

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

HUMAN RESOURCES SCRUTINY COMMITTEE

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

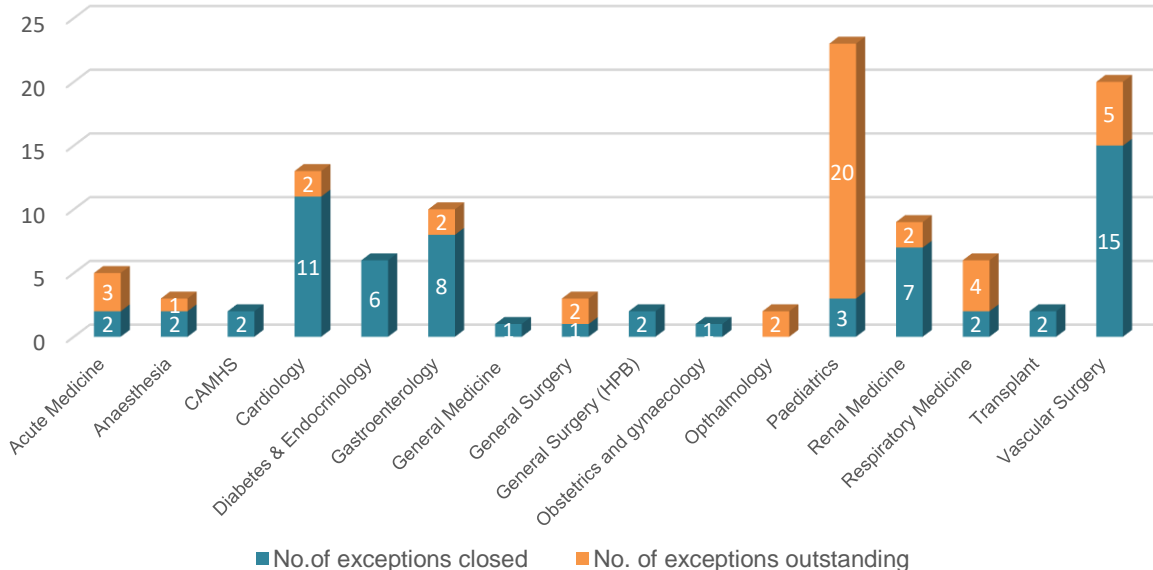
Graphical representation of exception reports closed by specialty in Quarter 3 - NMGH



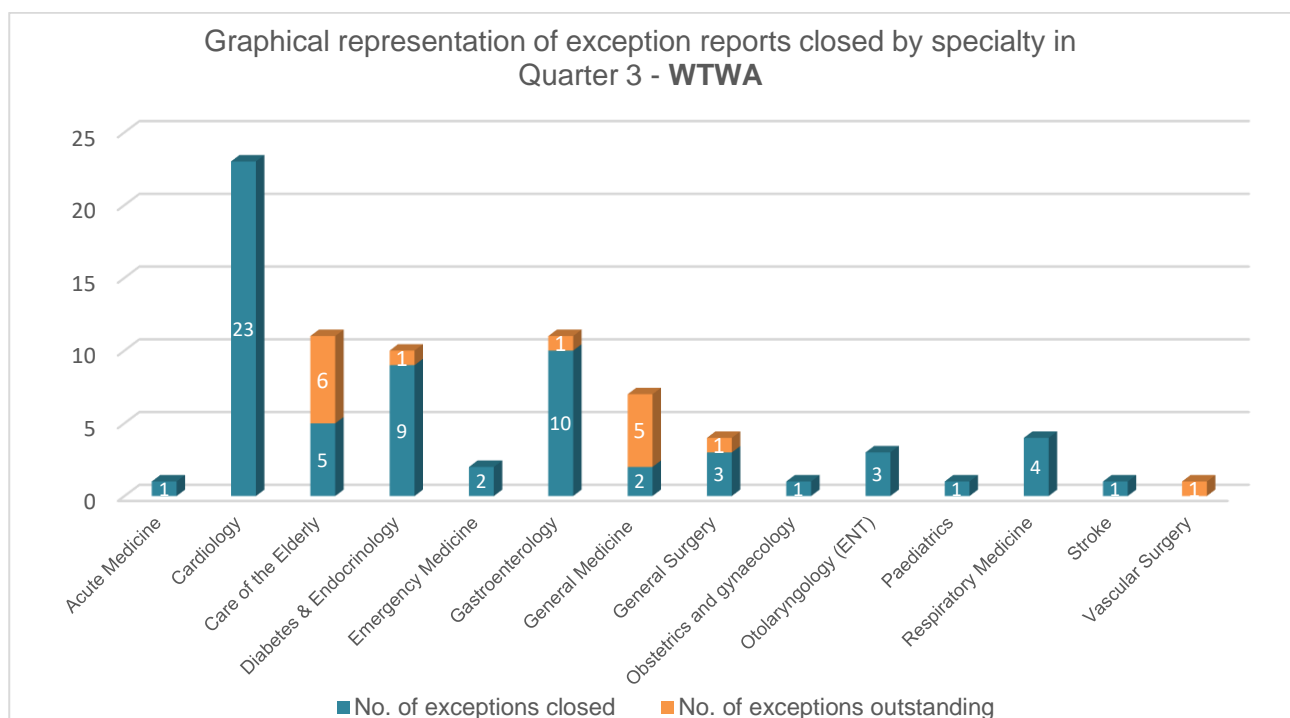
3.1.1 Once again in this Quarter, the number of exception reports at NMGH was low in comparison to the other hospitals sites, with a total of 35 exception reports submitted, however, this is a significant increase from 6 in Q2. Almost half of the exception reports were in Urology, where staffing and 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.

