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:	June 2022
Subject:	To Receive the Guardian of Safe Working's Quarterly Report (Quarter 4, Jan - Mar 2022)
Purpose of Report:	Indicate which by ✓ Information to note ✓ Support Accept Resolution Approval Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Building an organisation that: • excels in quality, safety, patient experience, research innovation and teaching • Attracts, develops and retains great people
Recommendations:	The HR Scrutiny Committee are asked to note the content of this report.
Contact:	Name: Karen Fentem, Guardian of Safe Working Tel: 07974 609040

Report from the Guardian of Safe Working Period January to March 2022

1. Introduction

This is the final quarterly report for the financial 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 January 2019 – March 2022 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Quarter 4 against the same guarter in 2020 and 2021 is shown in Appendix 2.

2. High Level Data @ 3 May 2022

 North Manchester General Hospital (NMGH) 	
	222
 Oxford Road Campus (ORC) 	609
 Wythenshawe, Trafford, Withington and Altrincham (WTWA) 	375
Total number of established training posts	1206
Total number of doctors/dentists in training on 2016 TCS	1149
Total number of Less than Full-Time doctors/dentists in training	223
Total number of locally employed junior doctors (LED)	355
Amount of time available for the Guardian to do the role per week	26 hrs
Administrative 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 4 (January to March 2022)

Please note the data presented in this report was extracted on 3 May 2022 from the exception reporting systems Allocate HealthMedics System for ORC and WTWA, and the Doctors Rostering System for NMGH.

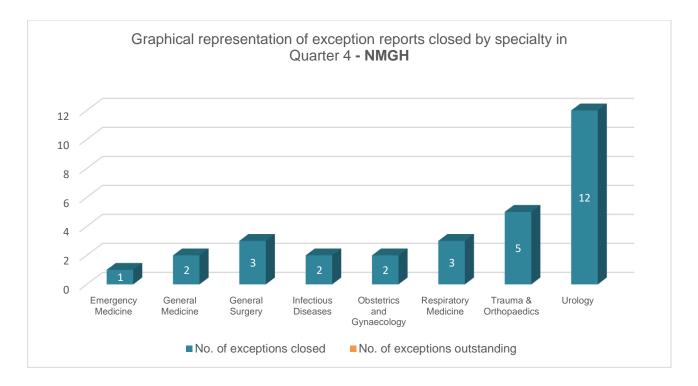
Total number of exception reports received				
Number reported as an immediate safety concern				
Number relating	Hours of working	130	Educational opportunities	13
to:	Pattern of work	6	Service support available to the doctor	23
Total number work	schedule reviews			5

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.

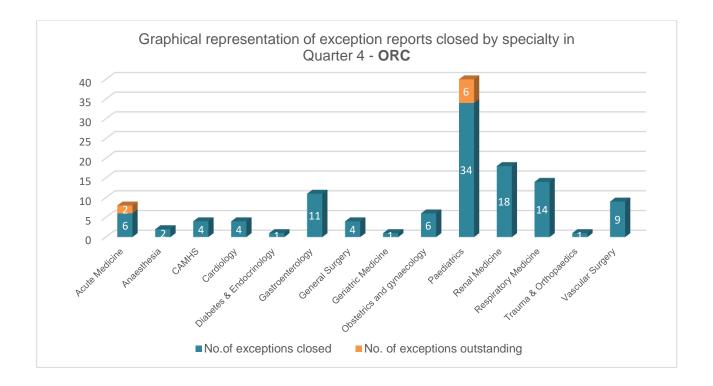
3.1 Exception Reports	by Specialt	у				
Specialty		No. of exceptions raised in Quarter 4			No. of exceptions	No. of exceptions outstanding ¹
	NMGH	ORC	WTWA	Quarter 3	closed	outstanding
Acute Medicine	-	5	1	3	7	2
Anaesthetics	-	1	-	1	2	-
CAMHS	-	4	-	-	4	-
Cardiology	-	4	3	5	9	3
Diabetes & Endocrinology	-	-	-	1	1	-
Emergency Medicine	-	1	-	-	1	-
Gastroenterology	-	9	21	3	33	-
General Medicine	-	-	19	7	26	-
General Surgery	3	2	4	3	10	2
Geriatric Medicine	-	1	7	6	14	-
Infectious Diseases	-	-	-	2	2	-
Obstetrics and gynaecology	2	6	2	-	9	1
Otolaryngology (ENT)				3	3	-
Paediatrics	-	24	3	16	34	9
Plastic Surgery	-	-	2	-	2	-
Renal Medicine	-	16	-	2	18	-
Respiratory Medicine	1	10	9	6	25	1
Trauma & Orthopaedics	4	1	-	1	6	-
Urology	3	-	-	9	12	-
Vascular Surgery	-	4	-	5	9	-
Total	14	87	71	73	227	18

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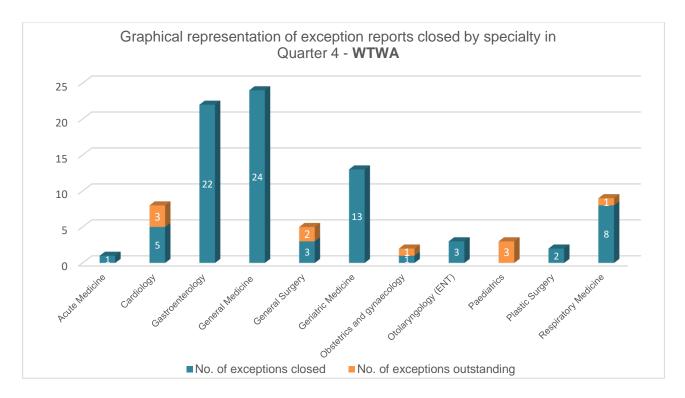
¹ Exception reports should be reviewed by the Educational Supervisor within 7 days of submission; where these timescales are not met the GoSW will send a reminder to the Educational Supervisor. Any exception reports that remain outstanding will be escalated to the relevant Clinical Director as detailed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



