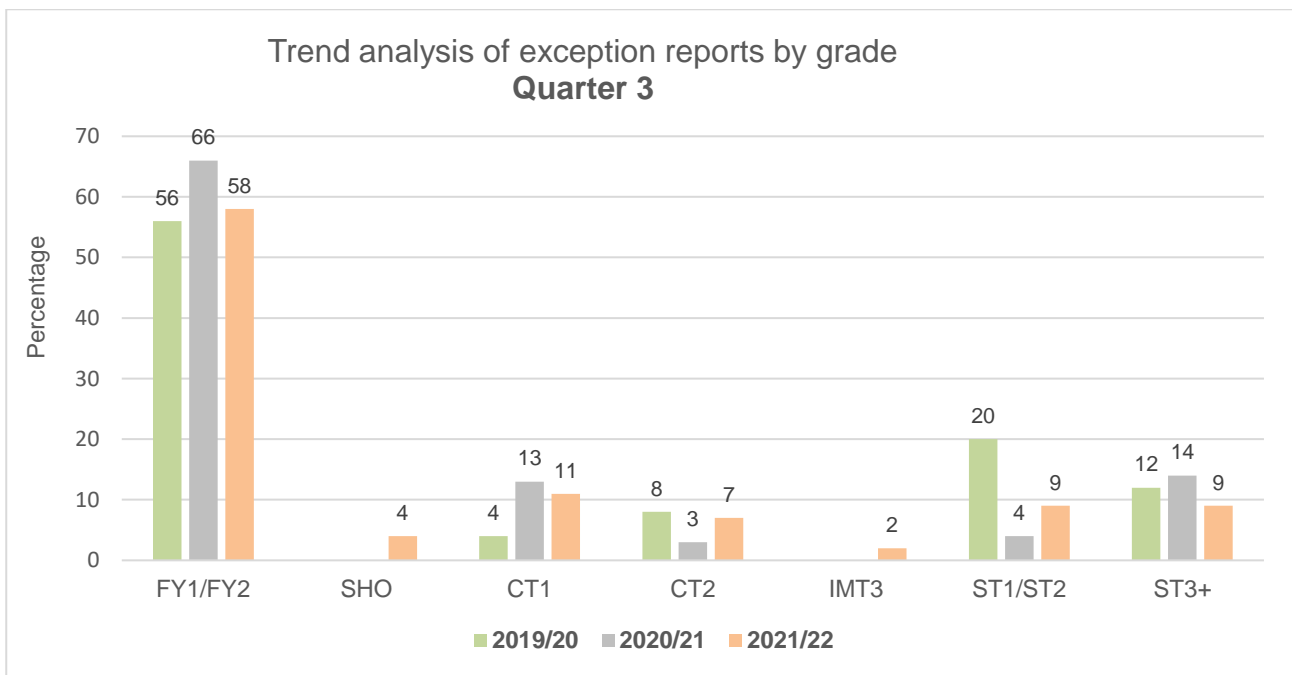
- 3.2.1 During Quarter 3, nine specialities received higher than average numbers of exception reports; seven specialties were aligned to the average; and 13 specialties received less than average. As can be seen in Appendices 1 and 2 the number of exception reports do fluctuate on a monthly/quarterly basis. For this Quarter there has been an upward trend in the number of exception reports being submitted compared to the 2019 & 2020 data, which is positive in light of the additional trainees who joined MFT in April from NMGH and the fact that LED now have the right to raise exception reports.
- 3.2.2 The reasons for this upturn in numbers is likely to be multi-factorial. Firstly, in December there was very high staff absence and increased patient numbers/workload due to the surge in COVID; secondly, awareness of exception reporting has increased with all LED and junior doctors receiving an email reminder about how to exception report and in November they were invited to complete an exception reporting survey (see Appendix 5); and alongside this the BMA ran an exception reporting campaign.

| 3.3 Exception Reports by Grade | | | | |
|--------------------------------|---|--|--------------------------|-------------------------------|
| Grade | No. of exceptions carried over from last report | No. of exceptions raised in this quarter | No. of exceptions closed | No. of exceptions outstanding |
| FY1 / FY2 | 7 | 121 | 103 | 25 |
| LED | - | - | - | - |
| SHO | 4 | 6 | 8 | 2 |
| CT1 | 5 | 22 | 21 | 6 |
| CT2 | - | 18 | 15 | 3 |
| IMT3 | - | 5 | 2 | 3 |
| ST1 / ST2 | 2 | 19 | 8 | 13 |
| ST3 + | - | 18 | 4 | 14 |
| Total | 18 | 209 | 161 | 66 |



3.3.1 The timeliness within which exception reports have been closed has lengthened during this Quarter. It can be seen in table 3.3 that 18 exception reports were carried over from Quarter 2 into Quarter 3, with 66 exception reports outstanding at the time of this report. The increase in the volume of exception reports happening at the same time as the consultants are under increased workload pressure, is the likely explanation. The GoSW has sent reminders and offered support to those educational supervisors where exception reports are pending review.

| 3.4 Exception Reports by Grade by Year | | | | | | |
|--|---|-----|------------|-----|------------|-----|
| Grade | No. of exception reports submitted in Quarter 3 | | | | | |
| | 2019/20 | | 2020/21 | | 2021/22 | |
| FY1 / FY2 | 90 | 56% | 71 | 66% | 121 | 58% |
| LED | - | - | - | - | - | - |
| SHO | - | - | - | - | 9 | 4% |
| CT1 | 6 | 4% | 14 | 13% | 22 | 11% |
| CT2 | 13 | 8% | 3 | 3% | 15 | 7% |
| IMT3 | - | - | - | - | 5 | 2% |
| ST1 / ST2 | 32 | 20% | 4 | 4% | 19 | 9% |
| ST3 + | 19 | 12% | 15 | 14% | 18 | 9% |
| Total | 160 | | 107 | | 209 | |



3.4.1 In line with previous GoSW reports, most exception reports (58%) were submitted by foundation doctors. For the first time, two additional grades are included in the report – Senior House Office (SHO) which is used in the Doctors Rostering System (DRS4) at NMGH and Internal Medicine Trainees in year 3 (IMT3).

3.4.2 It should also be noted that 305 LED now have the right to exception report, however, the Allocate and DRS4 systems do not currently have the option to select LED as a grade and therefore we are unable to differentiate LED doctors from junior doctors in the data as they are included in the ST1 and ST3+ categories. A request has been made to Allocate for them to amend their system to include LED as a grade option.

3.5 Exception Reports by Rota

| Rota | No. of exceptions raised in Quarter 3 | | | No. of exceptions carried over from Quarter 1 | No. of exceptions closed | No. of exceptions outstanding |
|--|---------------------------------------|-----|------|---|--------------------------|-------------------------------|
| | NMGH | ORC | WTWA | | | |
| JM Gen Med IMT3 Aug 21 | 4 | - | - | - | 2 | 2 |
| NMGH Gen Med RMO2 June 2020 Live | 4 | - | - | 2 | 4 | 2 |
| Paediatrics Level 2 LIVE August 2021 | 2 | - | - | - | 2 | - |
| Gen Med F1 Live May 19 KC | 1 | - | - | 1 | 1 | 1 |
| Gen Med FY1 Live Aug 21 | 2 | - | - | - | 2 | - |
| General Surgery F1 LIVE Dec 21 | 1 | - | - | - | 1 | - |
| JM NMGH Level 1 Obs & Gynae Compliant | - | - | - | 1 | 1 | - |
| MRI A&E ACCS, ST1/2 (Orange Rota) 2021 | - | 1 | - | - | - | 1 |
| MRI General Medicine F1 - 2021 | - | 33 | - | - | 24 | 9 |
| MRI General Medicine IMT/JCF 1 - 2021 | - | 4 | - | - | 4 | - |
| MRI General Medicine IMT/JCF 2 - 2021 | - | 1 | - | - | - | 1 |
| MRI General Medicine IMT3/SCF - 2021 | - | 1 | - | - | - | 1 |
| MRI General Surgery FY1 | - | 25 | - | 2 | 22 | 5 |
| MRI Renal Medicine Hybrid August 2020 | - | 3 | - | - | 2 | 1 |
| MRI, Cardiology, Junior | - | 8 | - | - | 8 | - |
| NMGH Gen Med RMO1 June 2020 Live | 2 | - | - | - | 2 | - |
| NMGH Whole Site FY1 Aug 2021 Live | 17 | - | - | - | 14 | 3 |
| NMGH Whole Site FY1 Aug 2021 Live(Copy) | 1 | - | - | - | 1 | - |
| North Manchester General Paeds SHO grade | - | - | - | 1 | 1 | - |
| ORC Anaesthesia Gen Aug 21 CT&ST 1-2 | - | 1 | - | 1 | 1 | 1 |
| ORC Anesthesia Gen CT1-2 | - | - | - | 1 | 1 | - |
| Paediatric Haematology (Dr Grainger) | - | 4 | - | - | - | 2 |
| REH Ophthalmology, 1st OC 2021 | - | 2 | - | - | 2 | - |
| RMCH COMBINED Senior 2021 | - | 9 | - | - | - | 9 |

| Rota | No. of exceptions raised in Quarter 3 | | | No. of exceptions carried over from Quarter 1 | No. of exceptions closed | No. of exceptions outstanding |
|--|---------------------------------------|------------|-----------|---|--------------------------|-------------------------------|
| | NMGH | ORC | WTWA | | | |
| RMCH Tertiary Paediatrics ST1-3 2020 | - | 10 | - | - | 1 | 9 |
| RMCH, CAMHS Senior 2021 | - | 1 | - | - | 1 | - |
| St Marys, O&G, Junior - 2021 | - | 1 | - | - | - | - |
| T&O Level 2 Live Aug 20 | 1 | - | - | - | - | 1 |
| Trafford & Psychiatry General Medicine FY1 - | - | - | 4 | 1 | 5 | - |
| WTWA A&E Jnr Aug 2020 | - | - | - | 1 | 1 | - |
| WTWA Cardio & Resp Fy1 | - | - | 2 | - | 2 | - |
| WTWA ENT Junior August 2020 | - | - | 3 | - | 3 | - |
| WTWA Gen Med FY1 Aug 2021 | - | - | 10 | - | 5 | 5 |
| WTWA Gen Surg Fy1 | - | - | 4 | 1 | 4 | 1 |
| WTWA O&G Senior - 2021 | - | - | 1 | - | 1 | - |
| WTWA Senior General Medicine Aug 2021 | - | - | 2 | - | - | 2 |
| WTWA Senior General Medicine Aug 2021 St6+ | - | - | 1 | - | - | 1 |
| WTWA Wythenshawe Gen Med Junior | - | - | 43 | 6 | 43 | 6 |
| Total | 35 | 104 | 70 | 18 | 161 | 66 |