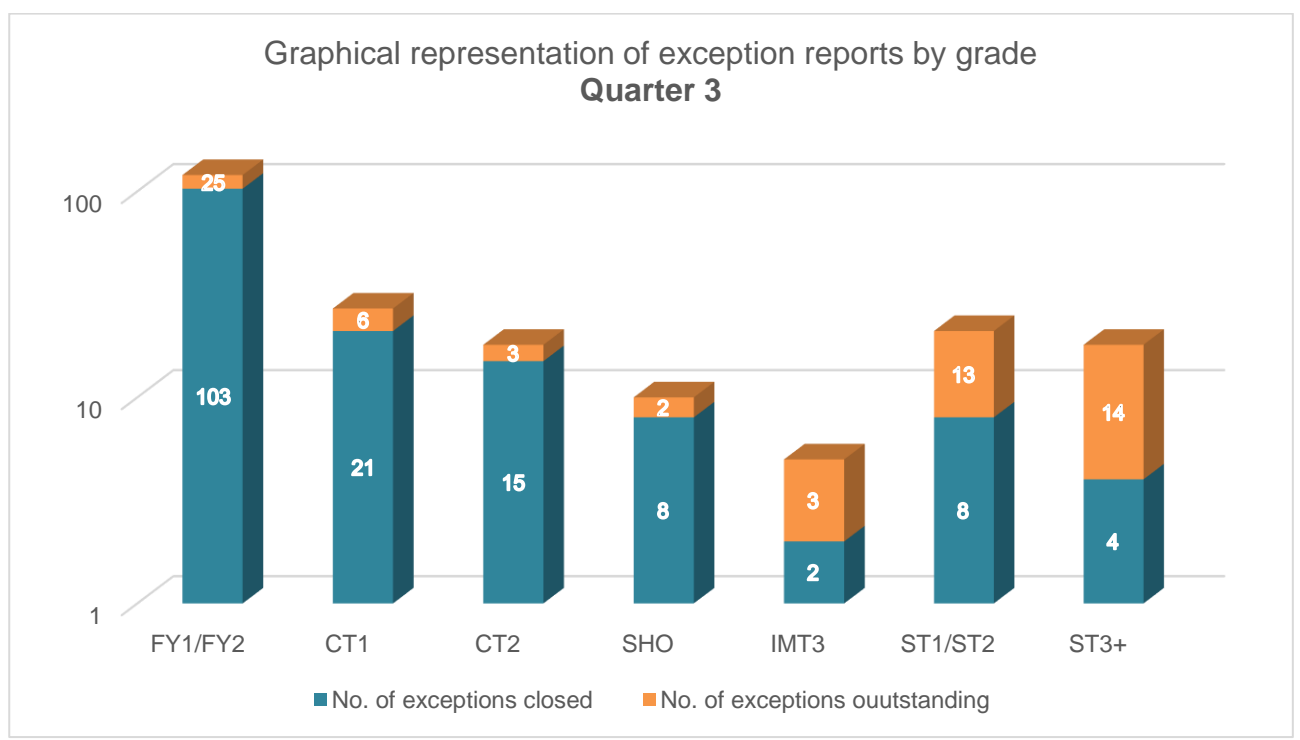
3.2 Exception Reports by Specialty by Year

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.