- 3.1.1 Only fourteen exception reports were received at NMGH in this Quarter. This was significantly fewer than in Q3, where 35 reports were submitted. The exception reporting rate (number of exception reports / number of junior doctors) is 6.3%, compared to 14.3% at ORC and 19% at WTWA.
- 3.1.2 The majority of 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. In addition, there were three reports in Urology because contractual self-development time had not been inlcuded 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.
- 3.1.3 Two exception reports were noted as 'immediate safety concerns' when due to staffing gaps a registrar was required to hold two bleeps. These incidents were escalated to the site leads at the time and contingency plans were put in place. Exception reports were then submitted within the prerequisite 24 hour timeframe.



- 3.1.4 The number of exception reports received in Quarter 4 at ORC decreased by 17 from 104 in Q3 to 87 this Quarter, the reason for over half of these was low staffing levels. Seven exception reports were noted as 'immediate safety concerns' by the reporting doctors, all related to gaps on the rota. Three were in Tertiary Paediatrics and four in Vascular Surgery.
- 3.1.5 Twenty four exception reports were received in Paediatrics from nine individual doctors, 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. Six exception reports are pending review by the relevant supervisor.
- 3.1.6 Renal Medicine received 16 exception reports during this Quarter (four more than in Q3), due to workload pressures that resulted in doctors working additional hours and missing breaks.
- 3.1.7 Reporting levels in Respiratory Medicine and Gastroenterology have remained consistent this Quarter, due to staffing levels and workload pressures. Whereas, Vascular Surgery has seen a marked improvement in the number of exception reports being submitted, down from 20 in Q3 to two in Q4. A task and finish group has been set up to address the junior doctor workforce challenges that have arisen since the merger of the vascular service across MRI and Wythenshawe.

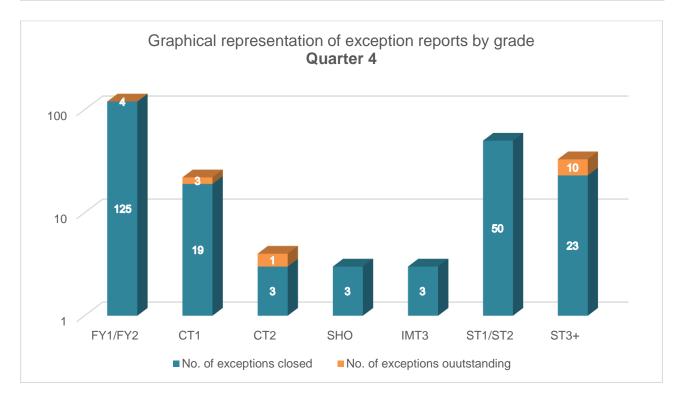


- 3.1.8 Overall reporting levels at WTWA remained constant this Quarter (71 in Q4 compared to 70 in Q3). Ten of these 71 exception reports are pending review. Most reports were in Gastroenterology (21) and General Medicine (19) with staffing levels and workload being cited as reasons.
- 3.1.9 Cardiology received three exception reports during this Quarter, which is 23 less than in Q3. The cardiology leadership team are progressing the recuitment of additional junior clinical fellows to address the concerns raised about staffing levels in the previous Quarter.
- 3.1.10 Seven exception reports (three in Cardiology; two in General Medicine; and two in Respiratory Medicine) were noted as 'immediate safety concerns' because of staff shortages. Fortunately, none of these incidents were found to put patients or junior doctors at immediate risk, with the concerns having been escalated to the clinical leads at the time and exception reports submitted within the 24 hour timeframe thereafter.

	Average no. of exception	No. of exc	Trend against		
Specialty	reports in Quarter 4	2019/20	2020/21	2021/22	average for this Quarter
Accident and emergency	-	-	-	1	Upward
Acute Medicine	8	7	10	7	Downward
Anaesthetics	-	-	-	1	Upward
Cardiology	7	5	12	4	Downward
CAMHS	3	4	-	4	Upward
Colorectal surgery	7	21	-	-	Downward
Diabetes & Endocrinology	3	-	9	-	Downward
Gastroenterology	39	40	58	20	Downward
General medicine	20	1	9	49	Upward
General surgery	7	1	11	8	Upward
Geriatric Medicine	6	9	8	1	Downward
Hepato-Pancreato-Biliary	3	9	-	-	Downward
Neonatology	-	1	-	-	Downward
Obstetrics and gynaecology	4	-	1	10	Upward
Oral & maxillo-facial surgery	-	-	1	-	Aligned
Otolaryngology (ENT)	3	8	-	-	Downward
Paediatrics	9	-	-	27	Upward
Plastic Surgery	-	-	-	2	Upward
Renal Medicine	9	3	8	16	Upward
Respiratory Medicine	11	7	10	15	Upward
Transplant Surgery	2	3	2	-	Downward
Trauma & Orthopaedics	1	1	-	5	Upward
Urology	1	1	2	-	Downward
Vascular Surgery	4	10	-	2	Downward
Total		131	140	172	