3.5.1 The highest number of exception reports (n=43) were received on the WTWA Wythenshawe General Medicine Junior rota for low staffing levels and high workload. The trainees were working in the following sub-specialties:

- Cardiology – 26
- Gastroenterology – 13
- Care of the Elderly - 12

3.5.2 Seventeen exception reports were submitted on the NMGH Whole Site FY1 Aug 2021 Live rota, with trainees working in the following sub-specialties:

- Urology – 14
- Respiratory Medicine – 2
- Breast surgery – 1

3.5.3 Thirty-three exception reports were submitted on the MRI General Medicine F1 rota, split evenly across Acute Medicine, Cardiology, Diabetes & Endocrinology, Gastroenterology, Renal Medicine and Respiratory Medicine. Whereas 15 out of the 25 exception reports on the MRI General Surgery FY1 rota, were in Vascular Surgery for low staffing levels / high workload.

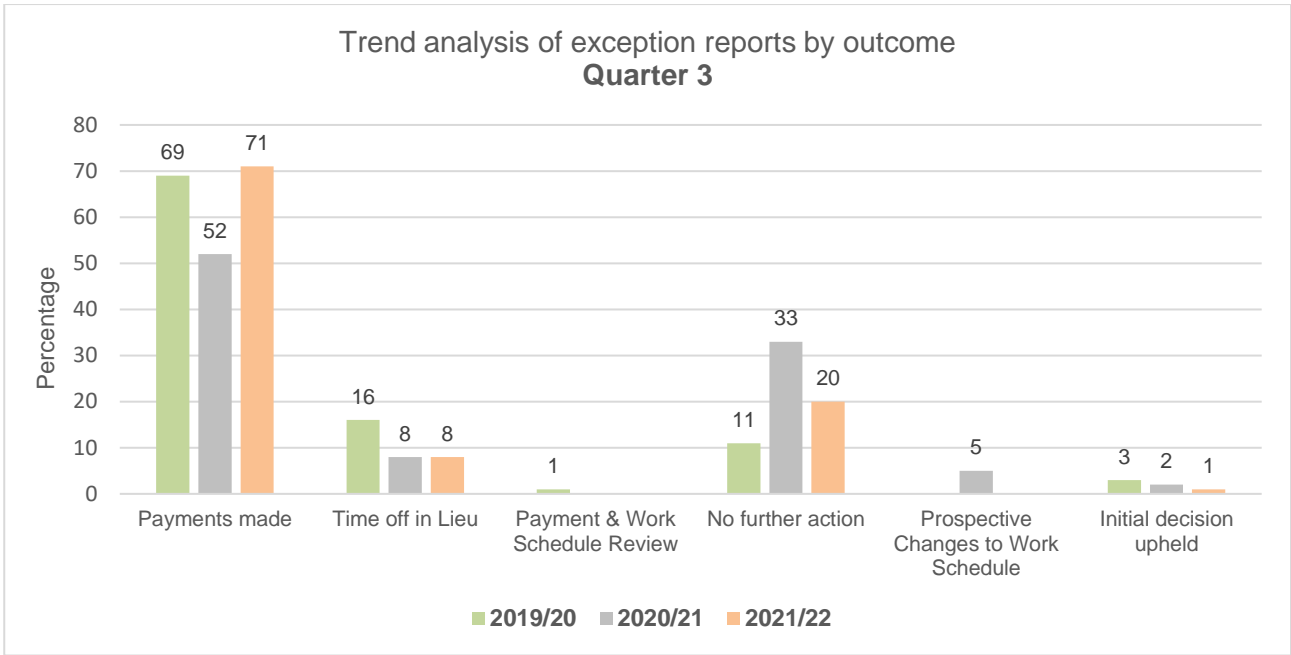
3.6 Work Schedule Reviews

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 an individual's (or all the trainees working on a rota) work schedule to be reviewed. The work schedule review process incorporates three levels of escalation and all seven work schedule reviews undertaken during this period have been at Level 1. Further details are included in the table below:

| Rota | Site | Specialty | Grade | Reason | Outcome |
|--|------|----------------------|-------|---|---|
| MRI General Medicine F1 – 2021 | ORC | Respiratory Medicine | FY1 | High workload | Concern raised with other consultants. Payment made. |
| MRI General Surgery FY1 | ORC | Vascular Surgery | FY1 | Staffing levels | GoSW raised concerns about staffing levels with Department & ORC leadership team. Payment made. |
| MRI Renal Medicine Hybrid Aug 2020 | ORC | Renal Medicine | CT2 | Unable to attend clinic | Rota team and consultants made aware. |
| RMCH Combined Senior 2021 | ORC | Paediatrics | ST6 | Gaps on Hospital 24 rota | Escalated to RMCH leadership team. |
| Trafford & Psychiatry General Medicine FY1 | WTWA | General Medicine | FY1 | Unable to attend mandatory SIM training session | Time off in lieu granted. |
| WTWA Wythenshawe Gen Med Junior | WTWA | Gastroenterology | FY1 | Staffing levels | Department progressing recruitment of additional physician associate. Payment made. |
| WTWA Wythenshawe Gen Med Junior | WTWA | Cardiology | FY1 | Staffing levels resulting in inability to attend clinic | Escalated to rota coordinator. Department are progressing recruitment of a junior clinical fellow for the ward. |

3.7 Exception Reports by Outcome by Year

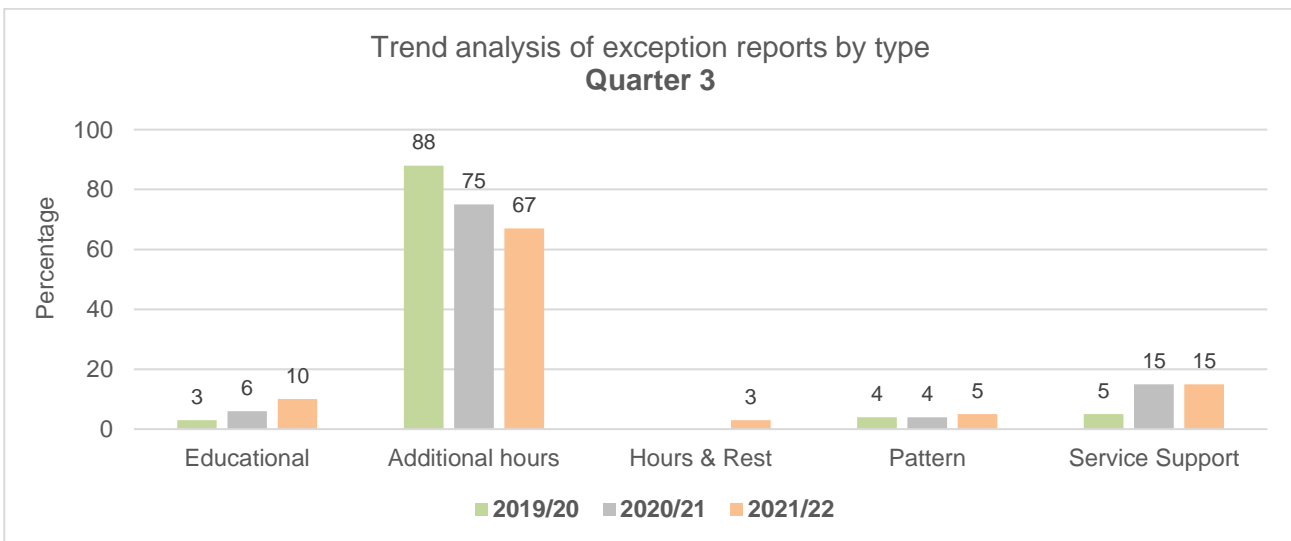
| Outcomes | No. of exception reports closed in Quarter 3 | | | | | |
|--------------------------------------|--|-----|------------|-----|------------|-----|
| | 2019/20 | | 2020/21 | | 2021/22 | |
| Payment made | 111 | 69% | 56 | 52% | 114 | 71% |
| Time off in Lieu | 26 | 16% | 9 | 8% | 14 | 8% |
| Payment & Work Schedule Review | 1 | 1% | - | - | - | - |
| No further action | 17 | 11% | 35 | 33% | 31 | 20% |
| Prospective Changes to Work Schedule | - | - | 5 | 5% | - | - |
| Initial Decision Upheld | 5 | 3% | 2 | 2% | 2 | 1% |
| Total | 160 | | 107 | | 161 | |



3.7.1 In 71% of cases, payment for the additional hours worked has been agreed, with no further action being taken in 20% of cases, and 8% being granted time off in lieu. In most cases where no further action is the outcome for the individual doctor, their concerns are escalated to the rota coordinator or leadership team, as appropriate, for action to be taken. For example, to address workforce shortages or for self-development time to be incorporated into the rota.