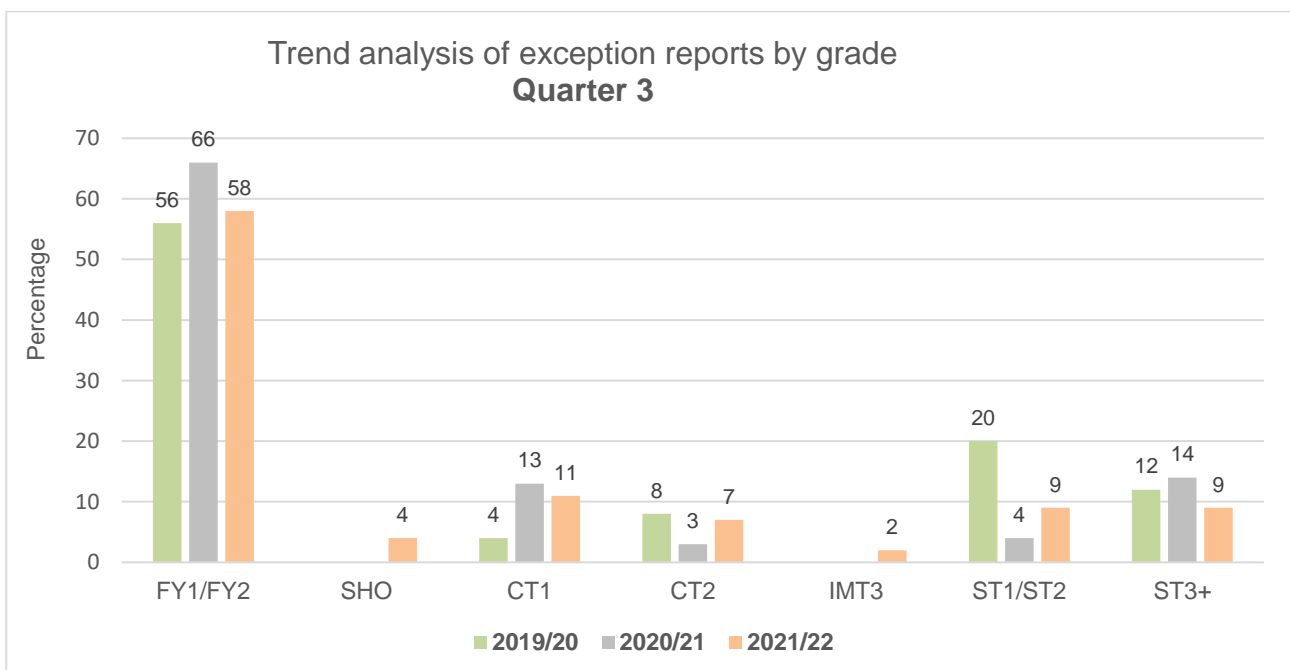
3.2.2 The reasons for this upturn in numbers is likely to be multi-factorial. Firstly, in December there was very high staff absence and increased patient numbers/workload due to the surge in COVID; secondly, awareness of exception reporting has increased with all LED and junior doctors receiving an 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.