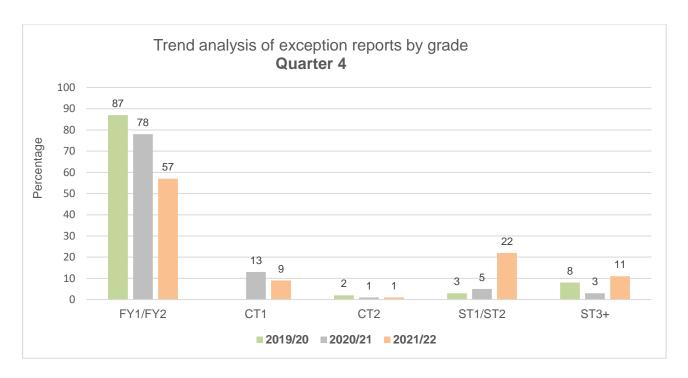
3.2.1 During Quarter 4, 11 specialities received higher than average numbers of exception reports; one specialty was aligned to the average; and 12 specialties received less than average. As can be seen in Appendices 1 and 2 the number of exception reports do fluctuate on a monthly/quarterly basis. For this Quarter there has been an upward trend in the number of exception reports being submitted compared to the 2020 & 2021 data, which is positive in light of the additional trainees who joined MFT in April 2021 from NMGH; the fact that LED now have the right to raise exception reports; and an increased awareness of exception reporting throughout the Trust.

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	32	97	125	4				
SHO	3	-	3	-				
CT1	6	16	19	3				
CT2	2	2	3	1				
IMT3	3	-	3	-				
ST1 / ST2	13	37	50	-				
ST3 +	14	19	23	10				
Total	73	172	227	18				



3.3.1 The timeliness within which exception reports have been closed has improved during this Quarter. It can be seen in table 3.3 that 73 exception reports were carried over from Quarter 3 into Quarter 4, with 18 exception reports outstanding at the time of this report.

3.4 Exception Reports by Grade by Year									
Grade	No. of exception reports submitted in Quarter 4								
	201	9/20	202	20/21	2021/22				
FY1 / FY2	114	87%	108	78%	97	57%			
CT1	-	-	18	13%	16	9%			
CT2	2	2%	2	1%	2	1%			
ST1 / ST2	4	3%	7	5%	37	22%			
ST3 +	11	8%	4	3%	19	11%			
Total	131		139		172				



- 3.4.1 In line with previous GoSW reports, most exception reports (57%) were submitted by foundation doctors. It is encouraging to see that the number of exception reports received from ST1/ST2 and ST3+ has increased this Quarter.
- 3.4.2 It should also be noted that 355 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. As reported last Quarter, a request has been made to Allocate (by all Trusts in the North West) for them to amend their system to include LED as a grade option.

Rota	No. of e	exceptions Quarter 4		No. of exceptions carried over from	No. of exceptions	No. of exceptions outstanding
	NMGH	ORC	WTWA	Quarter 3	closed	Outstanding
JM Gen Med IMT3 Aug 21	-	-	-	2	2	-
NMGH Gen Med RMO2 June 2020 Live	-	-	-	2	2	-
5 NMGH Whole Site FY1 Aug 2021 Live	6	-	-	-	6	-
Gen Med FY1 Live Aug 21	-	-	-	1	1	-
JM NMGH Level 1 Obs & Gynae Feb 22	1	-	-	-	1	-
LTFT RMCH Tertiary Paediatrics ST1-3 2020	-	6	-	-	6	-
LTFT RMCH COMBINED Sen	-	1	-	-	-	1
MRI A&E ACCS, ST1/2 (Orange Rota) 2021	-	-	-	1	1	-
MRI General Medicine F1 – 2021	-	34	-	9	43	-
MRI General Medicine F1 – 2022	-	1	-	-	1	-
MRI General Medicine IMT/JCF 1 - 2021	-	2	-	-	2	-
MRI General Medicine IMT/JCF 2 - 2021	-	-	-	1	1	-
MRI General Medicine IMT3/SCF - 2021	-	3	-	1	3	1
MRI General Surgery FY1	-	7	-	5	12	-
MRI Renal Medicine Hybrid August 2020	-	-	-	1	1	-
MRI, Cardiology, Junior	-	4	-	-	4	-
NMGH ED FY2 Rota Aug 21	1	-	-	-	1	-
NMGH Obs & Gynae Junior Rota Feb 2022	1	-	-	-	1	-
NMGH Whole Site FY1 Aug 2021 Live	-	-	-	10	10	-
NMGH Whole Site FY1 Aug 2021 Live(Copy)	1	-	-	-	1	-
ORC Anaes Obs Aug 21 ST3-8	-	1	-	-	1	-
ORC Anaesthesia Gen Aug 21 CT&ST 1-2	-	-	-	1	1	-
ORC ICU CT1-2	-	1	-	-	-	1
Paediatric Haematology	-	-	_	4	4	-

Rota	No. of e	exceptions Quarter 4		No. of exceptions carried	No. of exceptions	No. of exceptions
	NMGH	ORC	WTWA	over from Quarter 3	closed	outstanding
Plastic Surgery Senior Rv + rest days	-	-	2	-	2	-
REH Ophthalmology, 1st OC 2021	-	-	-	2	2	-
RMCH COMBINED Senior 2021 – NEW	-	5	-	9	9	5
RMCH General Paediatrics ST1-3	-	5	-	-	5	-
RMCH Tertiary Paediatrics ST1-3 2020	-	7	-	7	14	-
RMCH, CAMHS Senior 2021	-	4	-	-	4	-
St Marys, O&G, Junior – 2021	-	6	-	1	7	-
T&O Level 2 Live Aug 20	-	-	-	1	5	-
Trafford & Psychiatry General Medicine FY1 –	-	-	1	-	1	-
WTWA AMRU	-	-	1	-	1	-
WTWA Cardio & Resp Fy1	-	-	6	-	5	1
WTWA Gen Med FY1 Aug 2021	-	-	21	5	26	-
WTWA Gen Surg Fy1	-	-	4	1	3	2
WTWA Med Gen CF	-	-	4	-	4	-
WTWA O&G Junior - 2021	-	-	2	-	1	1
WTWA Paediatrics Senior 2022	-	-	3	-	-	3
WTWA Resp Med Snr Aug St6+	-	-	1	-	1	-
WTWA Senior General Medicine Aug 2021	-	-	-	2	2	-
WTWA Senior General Medicine Aug 2021 St6+	-	-	-	1	1	-
WTWA Trafford Gen Med FY1 – August	-	-	2	-	2	-
WTWA Trafford RMO Junior - August 2020	-	-	1	-	1	-
WTWA Wythenshawe Gen Med Junior	-	-	23	6	26	3
Total	14	87	71	73	245	18