3.8 Exception Reports by Type by Year

| Type | No. of exception reports submitted in Quarter 3 | | | | | |
|------------------|---|-----|------------|-----|------------|-----|
| | 2019/20 | | 2020/21 | | 2021/22 | |
| Educational | 5 | 3% | 7 | 6% | 22 | 10% |
| Additional hours | 140 | 88% | 80 | 75% | 139 | 67% |
| Hours & Rest | - | - | - | - | 7 | 3% |
| Pattern | 7 | 4% | 4 | 4% | 10 | 5% |
| Service Support | 8 | 5% | 16 | 15% | 31 | 15% |
| Total | 160 | | 107 | | 209 | |

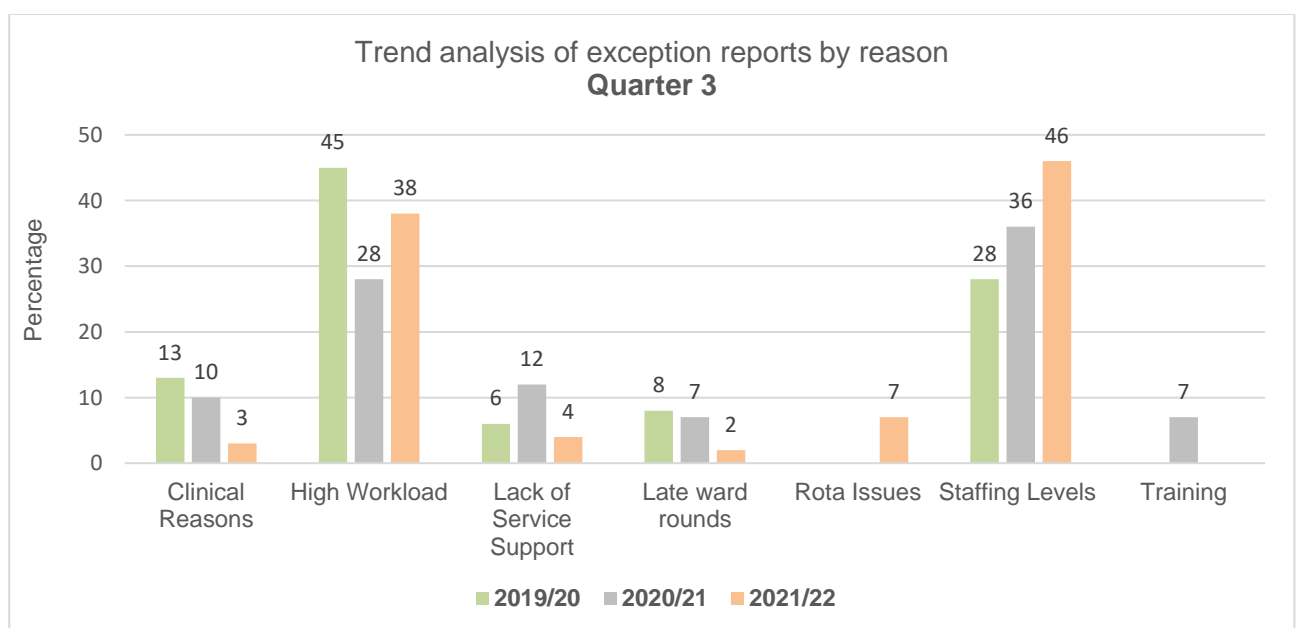


3.8.1 Consistently over the past three years the main reason for exception reporting has been trainees working above their contracted hours due to high workload and/or low staffing levels. However, it can be seen in table 3.8 that there has been a downward trend in the overall percentage of reports for additional hours, from 88% in 2019/20 to 67% in 2021/22.

3.8.2 Conversely there has been an increase in the number of exception reports submitted for educational reasons this Quarter (n=22). These were split across ORC (n=10), NMGH (n=7), and WTWA (n=5). Six reports were submitted from foundation doctors who were unable to take their 2 hours per week contractual self-development time. Twelve reports were for missed educational opportunities due to low staffing levels or high workload resulting in doctors not being able to attend training or covering gaps on the on-call rota outside their sub-specialty. Four reports were for missed teaching where trainees were on zero hours days.

3.8.3 15% of exception reports were for service support reasons, where there were known gaps on the rota due to staffing shortages which had not been filled.

| 3.9 Reasons for Exception Reports by Year | | | | | | |
|---|---|-----|------------|-----|------------|-----|
| Reason | No. of exception reports submitted in Quarter 3 | | | | | |
| | 2019/20 | | 2020/21 | | 2021/22 | |
| Clinical Reasons | 21 | 13% | 11 | 10% | 6 | 3% |
| High Workload | 72 | 45% | 30 | 28% | 79 | 38% |
| Lack of Service Support ² | 9 | 6% | 13 | 12% | 10 | 4% |
| Late Ward Rounds | 13 | 8% | 8 | 7% | 4 | 2% |
| Rota Issues | - | - | - | - | 14 | 7% |
| Staffing Levels | 45 | 28% | 38 | 36% | 96 | 46% |
| Training | - | - | 7 | 7% | - | - |
| Total | 160 | | 107 | | 209 | |



² Lack of service support includes known gaps on the rota, theatre lists over-running, work schedules not being provided on time and lack of supervision in clinic

3.9.1 In this quarter, the primary reasons noted for exception reports were low staffing levels (46%), high workload (38%), rota issues (7%) and training (7%).

3.9.2 Over the past three years, there has been a marked increase (from 28% in 2019/20, to 46% in 2021/22) in exception reports due to low staffing levels.

3.10 Breaches that Attract a Financial Penalty

3.10.1 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

3.10.2 A proportion of the fine, apart from fines for breaks where payment is 100%, is paid to the GoSW, as specified in the 2016 Terms & Conditions of Service (TCS) (see penalty rates and fines below). The TCS also specifies that the JDF is the body that decides how accrued monies are spent within the framework identified within the TCS.

3.10.3 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 |
|-------------|--------------------------|---|---|
| 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 |
|-------------|--------------------------|---|---|
| 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 |

3.10.4 Penalty rates are now fixed and are based on the NHSI locum rates as set out in pay circular 3/2018.

3.10.5 During this reporting period one fine was levied against Child and Adolescent Mental Health Services where a doctor was unable to take 5 hours continuous rest whilst working non-resident on-call. The total fine levied was £1072.32 of which £402.15 was paid to the doctor with £670.17 credited to the GoSW fund.

3.10.6 The GoSW fund currently stands at £3,007.32. The JDF will decide towards the end of the financial year how to spend the monies to improve the working lives of junior doctors.

4. Establishment Figures and Vacancies (Quarter 3)

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 once full roll out of the software has been undertaken, which is estimated to be completed by the end of March 2022.

| 4.1 NMGH Establishment & Vacancies | Academic | Academic | Foundation | Foundation | GP | Higher | Lower | Grand | Vacancies | | |
|--|-----------------|-------------------|------------|------------|--------------------|-----------------|----------------------|------------|-----------|----------|----------|
| | Clinical Fellow | Clinical Lecturer | 1 | 2 | Specialty Training | Training (St3+) | Training (CT/ST 1/2) | | Oct | Nov | Dec |
| North Manchester General Hospital (ROA66) | | | | | | | | | | | |
| 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 | | | |
| Cardiology | 1 | | | | | | | 1 | | | |
| Clinical Radiology | | | | | | 8 | 1 | 9 | | | |
| Core anaesthetics training | | | | | | | 6 | 6 | | | |
| Core surgical training | | | | | | | 8 | 8 | 2 | 2 | 2 |
| Dental Core Training | | | | | | | 7 | 7 | | | |
| Emergency Medicine | | | | | 6 | | | 6 | | | |
| Endocrinology and Diabetes Mellitus | | | | | | 1 | | 1 | | | |
| Foundation | | | 36 | 31 | | | | 67 | | | |
| General (internal) Medicine | | | | | 4 | | | 4 | | | |
| General Surgery | | | | | | 4 | | 4 | 1 | 1 | 1 |
| Genito-urinary Medicine | | | | | | 1 | | 1 | | | |
| Geriatric Medicine | | | | | | 2 | | 2 | | | |
| Infectious Diseases | | | | | | 10 | | 10 | | | |
| Intensive Care Medicine | | | | | | 4 | | 4 | | | |
| Internal Medicine Stage One | | | | | | | 25 | 25 | 2 | 2 | 3 |
| Obstetrics and gynaecology | | | | | 7 | 10 | 4 | 21 | 1 | | |
| Oral and maxillofacial surgery | | | | | | 8 | | 8 | | | |
| Paediatrics | | | | | 13 | 3 | 3 | 19 | | | |
| Respiratory Medicine | | 1 | | | | 3 | | 4 | | | |
| Rheumatology | | | | | | 1 | | 1 | | | |
| Trauma and Orthopaedic Surgery | | | | | | 2 | | 2 | | | |
| Grand Total | 2 | 1 | 36 | 31 | 30 | 66 | 56 | 222 | 6 | 5 | 6 |