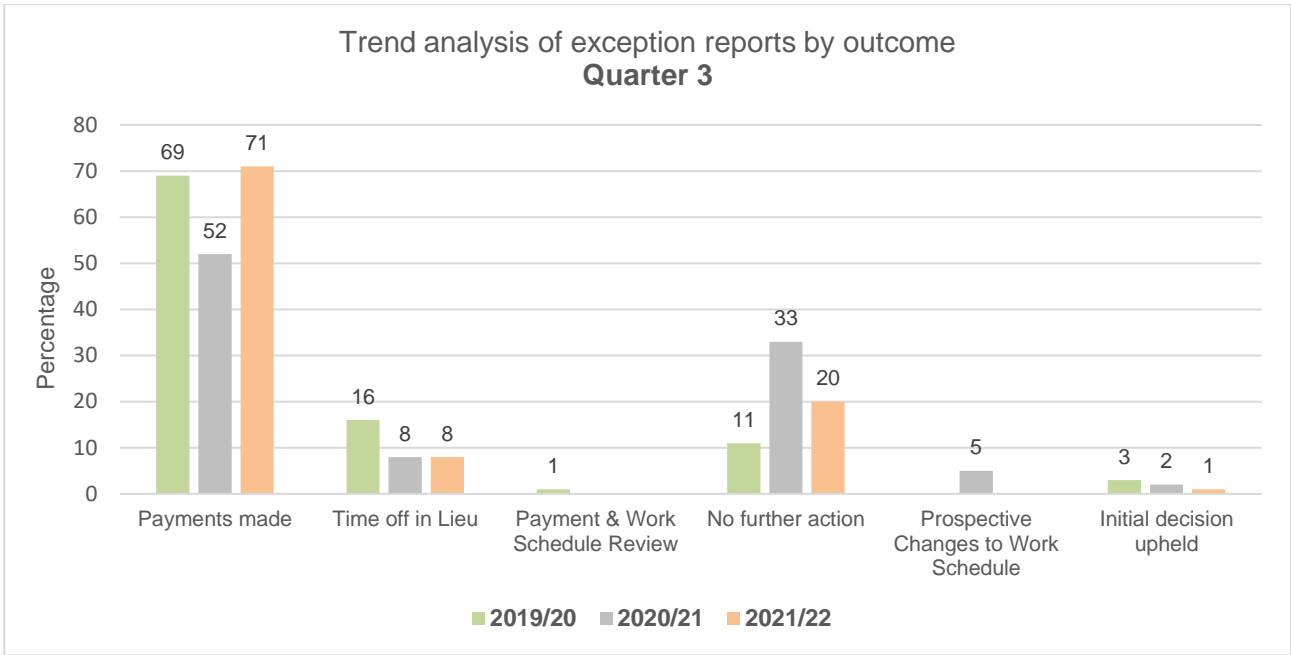
3.6 Work Schedule Reviews

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

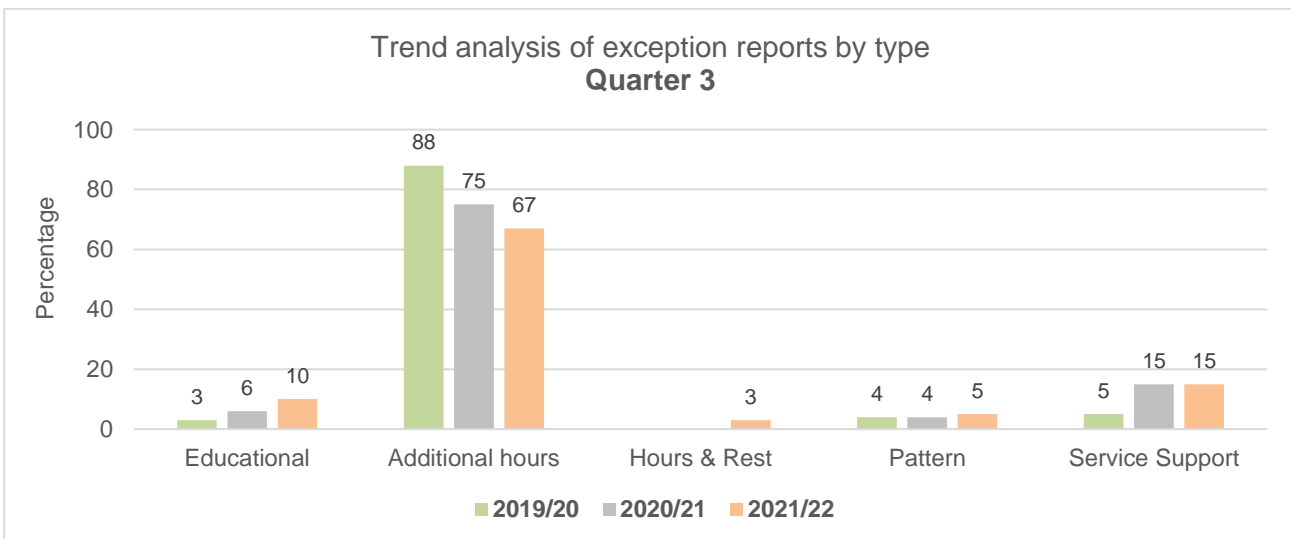
Outcomes	No. of exception reports closed in Quarter 3					
	2019/20		2020/21		2021/22	
Payment made	111	69%	56	52%	114	71%
Time off in Lieu	26	16%	9	8%	14	8%
Payment & Work Schedule Review	1	1%	-	-	-	-
No further action	17	11%	35	33%	31	20%
Prospective Changes to Work Schedule	-	-	5	5%	-	-
Initial Decision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