3.5.1 The highest number of exception reports (n=34) were received on the MRI General Medicine F1 rota for high workload and low staffing levels. The trainees were working in the following subspecialties:

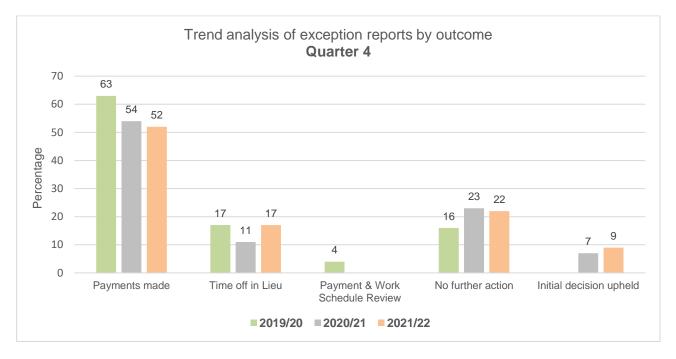
- Renal 14
- Respiratory 10
- Gastroenterology 9
- Acute Medicine 1
- 3.5.2 Six exception reports were submitted on the NMGH Whole Site FY1 Aug 2021 Live rota, with trainees working in the following sub-specialties:
 - General Surgery 3
 - Urology 2
 - Respiratory Medicine 1
- 3.5.3 The WTWA Wythenshawe Gen Med Junior and WTWA Genera Medicine FI rotas received 23 and 21 exception reports respectively. The trainees were working in the following sub-specialties:
 - Gastroenterology 21
 - General Medicine 16
 - Cardiology 3
 - Respiratory Medicine 2
 - Geriatric Medicine 2

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 five work schedule reviews undertaken during this period have been at Level 1. Further details are included in the table below:

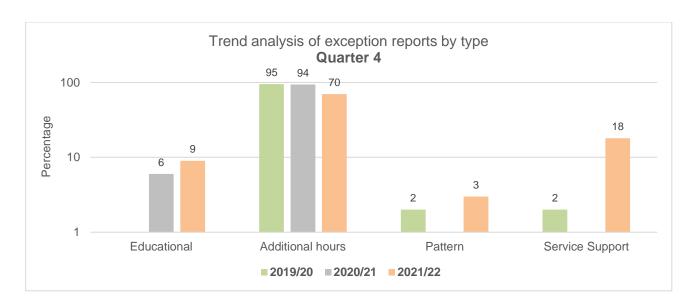
Rota	Site	Specialty	Grade	Reason	Outcome
MRI General Medicine F1 - 2021	ORC	Renal Medicine	FY1	Workload	Escalated to Clinical Lead and payment made for additional hours worked.
MRI General Surgery FY1	ORC	Vascular Surgery	FY1	Staffing levels	Rota team and consultants made aware.
RMCH COMBINED Senior 2021 - NEW	ORC	Paediatrics	ST6	Gaps on Hospital 24 rota	Escalated to RMCH leadership team. Rota to be redesigned.
RMCH Tertiary Paediatrics ST1-3 2020	ORC	Paediatrics	ST2	Gaps on Hospital 24 rota	Escalated to RMCH leadership team. Rota to be redesigned.
WTWA Gen Med FY1 Aug 2021	WTWA	Gastroenterology	FY1	Workload due to expanded bed base	Escalated to Clinical Lead and Departmental Manager.

3.7 Exception Reports by Outcome by Year									
		No. of exception reports closed in Quarter 4							
Outcomes	2019	/20	202	0/21	2021	/22			
Payment made	83	63%	97	54%	117	52%			
Time off in Lieu	22	17%	19	11%	39	17%			
Payment & Work Schedule Review	5	4%	-	-	-	-			
No further action	21	16%	40	23%	51	22%			
Organisation Changes & Payment	-	-	9	5%	-	-			
Initial Decision Upheld	-	-	13	7%	20	9%			
Total	131		178		227				



3.7.1 In 52% of cases, payment for the additional hours worked has been agreed, with no further action being taken in 22% of cases, and 17% 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									
Туре	No. of exception reports submitted in Quarter 4								
	2019/20		202	0/21	2021/22				
Educational	-	-	8	6%	21	9%			
Additional hours	125	95%	131	94%	171	70%			
Pattern	3	2%	-	-	7	3%			
Service Support	3	2%	-	-	46	18%			
Total	131		139		245				