| 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 | | |
|--|--------------------------------|----------------------------------|------------------|-----------------|-----------------|-----------------------------|------------------------------|------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | | Oct | Nov | Dec |
| Manchester Royal Eye Hospital (R0A04) | 4 | 1 | | | 2 | | 17 | 2 | 26 | 0 | 0 | 0 |
| Foundation | | | | | 2 | | | | 2 | | | |
| Ophthalmology | 4 | 1 | | | | | 17 | 2 | 24 | | | |
| Manchester Royal Infirmary (R0A02) | 7 | 7 | 3 | 40 | 40 | 12 | 153 | 77 | 339 | 16 | 15 | 15 |
| 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 | | | | | | 1 | 2 | | 3 | 2 | 2 | 2 |
| Anaesthetics | | 1 | | | | | 23 | | 24 | | | |
| Audio Vestibular Medicine | | | | | | | 2 | | 2 | | | |
| Cardiology | 1 | 1 | | | | | 7 | | 9 | | | |
| Cardiothoracic surgery | | | | | | | 6 | | 6 | 3 | 3 | 3 |
| Chemical Pathology | | | | | | | 1 | | 1 | | | |
| Clinical Radiology | | | | | | | 11 | 1 | 12 | 1 | 1 | 1 |
| Core anaesthetics training | | | | | | | | 5 | 5 | | | |
| Core medical Training | 1 | | | | | | | | 1 | | | |
| Core surgical training | | | | | | | | 18 | 18 | 1 | 2 | 3 |
| Dental Core Training | | | | | | | | 7 | 7 | | | |
| Emergency Medicine | | 1 | | | | 3 | 7 | | 11 | | | |
| Endocrinology and Diabetes Mellitus | | 1 | | | | 1 | 3 | | 5 | | | |
| Foundation | | | | 40 | 40 | | | | 80 | | | |
| Gastroenterology | | 1 | | | | | 3 | | 4 | | | |
| General Surgery | | | | | | | 10 | | 10 | 1 | 1 | 1 |
| Genito-urinary Medicine | | | | | | | 4 | | 4 | | | |
| Geriatric Medicine | | | | | | 4 | 2 | | 6 | | | |
| Haematology | | | | | | | 6 | | 6 | | | |
| Histopathology | | | | | | | 5 | 8 | 13 | 3 | 3 | 3 |
| Immunology | | | | | | | 1 | | 1 | | | |
| Intensive Care Medicine | | | | | | | 16 | | 16 | 2 | | |
| Internal Medicine Stage One | 3 | | 3 | | | | | 23 | 29 | 1 | 1 | |
| Medical Microbiology | | | | | | | 4 | | 4 | | | |
| Nuclear Medicine | | | | | | | 2 | | 2 | | | |
| Oral and maxillofacial surgery | | | | | | | 8 | | 8 | 1 | 1 | 1 |
| Otolaryngology | | | | | | | 3 | | 3 | | | |
| Paediatric emergency medicine | | | | | | 2 | | | 2 | | | |
| Renal Medicine | 1 | 1 | | | | | 8 | | 10 | | | |
| Respiratory Medicine | | | | | | 1 | 2 | | 3 | | | |
| Rheumatology | | 1 | | | | | 4 | | 5 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 2 | | 2 | | | |
| Urology | | | | | | | 4 | | 4 | | | |
| Vascular Surgery | | | | | | | 7 | | 7 | 1 | 1 | 1 |

| 4.2 ORC Establishment & Vacancies (cont'd) | Academic Clinical Fellow | Academic Clinical Lecturer | Core Foundation Training | Foundation 1 | Foundation 2 | GP Specialty Training | Higher Training (St3+) | Lower Training (St1/2) | Grand Total | Vacancies | | |
|---|--------------------------------|----------------------------------|--------------------------------|-----------------|-----------------|-----------------------------|------------------------------|------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | | Oct | Nov | Dec |
| MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (ROA01) | 2 | | | | | | 11 | 7 | 20 | | | 1 |
| Child and adolescent psychiatry | 1 | | | | | | 11 | | 12 | | | 1 |
| Core psychiatry training | 1 | | | | | | | 7 | 8 | | | |
| ROYAL MANCHESTER CHILDREN'S HOSPITAL (ROA03) | 5 | 2 | | | 4 | 4 | 86 | 30 | 131 | 4 | 4 | 4 |
| Anaesthetics | | | | | | | 16 | | 16 | | | |
| Chemical Pathology | | | | | | | 1 | | 1 | | | |
| Clinical Radiology | | | | | | | 4 | | 4 | | | |
| Core surgical training | | | | | | | | 3 | 3 | | | |
| Emergency Medicine | 1 | | | | | | 11 | | 12 | | | |
| Foundation | | | | | 4 | | | | 4 | | | |
| Haematology | | | | | | | 3 | | 3 | | | |
| Neurosurgery | 1 | 1 | | | | | 2 | | 4 | 1 | 1 | 1 |
| Otolaryngology | | | | | | | 1 | | 1 | | | |
| Paediatric and Perinatal Pathology | | 1 | | | | | 2 | | 3 | | | |
| Paediatric Surgery | | | | | | | 8 | | 8 | 3 | 3 | 3 |
| Paediatrics | 2 | | | | | 4 | 32 | 27 | 65 | | | |
| Plastic Surgery | 1 | | | | | | 1 | | 2 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 5 | | 5 | | | |
| ST MARY'S HOSPITAL (ROA05) | 3 | 7 | | | 2 | 10 | 26 | 12 | 60 | 3 | 2 | 1 |
| Clinical Genetics | 1 | 1 | | | | | 5 | | 7 | 1 | 1 | 1 |
| Foundation | | | | | 2 | | | | 2 | | | |
| Obstetrics and gynaecology | 1 | 6 | | | | 10 | 15 | 5 | 37 | 2 | 1 | |
| Paediatrics | 1 | | | | | | 6 | 7 | 14 | | | |
| University Dental Hospital of Manchester (ROA06) | 6 | 3 | | | | | 14 | 10 | 33 | 0 | 0 | 0 |
| Dental Core Training | 1 | | | | | | | 10 | 11 | | | |
| Dental Public Health | 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 | | | |
| Restorative Dentistry | 1 | | | | | | 6 | | 7 | | | |
| Special Care Dentistry | 1 | | | | | | | | 1 | | | |
| Grand Total | 27 | 20 | 3 | 40 | 48 | 26 | 307 | 138 | 609 | 23 | 21 | 21 |

| 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 | | |
|--|--------------------------------|----------------------------------|------------------|-----------------|-----------------|-----------------------------|------------------------------|------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | | Oct | Nov | Dec |
| TRAFFORD GENERAL HOSPITAL (ROA09) | 3 | | | 9 | | 2 | 10 | 4 | 28 | 0 | 0 | 1 |
| Acute internal medicine | | | | | | | 2 | | 2 | | | |
| Emergency Medicine | | | | | | 1 | | | 1 | | | |
| Endocrinology and Diabetes Mellitus | | | | | | | 1 | | 1 | | | |
| Foundation | | | | 9 | | | | | 6 | | | |
| General (internal) Medicine | 1 | | | | | 1 | | | 2 | | | |
| Geriatric Medicine | | | | | | | 2 | | 2 | | | |
| Internal Medicine Stage One | 2 | | | | | | | 4 | 6 | | | |
| Rehabilitation Medicine | | | | | | | 2 | | 2 | | | 1 |
| Respiratory Medicine | | | | | | | 1 | | 1 | | | |
| Rheumatology | | | | | | | 1 | | 1 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 1 | | 1 | | | |
| WITHINGTON COMMUNITY HOSPITAL (ROA08) | | | | | | | 2 | | 2 | 0 | 0 | 0 |
| Genito-urinary Medicine | | | | | | | 1 | | 1 | | | |
| Rehabilitation Medicine | | | | | | | 1 | | 1 | | | |
| WYTHENSHAW HOSPITAL (ROA07) | 10 | 5 | 5 | 36 | 36 | 24 | 161 | 75 | 352 | 13 | 12 | 12 |
| Acute Care Common Stem - Acute Medicine | | | | | | | | 3 | 3 | | | |
| 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 | | | | | | | 2 | | 2 | | | |
| Allergy | | | | | | | 2 | | 2 | 1 | 1 | 1 |
| Anaesthetics | 2 | | | | | | 23 | | 25 | | 1 | 1 |
| Cardiology | | 1 | | | | | 6 | | 7 | | | |
| Cardiothoracic surgery | | 1 | | | | | 10 | | 11 | | | |
| Chemical Pathology | | | | | | | 1 | | 1 | | | |
| Clinical Radiology | | | | | | | 10 | 1 | 11 | 1 | 1 | 1 |
| Core anaesthetics training | | | | | | | | 7 | 7 | | | |
| Core surgical training | 1 | | | | | | | 17 | 18 | 1 | 1 | 2 |
| Dental Core Training | | | | | | | | 5 | 5 | | | |
| Emergency Medicine | 1 | | | | | 5 | 10 | | 16 | | | |
| Endocrinology and Diabetes Mellitus | | | | | | 2 | 1 | | 3 | | | |
| Foundation | | | | 36 | 36 | | | | 72 | | | |
| Gastroenterology | | | | | | | 3 | | 3 | | | |
| General (internal) Medicine | 2 | | | | | | | | 2 | | | |
| General Surgery | | 1 | | | | | 7 | | 8 | | | |
| Geriatric Medicine | | | | | | 7 | 4 | | 11 | | | |
| Histopathology | | | | | | | 4 | | 4 | 1 | 1 | 1 |
| Intensive Care Medicine | | | | | | | 20 | | 20 | 2 | | |
| Internal Medicine Stage One | 2 | | 5 | | | | | 30 | 37 | 1 | 1 | 1 |
| Medical Microbiology | | | | | | | 1 | | 1 | | | |
| Obstetrics and gynaecology | | | | | | 5 | 8 | 3 | 16 | | | |
| Oral and maxillofacial surgery | | | | | | | 4 | | 4 | | | |
| Orthodontics | | | | | | | 3 | | 3 | | | |
| Otolaryngology | | | | | | | 2 | | 2 | | | |
| Paediatrics | 1 | | | | | 5 | 7 | 3 | 16 | | | |
| Plastic Surgery | 1 | 1 | | | | | 14 | | 16 | 4 | 4 | 4 |
| Renal Medicine | | | | | | | 1 | | 1 | | | |
| Respiratory Medicine | | | | | | | 8 | | 8 | 1 | 1 | |
| Rheumatology | | 1 | | | | | 2 | | 3 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 4 | | 4 | 1 | 1 | 1 |
| Urology | | | | | | | 4 | | 4 | | | |
| Grand Total | 13 | 5 | 5 | 45 | 36 | 26 | 173 | 79 | 382 | 13 | 12 | 13 |