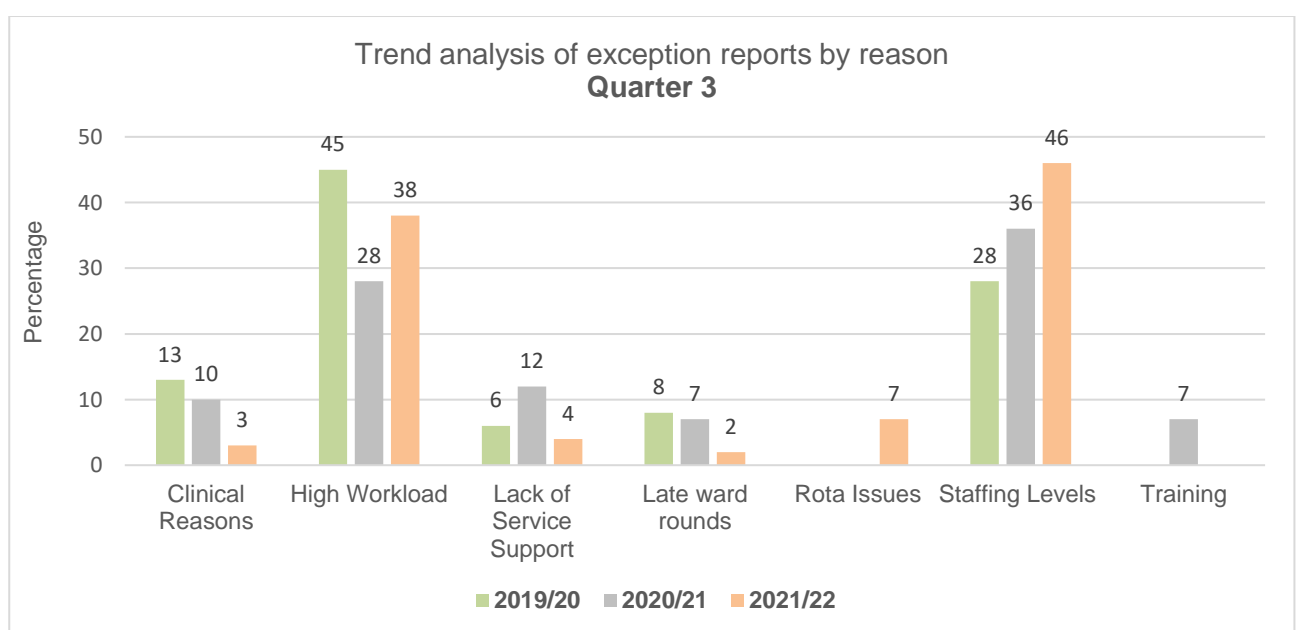


3.8.1 Consistently over the past three years the main reason for exception reporting has been trainees working above their contracted hours due to high workload and/or low staffing levels. However, it can be seen in table 3.8 that there has been a downward trend in the overall percentage of reports for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

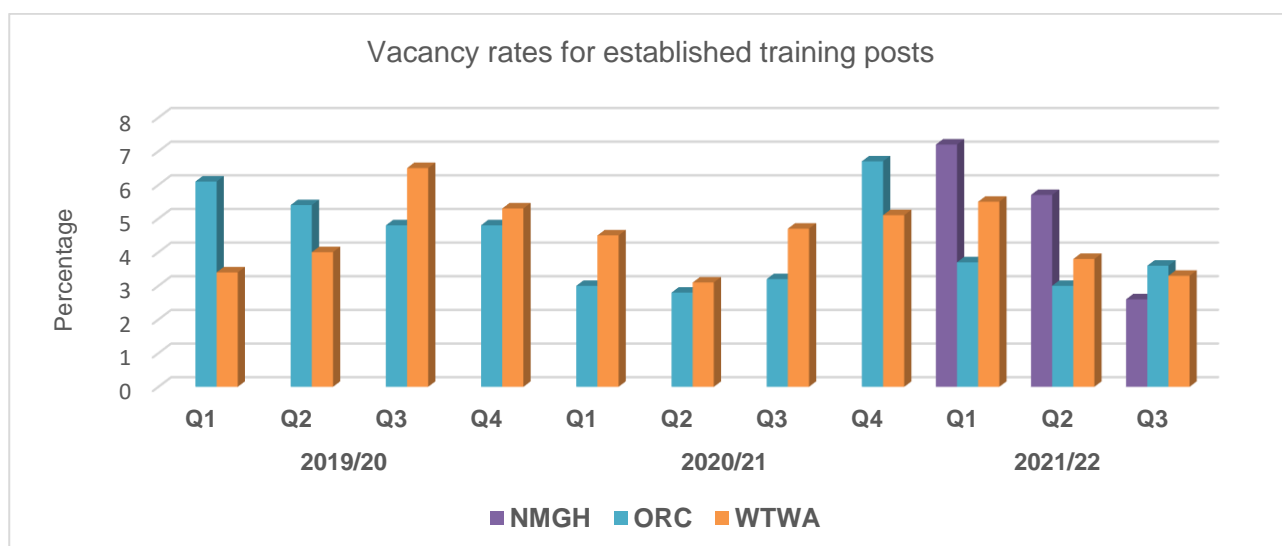
4.4 Less Than Full Time (LTFT) Trainees by Hospital / Managed Clinical Service (MCS)

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.