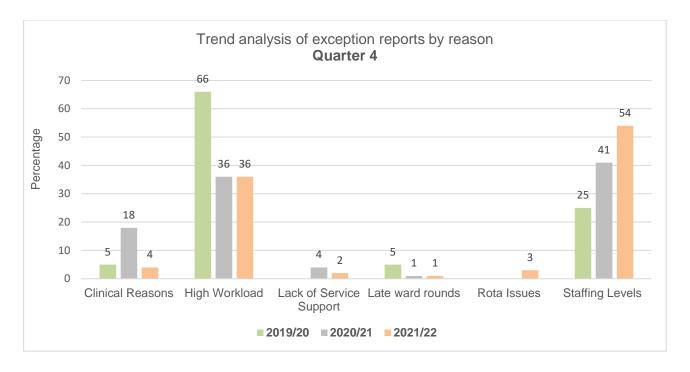


- 3.8.1 Consistently over the past three years the main reason for exception reporting has been trainees working above their contracted hours due to high workload and/or low staffing levels. However, it can be seen in table 3.8 that there has been a downward trend in the overall percentage of reports for additional hours, from 95% (2019/20) to 70% (2021/22).
- 3.8.2 Conversely there has been an increase in the number of exception reports submitted for educational reasons this Quarter (n=13). These were split across ORC (n=8), NMGH (n=2), and WTWA (n=3). Five reports were submitted from foundation doctors who were unable to take their 2 hours per week contractual self-development time. Eight reports were for missed educational opportunities due to low staffing levels or high workload resulting in doctors not being able to attend scheduled teaching or covering gaps on the on-call rota outside their sub-specialty.
- 3.8.3 18% 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 Exc	3.9 Reasons for Exception Reports by Year									
		No. of ex	ception reports	submitted in Q	uarter 4					
Reason	20	2019/20 2020/21 2021/22								
Clinical Reasons	7	5%	25	18%	10	4%				
High Workload	87	66%	50	36%	88	36%				
Lack of Service Support ²	-	-	6	4%	5	2%				
Late Ward Rounds	6	5%	1	1%	2	1%				
Rota Issues	-	-	-	-	7	3%				
Staffing Levels	31	25%	57	41%	133	54%				
Total	131		139		245					

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² Lack of service support includes known gaps on the rota, IT issues and delays in getting sample results



- 3.9.1 In this quarter, the primary reasons noted for exception reports were low staffing levels (54%), and high workload (36%).
- 3.9.2 Over the past three years the number of exception reports submitted due to low staffing levels has more than doubled, from 25% (2019/20) to 54% (2021/22) and this ties in with the increased bank and agency spend over the same period.

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
5	126.52	47.45	79.07

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
5	173.34	65.01	108.33

- 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 four fines were levied:
 - two in Child and Adolescent Mental Health Services, where on two occasions a doctor was unable to take 5 hours continuous rest whilst working non-resident on-call; and
 - two in Plastic Surgery, one report was because a doctor worked longer than a 13-hour shift whilst in theatre and the second was because on another occasion the same doctor was unable to take 5 hours continuous rest whilst working non-resident on call due to an ill patient.

The total fines levied were £2,985.02 of which £1,119.43 was paid to the doctors with £1,865.59 credited to the GoSW fund.

3.10.6 The GoSW fund currently stands at £1,865.59.

4. Establishment Figures and Vacancies (Quarter 4)

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 July 2022.

	Academic	Academic	Foundation	Foundation	GP	Higher	Lower	Grand	١	/acancies	
4.1 NMGH Establishment & Vacancies	Clinical Fellow	Clinical Lecturer	1	2	Specialty Training	Training (St3+)	Training (CT/ST 1/2)	Total	Jan	Feb	Mar
North Manchester General Hospital (R0A66)											
Acute Care Common Stem - Intensive Care Medicine							1	1			
Acute Care Common Stem - Internal Medicine							1	1			
Acute internal medicine						1		1			
Anaesthetics	1					8		9			
Cardiology	1							1			
Clinical Radiology						8	1	9		2	2
Core anaesthetics training							8	8		1	1
Core surgical training							8	8	2	4	4
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	2
Genito-urinary Medicine						1		1			
Geriatric Medicine						2		2			
Infectious Diseases						10	1	11			
Intensive Care Medicine						4		4		1	1
Internal Medicine Stage One							25	25	2	2	2
Obstetrics and gynaecology					7	10	4	21		1	1
Oral and maxillofacial surgery						4		4			
Paediatrics					13	3	3	19			
Respiratory Medicine		1				3		4			
Rheumatology		1				1		2			
Trauma and Orthopaedic Surgery						2		2			
Grand Total	2	2	36	31	30	62	59	222	5	12	13

	Academic	Academic	0	Farm dation	Farm dation	GP	Higher	Lower	C		Vacancies	
4.2 ORC Establishment & Vacancies	Clinical Fellow	Clinical Lecturer	Training		Foundation 2	Specialty Training	Training (St3+)	Training (St1/2)	Grand Total	Jan	Feb	Mar
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	8	3	40	40	12	145	80	335	19	14	17
Acute Care Common Stem - Anaesthetics		ĺ						5	5			
Acute Care Common Stem - Emergency Medicine	1							3	4			
Acute Care Common Stem - Intensive Care Medicine								3	3			1
Acute Care Common Stem - Internal Medicine								4	4			
Acute internal medicine						1	2		3	2	1	1
Anaesthetics		1					23		24			
Audio Vestibular Medicine							2		2			
Cardiology	1	1					7		9			
Cardiothoracic surgery	_	_					3		3	3	3	3
Chemical Pathology							1		1			
Clinical Radiology							11	3	14	2		
Core anaesthetics training							11	7	7			
Core medical Training	1							,	1			
Core surgical training	1							15	15	4	2	2
Dental Core Training								7	7	4		2
		1				2	7	/			1	
Emergency Medicine		1				3	-		11		1	
Endocrinology and Diabetes Mellitus		1		40	40	1	3		5			1
Foundation				40	40				80			
Gastroenterology		1					4		5			_
General Surgery							10		10		2	2
Genito-urinary Medicine							4		4	1	1	1
Geriatric Medicine						4	2		6			
Haematology							6		6			
Histopathology							5	8	13	3	1	1
Immunology							1		1			1
Intensive Care Medicine							16		16	1		
Internal Medicine Stage One	3		3					24	30		1	1
Medical Microbiology							4		4			
Nuclear Medicine							2		2			
Oral and maxillofacial surgery							4		4	1	2	2
Otolaryngology							3		3			
Paediatric emergency medicine						2			2			
Renal Medicine	1	1					9		11			1
Respiratory Medicine						1	2		3			
Rheumatology		2					3	1	6			
Trauma and Orthopaedic Surgery							2		2			
Urology							2)			
Vascular Surgery							7			1		
							*		,			