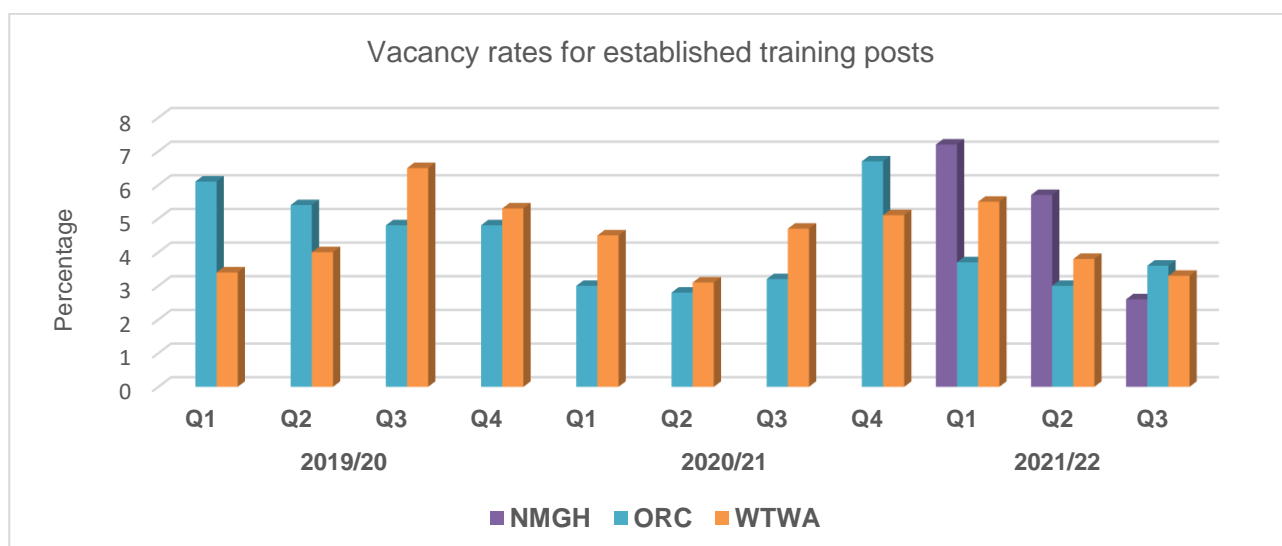
4.4 Less Than Full Time (LTFT) Trainees by Hospital / Managed Clinical Service (MCS)

| Hospital / MCS | Establishment | No. LTFT trainees | Percentage LTFT |
|--|---------------|-------------------|-----------------|
| North Manchester General Hospital | 222 | 28 | 13% |
| Manchester University Foundation Trust | 20 | 6 | 30% |
| Manchester Royal Eye Hospital | 26 | 3 | 12% |
| Manchester Royal Infirmary | 339 | 36 | 11% |
| Royal Manchester Children's Hospital | 131 | 57 | 44% |
| St Mary's Hospital | 60 | 24 | 40% |
| Trafford General Hospital | 28 | 2 | 7% |
| University Dental Hospital of Manchester | 33 | 2 | 6% |
| Withington Community Hospital | 2 | - | - |
| Wythenshawe Hospital | 352 | 52 | 15% |
| MFT Group Total | 1213 | 210 | 17% |

4.4.1 The vacancy rate for established training posts has decreased this quarter and is an average of 3.17% for the Group (see table 4.5 below). However, it should be noted that the vacancy rate does not include the partial whole-time equivalents (WTE) that are vacant because 17% of training posts (n=210) are currently filled by LTFT trainees (working from between 50% and 80% of a full time equivalent). This creates issues with gaps on rotas and increases the need for locum cover. The position is particularly challenging in the Children's and St Mary's Hospitals where LTFT trainees account for 44% and 40% of all trainees, respectively (see table 4.4 above).

4.5 Vacancy Rate against Establishment

| | 2019/20 | | 2020/21 | | 2021/22 | | |
|------------------|---------|------|---------|------|---------|------|------|
| | ORC | WTWA | ORC | WTWA | NMGH | ORC | WTWA |
| Quarter 1 | 6.1% | 3.4% | 3.0% | 4.5% | 7.2% | 3.7% | 5.5% |
| Quarter 2 | 5.4% | 4.0% | 2.8% | 3.1% | 5.7% | 3.0% | 3.8% |
| Quarter 3 | 4.8% | 6.5% | 3.2% | 4.7% | 2.6% | 3.6% | 3.3% |
| Quarter 4 | 4.8% | 5.3% | 6.7% | 5.1% | - | - | - |



- 4.5.1 This quarter has seen a significant decrease in the vacancy rate at NMGH to 2.6% from 5.7% (Q2) and it is now lower than the vacancy rates at both ORC and WTWA.
- 4.5.2 NMGH is carrying most vacancies in Core Surgical Training and Internal Medicine stage one, whereas at MRI most vacancies are in Histopathology and Cardiothoracic Surgery, along with Plastic Surgery at Wythenshawe and Paediatric Surgery at RMCH.
- 4.5.3 Appendix 4 provides full details of the number of locum shifts/hours requested and paid for by department, grade, and reason during Quarter 3.
- 4.5.4 The total use of locums (as measured in hours paid) has reduced by c.6,500 hours from 118,117 (Q2) to 111,633 (Q3). It was documented that 'vacancy' accounted for 79% of locum bookings, with 'site pressures' and 'workload increases' combined accounting for 6%, 'COVID-19' accounting for 5% 'sickness' accounting for 3%, and 'emergency department support shift' accounting for 3%. The reasons for using locums remained constant from Q2 to Q3.

5. Overall Summary for Quarter 3

- 5.1 A total of 209 exception reports were submitted during this Quarter by 68 doctors, which is up from 96 reports in Q2. The reasons for this increase could be attributed to the surge in COVID patients and associated workload pressures, high sickness absence levels, and an increased awareness amongst the junior doctors of how to exception report. However, although there has been an increase in the overall percentage of doctors actively using the exception reporting system to raise concerns from 2.8% (Q2) to 4.6% (Q3) this remains a very small proportion of the total junior doctor cohort.
- 5.2 These 209 exception reports were split across the three sites as follows: NMGH – 35; ORC - 104; and WTWA – 70. This highlights that reporting levels are still significantly lower at NMGH than in other hospitals/MCS within the Group. The GoSW will continue to work with the Director of Medical Education, Educational Supervisors and the Junior Doctor Leaders Group to raise awareness and encourage doctors to exception report.
- 5.3 In line with previous reports, most exception reports (58%) were from foundation doctors. The GoSW will continue to encourage LED to exception report, via regular information sessions and work with the software supplier, Allocate, to upgrade the exception reporting system to add in the LED grade option.
- 5.4 The primary reason for exception reporting is where trainees are required to work beyond their contracted hours, and this has remained constant over the past 3 years. Low staffing levels were cited as the main reason for working additional hours and this correlates with the bank and agency data where 79% of locum shifts worked are to cover vacancies, however, on average 36% of these rota gaps remained unfilled, even with escalated rates being agreed in December. Added to this, is the fact that 17% of all training posts are now filled by LTFT trainees.
- 5.5 The trend analysis of exception reports submitted by speciality for 2019/20, 2020/21 and 2021/22, shows that nine specialties were above average in Quarter 3. This resulted in seven work schedule reviews and one fine being levied. The GoSW will continue to monitor these specialties, however, from the reports submitted there are no overriding safety concerns.
- 5.6 In December, the GoSW and Freedom to Speak Up Guardian jointly hosted a couple of listening events for all LED and junior doctors at Wythenshawe Hospital. Although attendance was low, it

did elicit some concerns about rota gaps and raised the profile of exception reporting and how to raise concerns via the Freedom to Speak Up Champions.

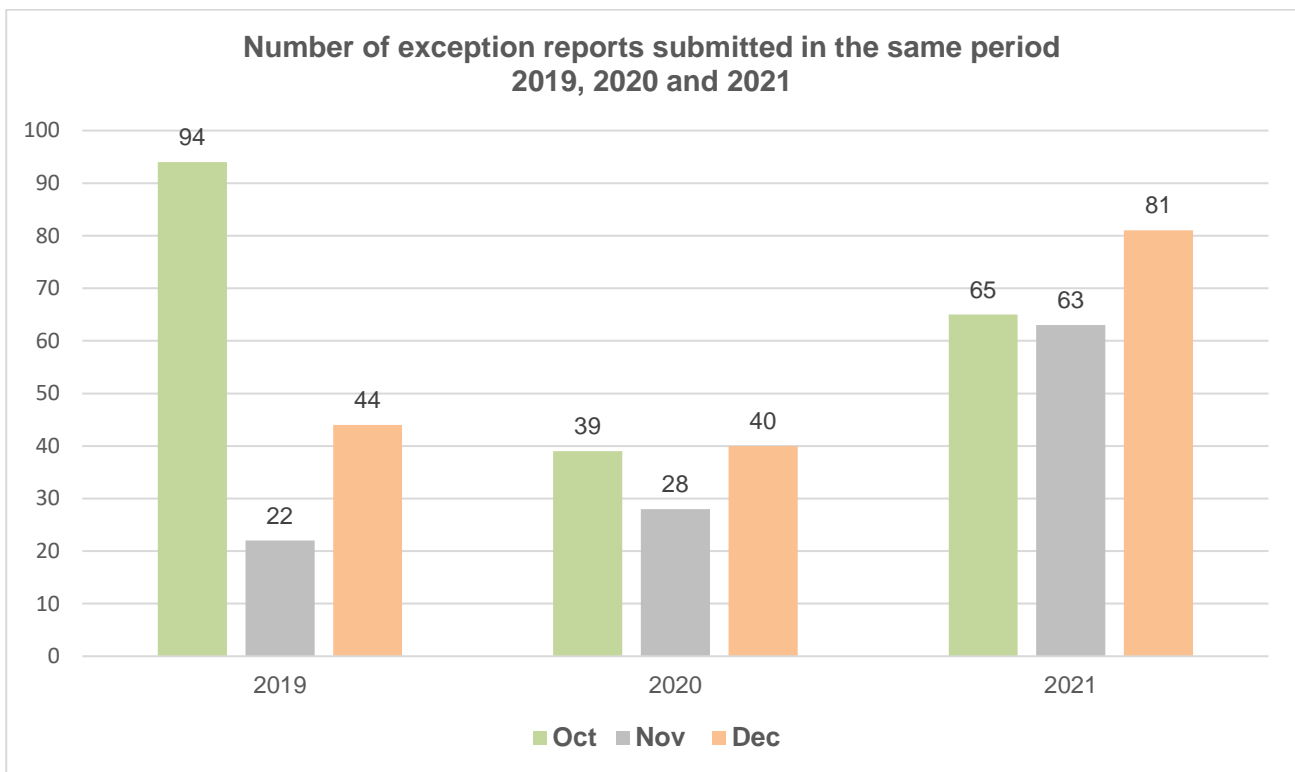
- 5.7 During this quarter, the GoSW attended junior doctors' leadership groups at NMGH and St Mary's Hospital; delivered a Grand Round at RMCH; attended the consultants meeting at Wythenshawe; recorded an induction video for NMGH; and undertaken an exception reporting survey.
- 5.8 The full results from the exception reporting survey are included in Appendix 5. In summary, there was a 27% response rate, with 59% of respondents stating that they knew **when** to exception report, however, only 36% knew **how** to. Of particular concern was that 36% of respondents said they **felt inhibited** from exception reporting, with a further 17% feeling unsure. The results have been shared at the JDF and an action plan agreed in response to the key areas for improvement. We do have the necessary support from sites, including Postgraduate Medical Education, to ensure junior doctors do not feel inhibited to exception report, and that each site will actively engage to support the right culture. Progress against these actions will be monitored at the JDF meetings and reported in future GoSW quarterly reports.