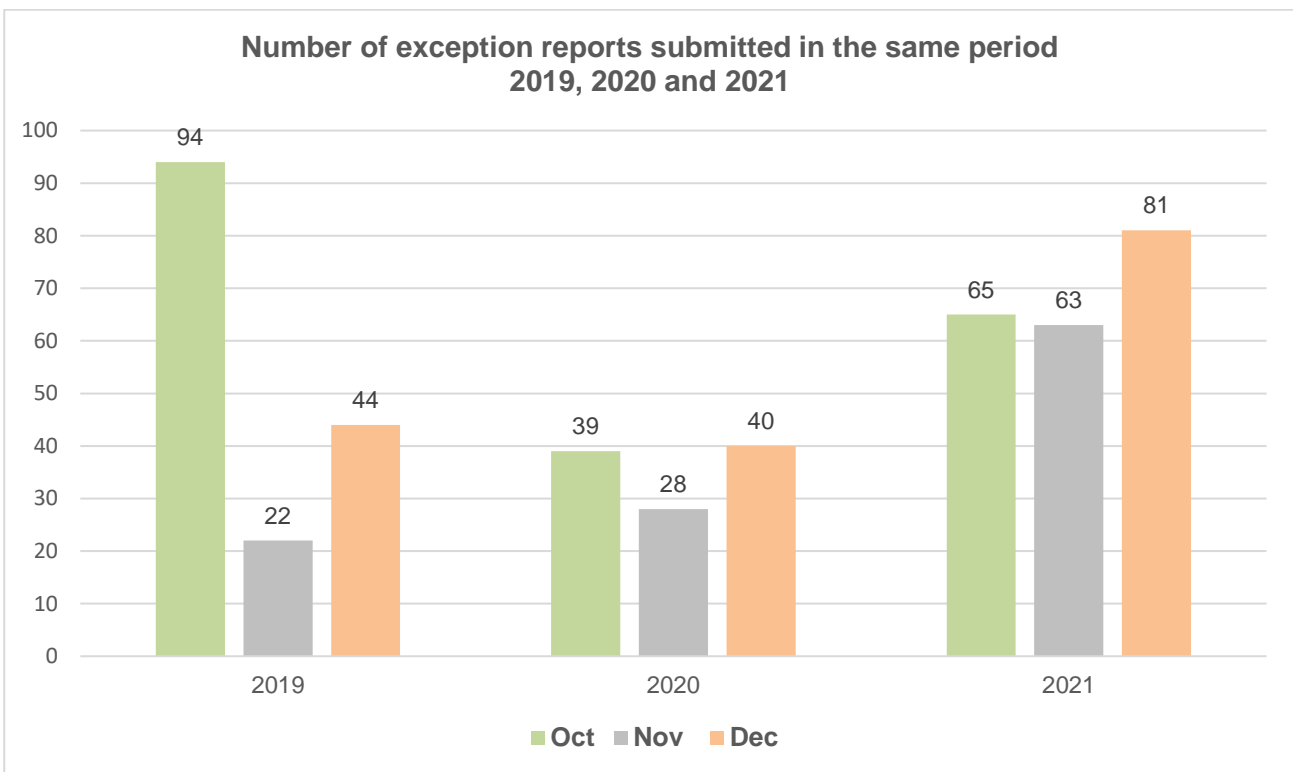
- 5.7 During this quarter, the GoSW attended junior doctors' leadership groups at NMGH and St Mary's Hospital; delivered a Grand Round at RMCH; attended the consultants meeting at Wythenshawe; recorded an induction video for NMGH; and undertaken an exception reporting survey.
- 5.8 The full results from 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)