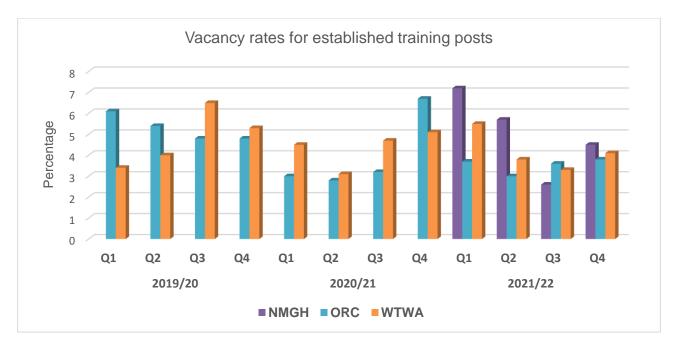
4.2 ORC Establishment & Vacancies (cont'd)	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training		Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Jan	Vacancies Feb	Mar
MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (R0A01)	2						11	9	22			
Child and adolescent psychiatry	1						11		12			
Core psychiatry training	1							9	10			
ROYAL MANCHESTER CHILDREN'S HOSPITAL (R0A03)	4	2			4	4	86	31	131	4	3	8
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						2		3	1	1	1
Otolaryngology							1		1			
Paediatric and Perinatal Pathology		1					2		3			
Paediatric Surgery							8		8	3	2	1
Paediatrics	2	1				4	32	28	67			6
Plastic Surgery							1		1			
Trauma and Orthopaedic Surgery							5		5			
ST MARY'S HOSPITAL (R0A05)	4	8			2	10	26	12	62	1	2	2
Clinical Genetics	2	1					5		8	1	1	1
Foundation					2				2			
Obstetrics and gynaecology	1	7				10	15	5	38			
Paediatrics	1						6	7	14		1	1
University Dental Hospital of Manchester (R0A06)	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	24	3	40	46	26	299	144	609	24	19	27

A 2 M/TMA Franklish was 4 0 Marsonia		Academic	Core	Foundation	Foundation	GP Consider	Higher	Lower	Grand	V	acancies	
4.3 WTWA Establishment & Vacancies	Clinical Fellow	Clinical Lecturer	Training	1	2	Specialty Training	Training (St3+)	Training (St1/2)	Total	Jan	Feb	Mar
TRAFFORD GENERAL HOSPITAL (R0A09)	3			6		2	10	4	25	1	1	1
Acute internal medicine							2		2			
Emergency Medicine						1			1			
Endocrinology and Diabetes Mellitus							1		1			
Foundation				6					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		1	1
Rheumatology							1		1		_	
Trauma and Orthopaedic Surgery							1		1			
WITHINGTON COMMUNITY HOSPITAL (ROAOS)							2		2	0	0	0
Genito-urinary Medicine							1		1			0
Rehabilitation Medicine							1		1			
WYTHENSHAWE HOSPITAL (ROA07)	10	9	5	36	36	24	151	77	348	12	15	16
Acute Care Common Stem - Anaesthetics	10	9	3	30	30	24	191	1	340	12	12	10
									1			
Acute Care Common Stem - Emergency Medicine								3	3			
Acute Care Common Stem - Intensive Care Medicine								1	1			
Acute Care Common Stem - Internal Medicine								3	3			
Acute internal medicine							2		2			
Allergy	_						2		2	1	1	1
Anaesthetics	2						23		25	1		
Cardiology		1					6		7			
Cardiothoracic surgery		1					5		6		1	1
Chemical Pathology							1		1			
Clinical Radiology							10	2	12	1	2	2
Core anaesthetics training								10	10			
Core surgical training								16	16	2	2	2
Dental Core Training								5	5			
Emergency Medicine	1					5	9		15			
Endocrinology and Diabetes Mellitus						2	1		3			
Foundation				36	36				72			
Gastroenterology							3		3			
General (internal) Medicine	3								3			
General Surgery		1					7		8			1
Geriatric Medicine						7	4		11			
Histopathology							4		4	1	1	1
Intensive Care Medicine							20		20		3	3
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						3	2	3	2			
Orthodontics							3		3			
Otolaryngology							2		2		1	1
Paediatrics	1					5	7	3	16		1	1
Plastic Surgery	1	1				J	14	3	16	4	3	3
Renal Medicine	1	1					1		10	4	3	3
		3							11			
Respiratory Medicine		1					8					
Rheumatology		1					2		3	4		
Trauma and Orthopaedic Surgery							4		4	1		
Urology	13	9	5	42	36	26	2 163	81	3 375	13	16	17

4.4 Less Than Full Time (LTFT) Trainees by Hospital / Managed Clinical Service (MCS) **Establishment** No. LTFT trainees **Hospital / MCS Percentage LTFT** North Manchester General Hospital 222 29 13% Manchester University Foundation Trust 22 6 27% Manchester Royal Eye Hospital 26 3 12% Manchester Royal Infirmary 335 42 13% Royal Manchester Children's Hospital 54 41% 131 47% St Mary's Hospital 62 29 Trafford General Hospital 2 8% 25 33 University Dental Hospital of Manchester 1 3% 2 Withington Community Hospital -Wythenshawe Hospital 348 57 16% **MFT Group Total** 1206 223 18%

4.4.1 The vacancy rate for established training posts has increased this Quarter from an average of 3.17% (Q3) to 4.1% 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 18% of training posts (n=223) 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 St Mary's and the Children's Hospitals where LTFT trainees account for 47% and 41% of all trainees, respectively (see table 4.4 above).