Total number of exception reports submitted each month (Period July 2018 – December 2021)

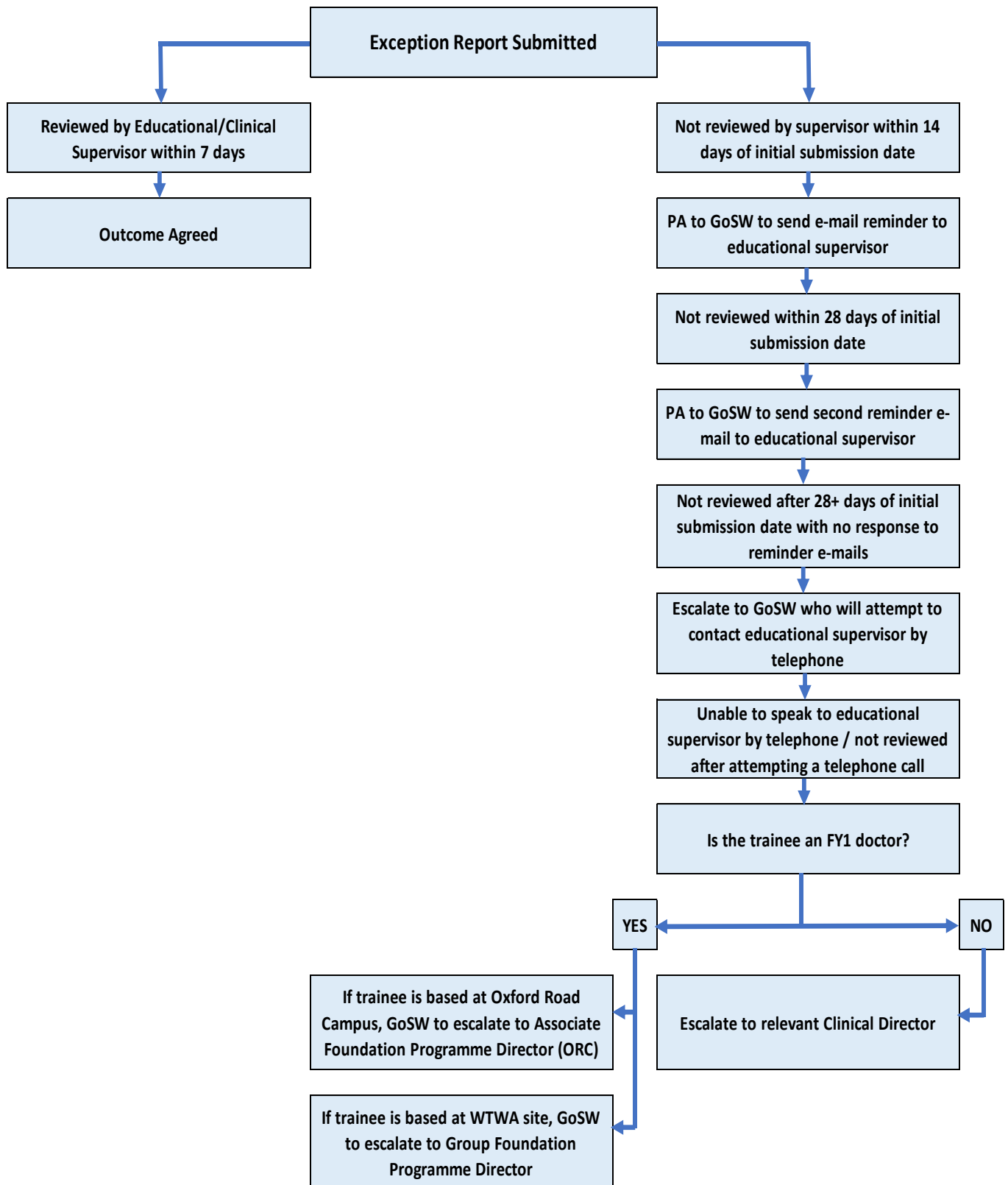
| Month | Total number of exception reports raised | Total number of exception reports closed at time of report |
|----------------|---|---|
| July 2018 | 11 | 11 |
| August 2018 | 59 | 59 |
| September 2018 | 85 | 85 |
| October 2018 | 65 | 65 |
| November 2018 | 36 | 36 |
| December 2018 | 23 | 23 |
| January 2019 | 72 | 72 |
| February 2019 | 45 | 45 |
| March 2019 | 45 | 45 |
| April 2019 | 27 | 27 |
| May 2019 | 66 | 66 |
| June 2019 | 35 | 35 |
| July 2019 | 49 | 49 |
| August 2019 | 62 | 62 |
| September 2019 | 91 | 91 |
| October 2019 | 94 | 94 |
| November 2019 | 22 | 22 |
| December 2019 | 44 | 44 |
| January 2020 | 55 | 55 |
| February 2020 | 49 | 49 |
| March 2020 | 27 | 27 |
| April 2020 | 4 | 4 |
| May 2020 | 4 | 4 |
| June 2020 | 7 | 7 |
| July 2020 | 9 | 9 |
| August 2020 | 15 | 15 |
| September 2020 | 35 | 35 |
| October 2020 | 39 | 39 |
| November 2020 | 28 | 28 |
| December 2020 | 40 | 40 |
| January 2021 | 57 | 57 |
| February 2021 | 47 | 47 |
| March 2021 | 35 | 35 |
| April 2021 | 19 | 19 |
| May 2021 | 10 | 10 |
| June 2021 | 29 | 29 |
| July 2021 | 28 | 28 |
| August 2021 | 16 | 16 |
| September 2021 | 52 | 52 |
| October 2021 | 65 | 53 |
| November 2021 | 63 | 49 |
| December 2021 | 81 | 34 |
| Total | 1745 | 1671 |

Comparison of number of exception reports submitted for Oct - Dec 2021 against the same period in 2019 and 2020.

| Date | Oct 2019 | Oct 2020 | Oct 2021 | Nov 2019 | Nov 2020 | Nov 2021 | Dec 2019 | Dec 2020 | Dec 2021 |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number of Exception Reports | 94 | 39 | 65 | 22 | 28 | 63 | 44 | 40 | 81 |



Escalation Process for Exception Reports



| |
|--|
| Locum Bookings (Period 01/10/21 – 31/12/21) |
|--|

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

| Locum Bookings (Bank & Agency) by Specialty | | | | |
|---|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| (blank) | 42 | - | 345 | - |
| CSS - Anaesthetics WTWA - Senior Rota | 10 | 10 | 117 | 117 |
| CSS - Critical Care - Consultant Rota | 9 | 9 | 70 | 70 |
| CSS - Critical Care - Junior & Senior Rota | 91 | 76 | 1,062 | 884 |
| CSS - General Anaesthetics MRI - Medical Rota | 213 | 173 | 1,915 | 1,544 |
| CSS - Haematology - Consultant Rota | 64 | 42 | 576 | 378 |
| CSS - Histopathology MRI - Medical Rota | 109 | 73 | 799 | 519 |
| CSS - Microbiology and Virology - Medical Rota | 173 | 109 | 1,325 | 817 |
| CSS - Neurophysiology - Consultant Rota | 18 | 16 | 84 | 75 |
| CSS - Nuclear Medicine MRI - Medical Rota | 7 | 7 | 56 | 56 |
| CSS - Obstetrics Anaesthesia MRI - Medical Rota | 1 | 1 | 12 | 12 |
| CSS - Radiology MRI, WYTH & RMCH - Medical Rota | 58 | 46 | 505 | 433 |
| DH - Dental Core - Consultant Rota | 1 | - | 13 | - |
| DH - Dental Core - Junior & Senior Rota | 139 | 132 | 1,415 | 1,324 |
| MLCO - Community Learning Disability Team - Consultant Rota | 27 | 27 | 216 | 216 |
| MLCO - GP - Consultant Rota | 85 | 85 | 604 | 604 |
| MLCO - Trafford CCHS - Medical Rota | 37 | 27 | 333 | 243 |
| MRI - ACU - Medical Rota | 329 | 304 | 2,409 | 2,223 |
| MRI - Cardiac Surgery - Senior Rota | 88 | 81 | 943 | 884 |
| MRI - Cardiology - Junior & Senior Rota | 175 | 125 | 1,825 | 1,256 |
| MRI - Emergency Medicine - Junior & Senior Rota | 662 | 357 | 6,314 | 3,370 |
| MRI - ENT, Urology & CT – Junior Rota | 167 | 81 | 1,455 | 701 |