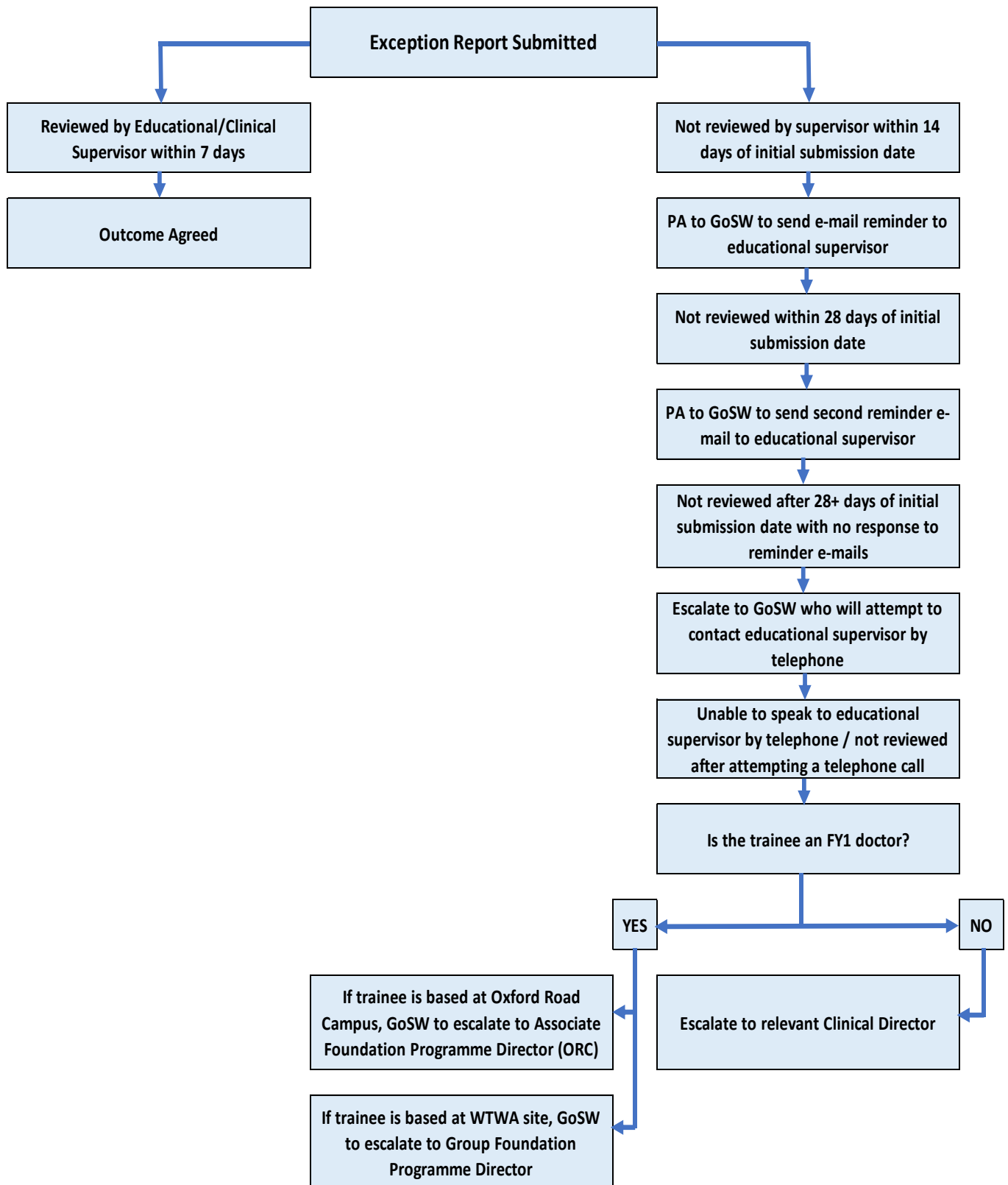
Month	Total number of exception reports raised	Total number of exception reports closed at time of report
July 2018	11	11
August 2018	59	59
September 2018	85	85
October 2018	65	65
November 2018	36	36
December 2018	23	23
January 2019	72	72
February 2019	45	45
March 2019	45	45
April 2019	27	27
May 2019	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)
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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