4.5 Vacancy Ra	4.5 Vacancy Rate against Establishment												
	2019/	20	202	0/21	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%	3.8%	4.1%						



- 4.5.1 This Quarter has seen an increase in the vacancy rates across all sites. The most marked increase is at NMGH from 2.6% (Q3) to 4.5% (Q4), which results in NMGH having the highest vacancy rate once again across the Group.
- 4.5.2 NMGH is carrying most vacancies in Core Surgical Training, whereas at the MRI most vacancies are in Cardiothoracic Surgery, along with Plastic Surgery at Wythenshawe and Paediatrics 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 4.
- 4.5.4 The total use of locums (as measured in hours paid) has increased by c.55,000 hours from 111,633 (Q3) to 167,055 (Q4). It was documented that 'vacancy' accounted for 79% of locum bookings, with 'site pressures' and 'workload increases' combined accounting for 7%, 'COVID-19' accounting for 5% 'sickness' accounting for 3%, and 'emergency department support shift' accounting for 2%. The reasons for using locums remained constant from Q3 to Q4.

5. Overall Summary for Quarter 4

- 5.1 A total of 172 exception reports were submitted during this Quarter by 63 doctors, which is a decrease of 37 reports from Q3. The number of doctors actively using the exception reporting system to raise concerns continues to be very small proportion (c. 4%) of the overall junior doctor cohort.
- 5.2 Fifteen exception reports were recorded as 'immediate safety concerns' by the reporting doctor and these were escalated in real time to the relevant clinical/site leads to ensure contingency plans were put in place to ensure patient and doctor safety.
- 5.3 The 172 exception reports were split across the three sites as follows: NMGH 14; ORC 87; and WTWA 71. This highlights that reporting levels are still significantly lower at NMGH (6.3%) than at ORC (14.3%) and WTWA (19%), despite NMGH having the highest vacancy rate.

- 5.4 The Medical Director, Director of Medical Education and HR Director at NMGH are working tirelessly to raise awareness of exception reporting and actively encourage doctors to exception report. This strong culture of trainee engagement is a key factor in apparent trainee satisfaction and the low rate of exception reporting is arguably an inverse surrogate marker of this. To further encourage a culture of exception reporting the GoSW has attended several handover meetings and spent time on site getting to know the junior doctors and supported the roll out of Allocate for exception reporting to NMGH, effective from 1st April. The move to one exception reporting system for the Trust will enable future GoSW quarterly reports to report exception reports by individual hospital site / managed clinical service.
- In line with previous reports, most exception reports (57%) were from foundation doctors. The GoSW will continue to encourage LED to exception report, via regular information sessions. The North West Guardians of Safe Working Network met in March and agreed to collectively request Allocate upgrade their exception reporting system to include the LED grade option as the majority of Trusts in the North West have now extended the right to exception report to LED.
- 5.6 Consistently over the past three years, the primary reason for exception reporting is where trainees are required to work beyond their contracted hours. Reports for low staffing levels have doubled since 2019 and this correlates with the increased bank and agency spend, where 79% of locum shifts worked are to cover vacancies, however, on average 34% of these rota gaps remained unfilled, even with escalated rates continuing in certain specialties. This is compounded by the fact that 18% of all training posts are now filled by LTFT trainees, with St Mary's and the Children's Hospitals at over 40%. This demands proactive recruitment to non-training grade posts.
- 5.7 The trend analysis of exception reports by speciality for 2019/20, 2020/21 and 2021/22, shows that 11 specialties were above average in Quarter 4, with five work schedule reviews and four fines being levied. The outlier specialty is Medicine at MRI (FY1) and WTWA (FY1 and junior grade) and the challenges identified via exception reporting will be highlighted at the Medical Directors Workforce Board and sites asked what plans are in place to mitigate. The GoSW will continue to monitor these specialties, however, from the reports submitted there are no overriding safety concerns.
- 5.8 The Junior Doctors' Forum met twice in Quarter 4. Concerns raised by the junior leaders focussed on workforce gaps and a perceived lack of parity in locum rates across specialties/sites. Work on the exception reporting survey action plan has continued with a GoSW presentation at the RMCH Workforce Board (Consultants); a presentation to LED in Obstetrics and Gynaecology at Wythenshawe; and attendance at induction sessions in February and March. The opportunity to have wellbeing discussions with doctors as part of the exception reporting process has been highlighted in these presentations.
- 5.9 The GoSW met with doctors and clinical leaders in Gastroenterology and Cardiology at WTWA to discuss the concerns raised regarding workforce shortages. Both Departments have agreed action plans to address the shortfall in staffing levels and the GoSW will continue to monitor exception reports received in these areas.