Locum Bookings (Bank & Agency) by Specialty

| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
|---|-------------------------|--------------------|------------------------|-------------------|
| MRI - Gastroenterology - Junior, Senior and Consultant Rota | 194 | 130 | 1,747 | 1,173 |
| MRI - General Medicine - Consultant Rota | 331 | 225 | 2,648 | 1,800 |
| MRI - General Medicine - Junior & Senior Rota | 1,024 | 804 | 8,737 | 6,814 |
| MRI - Haematology - Medical Rota | 132 | 57 | 1,180 | 509 |
| MRI - R&I Covid 19 Vaccine Research - Medical Rota | 62 | 31 | 510 | 228 |
| MRI - Renal Medicine - Senior Rota | 20 | 16 | 252 | 212 |
| MRI - Transplant - Medical Rota | 4 | 4 | 25 | 25 |
| MRI - Urology - Senior Rota | 20 | 19 | 323 | 303 |
| MRI & TGH - General Surgery & HPB - Consultant Rota | 184 | 130 | 1,996 | 1,475 |
| MRI & TGH - General Surgery & HPB - FY1 Rota | 3 | 1 | 22 | 4 |
| MRI & TGH - General Surgery & HPB - Junior Rota | 114 | 73 | 1,152 | 730 |
| MRI & TGH - General Surgery & HPB - Senior Rota | 16 | 13 | 165 | 132 |
| MRI & WH - Vascular Surgery - Senior Rota | 30 | 27 | 434 | 400 |
| MRI, RMCH & SRFT - ENT - Senior Rota | 48 | 39 | 335 | 245 |
| NMGH - Ambulatory Care | 297 | 191 | 2,313 | 1,262 |
| NMGH - A&E | 1,110 | 624 | 10,364 | 5,448 |
| NMGH - Acute Medicine | 755 | 623 | 6,675 | 4,210 |
| NMGH - Anaesthetics | 327 | 268 | 3,293 | 1,990 |
| NMGH - Breast Surgery | 141 | 135 | 1,167 | 884 |
| NMGH - Care of the Elderly | 40 | 28 | 309 | 178 |
| NMGH - Emergency Medicine | 60 | 36 | 552 | 315 |
| NMGH - Endocrinology and Diabetes | 79 | 74 | 664 | 544 |
| NMGH - Gastroenterology | 48 | 42 | 359 | 315 |
| NMGH - General Surgery | 489 | 455 | 4,691 | 3,717 |
| NMGH - Homeopathic Medicine | 1 | - | 9 | - |

Locum Bookings (Bank & Agency) by Specialty

| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
|--|-------------------------|--------------------|------------------------|-------------------|
| NMGH - Infectious Diseases | 93 | 68 | 811 | 501 |
| NMGH - Intensive Care | 541 | 285 | 6,053 | 2,942 |
| NMGH - ITU (08) | 50 | 50 | 589 | 626 |
| NMGH - Medicine | 2,726 | 1,991 | 22,846 | 14,986 |
| NMGH - Obstetrics and Gynaecology | 199 | 84 | 1,935 | 709 |
| NMGH - Oral and Maxillofacial Surgery | 118 | 89 | 1,381 | 782 |
| NMGH - Orthogeriatrics | 138 | 127 | 1,035 | 760 |
| NMGH - Orthopaedic and Trauma Surgery | 682 | 384 | 5,956 | 3,329 |
| NMGH - Paediatric Accident and Emergency | 139 | 127 | 1,476 | 1,357 |
| NMGH - Paediatric Allergy | 2 | - | 17 | - |
| NMGH - Paediatrics and Neonates | 726 | 361 | 6,492 | 2,756 |
| NMGH - Respiratory | 65 | 65 | 493 | 472 |
| NMGH - Urology | 102 | 77 | 863 | 549 |
| REH - Medical Rota | 373 | 251 | 3,019 | 1,853 |
| RMCH - CAMHS - Junior and Senior Rota | 43 | 39 | 768 | 696 |
| RMCH - Emergency Medicine - Junior & Senior Rota | 294 | 185 | 2,587 | 1,434 |
| RMCH - General Paediatrics - Junior Rota | 7 | 4 | 88 | 51 |
| RMCH - General Paediatrics - Senior Rota | 7 | 4 | 60 | 30 |
| RMCH - Oncology Haematology - Medical Rota | 2 | 1 | 25 | 13 |
| RMCH - Paediatric Anaesthesia - Medical Rota | 11 | 8 | 62 | 43 |
| RMCH - Paediatric Cardiology - Junior & Senior Rota | 1 | 1 | 10 | 10 |
| RMCH - Paediatric Endocrinology - Medical Rota | 2 | 2 | 16 | 16 |
| RMCH - Paediatric Gastroenterology - Consultant Rota | 13 | 10 | 93 | 69 |
| RMCH - Paediatric Neurosurgery - Medical Rota | 11 | 11 | 168 | 168 |
| RMCH - Paediatric Orthopaedics - Medical Rota | 11 | 11 | 82 | 82 |

| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| RMCH - Paediatric Surgery - Consultant Rota | 3 | 3 | 15 | 15 |
| RMCH - Paediatric Surgery - Junior Rota | 55 | 48 | 600 | 527 |
| RMCH - Paediatric Surgery - Senior Rota | 50 | 46 | 533 | 473 |
| RMCH - Paediatric Urology - Medical Rota | 8 | 6 | 75 | 54 |
| RMCH - Paediatrics - Consultant Rota | 102 | - | 1,230 | - |
| RMCH - Paediatrics - Junior & Senior Rota | 198 | 86 | 1,726 | 768 |
| RMCH - PICU - Consultant Rota | 122 | 45 | 1,137 | 389 |
| RMCH - PICU - Senior Rota | 105 | 68 | 1,287 | 838 |
| RMCH - PICU Transport NWTS - Medical Rota | 125 | 112 | 1,042 | 914 |
| RMCH - Research and Innovation - Medical Rota | 158 | 141 | 1,181 | 1,045 |
| RMCH - Tertiary Paediatrics - Junior Rota | 1 | - | 4 | - |
| RMCH - WTWA Paediatrics - Junior Rota | 35 | 9 | 318 | 104 |
| RMCH - WTWA Paediatrics - Senior Rota | 22 | 12 | 232 | 135 |
| SMH - Genomics - Medical Rota | 2 | 2 | 8 | 8 |
| SMH - Gynaecology - Medical Rota | 7 | 7 | 38 | 38 |
| SMH - Neonates - Medical Rota | 35 | 29 | 374 | 275 |
| SMH - NICU - Medical Rota | 7 | 7 | 89 | 89 |
| SMH - Obstetrics - Medical Rota | 8 | 8 | 38 | 38 |
| SMH - Obstetrics & Gynaecology ORC - Medical Rota | 202 | 130 | 1,592 | 952 |
| SMH - Obstetrics & Gynaecology WTWA - Junior & Senior Rota | 140 | 96 | 1,427 | 973 |
| SMH - Reproductive Medicine - Medical Rota | 3 | 3 | 10 | 10 |
| TGH - General Medicine - Consultant Rota | 103 | 88 | 851 | 739 |
| TGH - General Medicine - FY1, Junior & Senior Rota | 127 | 88 | 1,126 | 783 |
| TGH - INRU - Medical Rota | 55 | 47 | 440 | 376 |
| TGH - Urgent Care - Medical Rota | 176 | 136 | 2,081 | 1,623 |

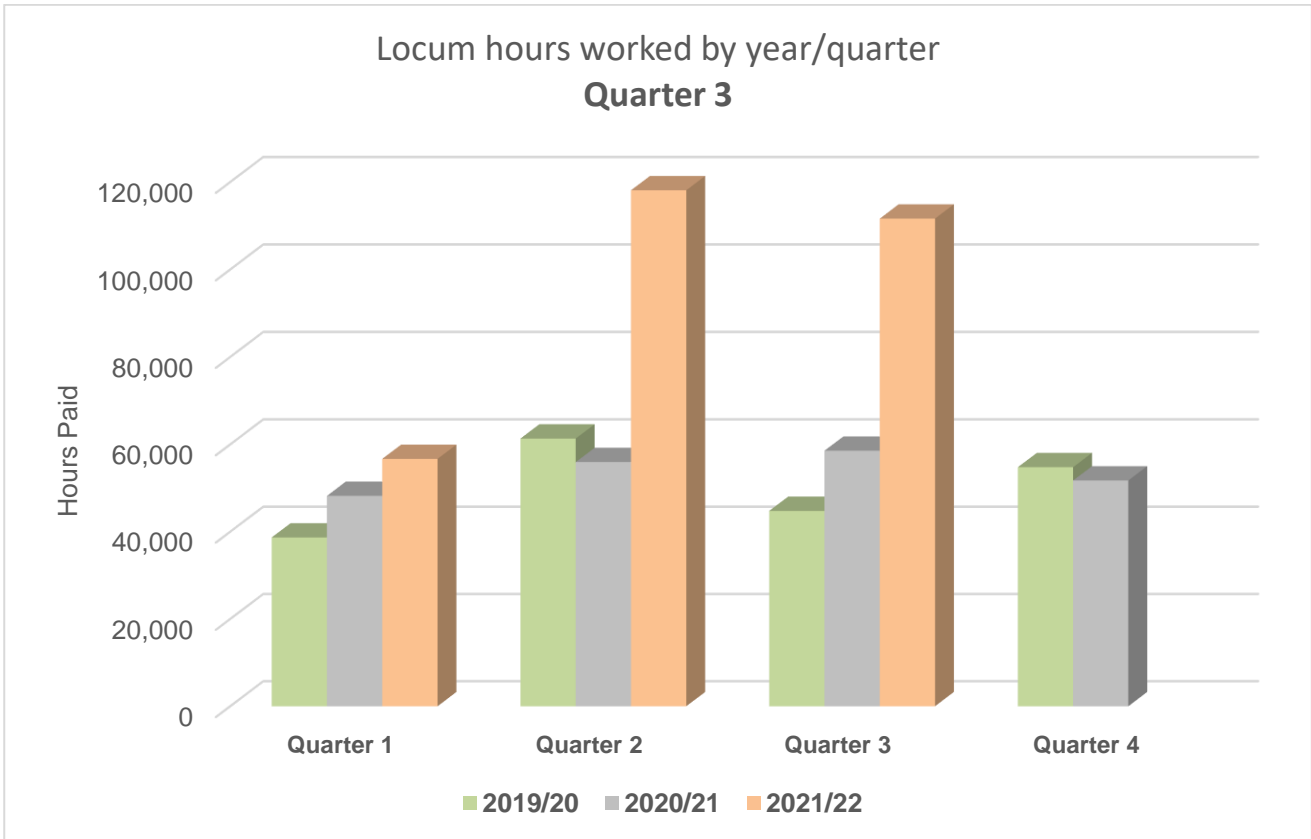
| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| WTWA - Cardiology - Senior Rota | 39 | 39 | 349 | 349 |
| WTWA - Cardiothoracic - Junior & Senior Rota | 96 | 68 | 1,034 | 766 |
| WTWA - Dermatology - Consultant Rota | 74 | 53 | 543 | 386 |
| WTWA - Emergency Medicine - Consultant Rota | 32 | 30 | 210 | 194 |
| WTWA - Emergency Medicine - Junior & Senior Rota | 789 | 413 | 6,530 | 3,443 |
| WTWA - ENT –Junior, Senior & Consultant Rota | 86 | 74 | 722 | 587 |
| WTWA - Gastroenterology - Consultant Rota | 101 | 98 | 635 | 611 |
| WTWA - General Medicine - AMRU ACPs | 2 | 2 | 8 | 8 |
| WTWA - General Medicine - Consultant Rota | 237 | 164 | 1,864 | 1,289 |
| WTWA - General Medicine - Junior Rota | 620 | 398 | 4,985 | 3,135 |
| WTWA - General Medicine - Senior Rota | 99 | 37 | 897 | 349 |
| WTWA - General Surgery - Junior & Senior Rota | 61 | 53 | 726 | 643 |
| WTWA - Obstetrics - Consultants Rota | 3 | - | 36 | - |
| WTWA - Respiratory - Senior Rota | 42 | 19 | 341 | 148 |
| WTWA - Rheumatology - Consultant & Senior Rota | 12 | 12 | 96 | 96 |
| WTWA - Trauma & Orthopaedics - Junior & Senior Rota | 144 | 117 | 1,457 | 1,194 |
| WTWA - Trauma & Orthopaedics TGH & MRI - Medical Rota | 353 | 251 | 3,217 | 2,326 |
| WTWA - Urgent Care - Medical Rota | 1 | - | 9 | - |
| WTWA - Urology - Senior Rota | 6 | 6 | 96 | 96 |
| WTWA & MRI - Max Fax - Junior Rota | 26 | 24 | 222 | 197 |
| WTWA & MRI - Max Fax - Senior & Consultant Rota | 20 | 11 | 338 | 164 |
| WTWA & RMCH - Burns & Plastics - Consultant Rota | 15 | 6 | 200 | 68 |
| WTWA & RMCH - Burns & Plastics - Junior Rota | 175 | 72 | 1,751 | 736 |
| WTWA & RMCH - Burns & Plastics - Senior Rota | 87 | 64 | 1,102 | 820 |
| zzMedical Test Ward - Rostering Only | 1 | - | 9 | - |

| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| Grand Total | 19,360 | 13,289 | 174,048 | 111,633 |

| Locum Bookings (Bank & Agency) by Grade | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Grade | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| (blank) | 39 | - | 335 | - |
| Associate Specialist | 9 | 9 | 89 | 87 |
| Bio Medical Scientist | 2 | - | 1 | - |
| Clinical Fellow | 35 | 11 | 333 | 88 |
| Consultant | 5,069 | 3,759 | 43,810 | 29,510 |
| Consultant & SAS | 125 | 109 | 791 | 685 |
| CT1 | 2 | 1 | 16 | 3 |
| CT2 | 1 | - | 13 | - |
| DCT | 24 | 24 | 197 | 197 |
| FY1 | 735 | 498 | 6,198 | 3,493 |
| FY2 | 70 | 64 | 576 | 461 |
| FY2-ST2 | 474 | 262 | 4,461 | 2,444 |
| Locum GP | 168 | 125 | 1,082 | 838 |
| Locum Junior | 3,894 | 2,712 | 34,466 | 23,736 |
| Locum Senior | 3,035 | 2,147 | 29,638 | 21,248 |
| Registrar | 705 | 516 | 6,093 | 4,012 |
| RMO-SPR | 14 | - | 141 | - |
| Senior House Officer | 2,541 | 1,608 | 22,780 | 12,990 |
| Specialist Registrar | 1,223 | 628 | 12,236 | 5,141 |
| Specialty Doctor | 664 | 425 | 6,212 | 3,508 |
| ST3 | 4 | 2 | 37 | 13 |
| ST3-ST8 | 375 | 257 | 3,568 | 2,425 |
| Staff Grade | 5 | 5 | 60 | 63 |
| z-Reuse me | 147 | 127 | 920 | 692 |
| Total | 19,360 | 13,289 | 174,048 | 111,633 |

| Locum Bookings (Bank & Agency) by Reason | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Reason | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| Annual Leave | 68 | 33 | 612 | 320 |
| ANP Cover | 7 | 1 | 52 | 8 |
| Compassionate/Special Leave | 22 | 9 | 209 | 80 |
| Covid-19 Additional Staff | 768 | 629 | 6,496 | 5,346 |
| COVID-19 Isolation | 162 | 70 | 1,530 | 664 |
| ED Support Shift - Medical Staff Only | 749 | 461 | 6,672 | 3,855 |
| Enhanced Care | 1 | 1 | 5 | 5 |
| Escalation | 170 | 150 | 1,668 | 1,416 |
| Initiative | 165 | 122 | 1,195 | 865 |
| Maternity | 30 | 27 | 336 | 299 |
| None given | 113 | - | 942 | - |
| Pool - out of hours | 1 | 1 | 8 | 8 |
| Restricted Duties | 22 | 18 | 194 | 157 |
| Sickness | 687 | 369 | 6,710 | 3,548 |
| Site Pressures | 412 | 328 | 3,145 | 2,274 |
| Study Leave | 4 | 3 | 36 | 30 |
| Study Leave - Induction | 5 | 2 | 60 | 24 |
| Unplanned Leave | 23 | 12 | 248 | 140 |
| Vacancy | 15,102 | 10,405 | 137,394 | 87,687 |
| Vaccine Delivery - Covid | 1 | 1 | 5 | 5 |
| Winter Pressures 2020-21 | 59 | 10 | 444 | 72 |
| Workload Increased | 789 | 637 | 6,089 | 4,833 |
| Grand Total | 19,360 | 13,289 | 174,048 | 111,633 |
| Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested) | 64% | | | |

| Locum Bookings by Year / Quarter (Hours Paid) | | | |
|---|---------|---------|---------|
| | 2019/20 | 2020/21 | 2021/22 |
| Quarter 1 | 38,679 | 48,205 | 56,681 |
| Quarter 2 | 61,339 | 55,961 | 118,117 |
| Quarter 3 | 44,767 | 58,550 | 111,633 |
| Quarter 4 | 54,779 | 51,743 | |



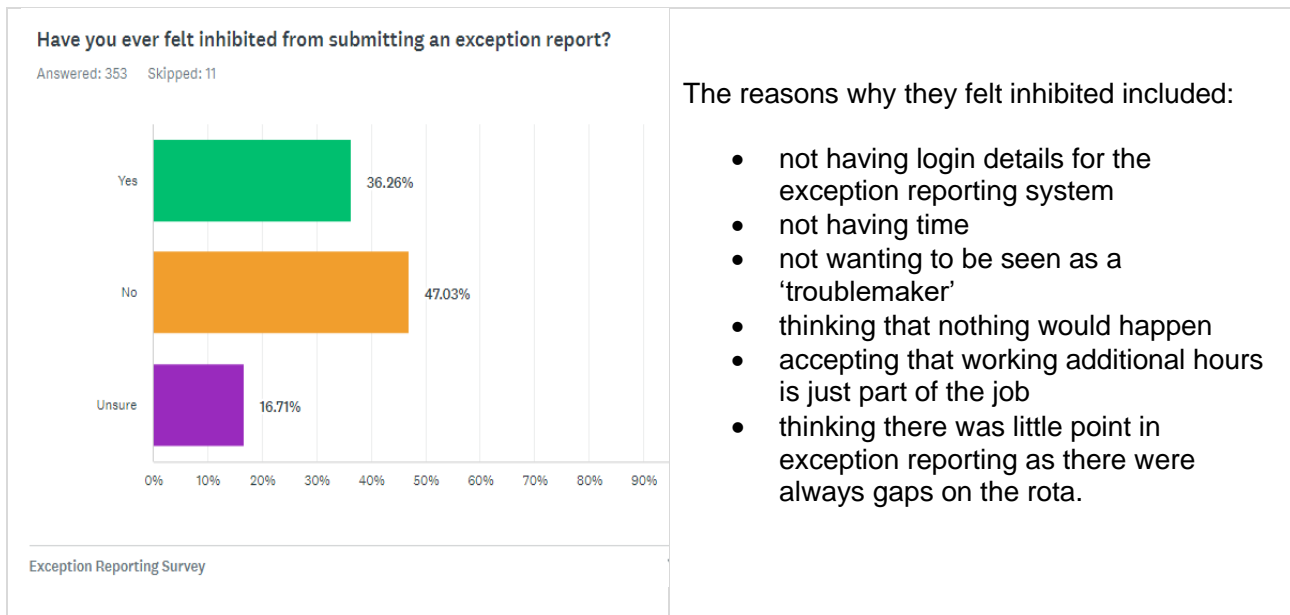
Junior Doctor Exception Reporting Survey – Key Findings

We had 364 responses, which was a 27% response rate.

The key findings can be seen in the charts below:

- 59% of doctors knew **when** to exception report, however, only 36% knew **how** to
- Over 75% **had never** submitted an exception report
- Almost 85% said they **worked over** their contracted hours on a weekly, monthly, or ad-hoc basis, but had not exception reported this
- 36% of respondents said they **felt inhibited** from exception reporting, with a further 17% feeling unsure





Action Plan

The full survey results were shared at the JDF and an action plan has been agreed to address the key areas for improvement, which were:

- To increase awareness of exception reporting
- To ensure exception reporting is discussed at induction
- To make sure trainees are provided with usernames / login details when they start
- To raise the profile of the GoSW
- To change the culture to make exception reporting the 'norm'
- To make improvements to the exception reporting system