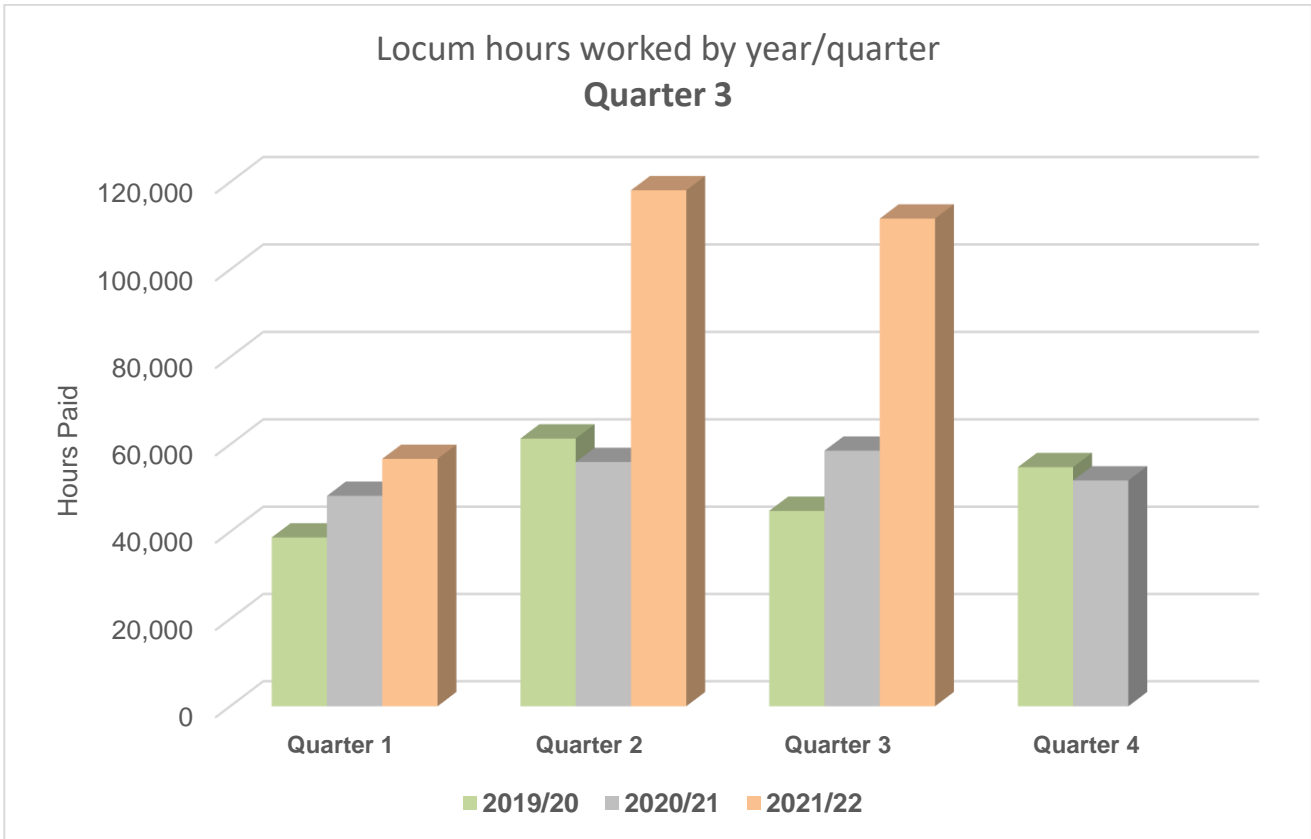
Locum Bookings (Bank & Agency) by Specialty				
Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
WTWA - Cardiology - Senior Rota	39	39	349	349
WTWA - Cardiothoracic - Junior & Senior Rota	96	68	1,034	766
WTWA - Dermatology - Consultant Rota	74	53	543	386
WTWA - 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	



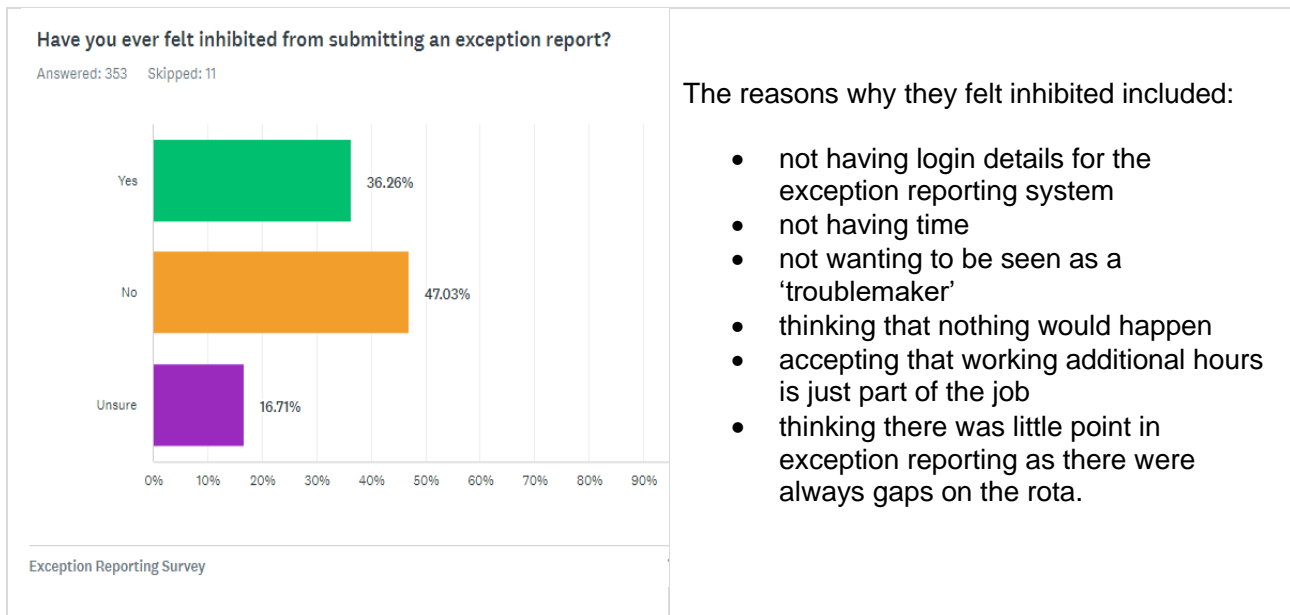
Junior Doctor Exception Reporting Survey – Key Findings

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