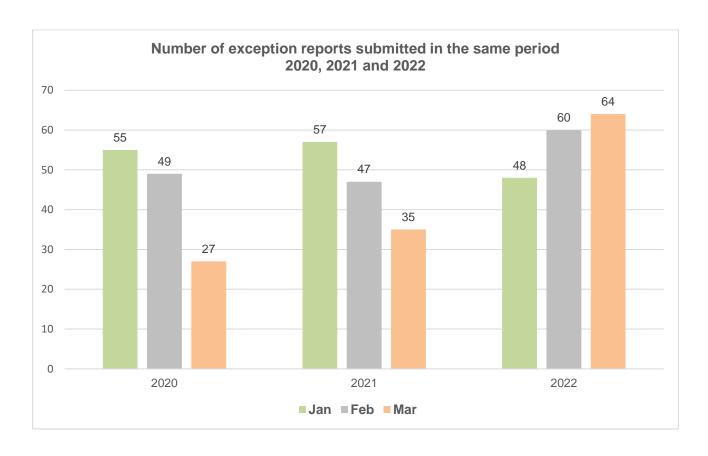
APPENDIX 1

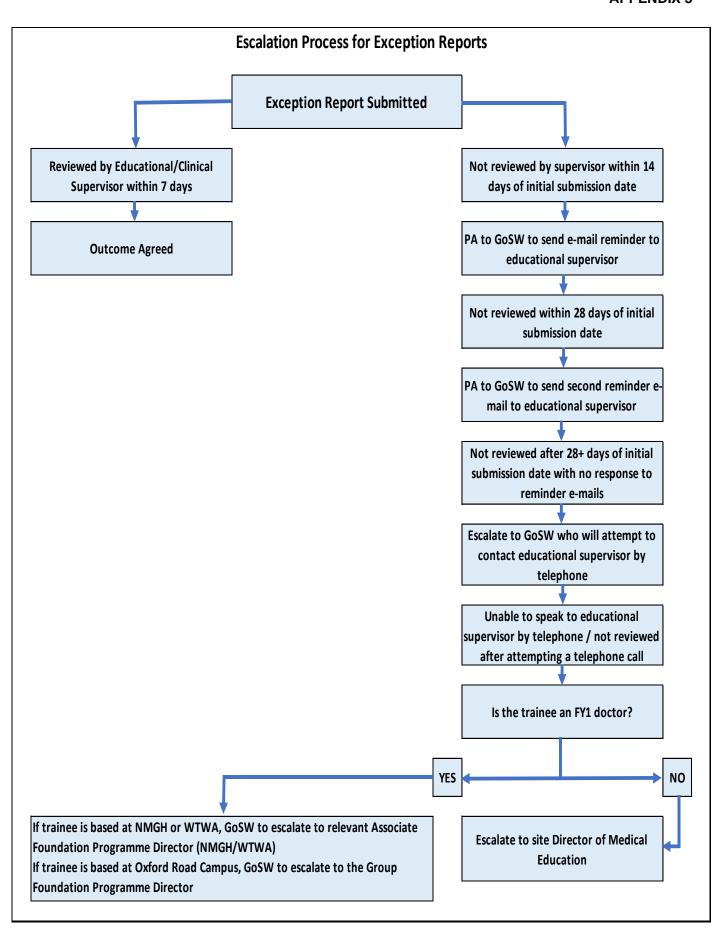
Total number of exception reports submitted each month (Period January 2019 – March 2022)

Month	Total number of exception reports raised	Total number of exception reports closed at time of report
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	65
November 2021	63	63
December 2021	81	81
January 2022	48	48
February 2022	60	60
March 2022	64	46
Total	1638	1620

Comparison of number of exception reports submitted for Jan - Mar 2022 against the same period in 2020 and 2021.

Date	Jan	Jan	Jan	Feb	Feb	Feb	Mar	Mar	Mar
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Number of Exception Reports	55	57	48	49	47	60	27	35	64





Locum Bookings (Period 01/01/22 – 31/03/22)

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)	8,902	5,349	49,131	49,131							
CSS - Adult Clinical Research Facility - Medical Rota	6	2	31	4							
CSS - Anaesthetics WTWA - Senior Rota	56	46	449	364							
CSS - Critical Care - Junior & Senior Rota	82	67	931	759							
CSS - General Anaesthetics MRI - Medical Rota	314	242	3,319	2,475							
CSS - Histopathology MRI - Medical Rota	109	84	824	624							
CSS - Microbiology and Virology - Medical Rota	154	103	1,102	678							
CSS - Neurophysiology - Consultant Rota	31	26	145	103							
CSS - Nuclear Medicine MRI - Medical Rota	9	6	65	48							
CSS - Radiology RMCH, MRI & WYTH - Medical Rota	38	35	319	307							
DH - Dental Core - Consultant Rota	3	3	38	38							
DH - Dental Core - Junior & Senior Rota	114	104	1,226	1,120							
Medical Staff - Breast Care	8	-	57	-							
MLCO - Community Learning Disability Team - Consultant Rota	39	10	312	80							
MLCO - GP - Consultant Rota	102	102	716	716							
MLCO - Trafford CCHS - Medical Rota	38	17	342	153							
MRI - ACU - Medical Rota	329	306	2,394	2,254							
MRI - Cardiac Surgery - Senior Rota	85	80	942	879							
MRI - Cardiology - Junior & Senior Rota	179	141	1,675	1,323							
MRI - CMDU - Medical Rota	39	34	238	208							
MRI - Emergency Medicine - Junior & Senior Rota	693	412	6,604	3,890							
MRI - ENT, Urology & CT – Junior Rota	146	113	1,315	1,043							

Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
MRI - Gastroenterology - Junior, Senior and Consultant Rota	62	47	559	424
MRI - General Medicine - Consultant Rota	352	261	2,816	2,088
MRI - General Medicine - Junior & Senior Rota	1,265	1,077	10,957	9,296
MRI - Haematology - Medical Rota	201	151	1,810	1,311
MRI - MRI Corporate - COVID 19	7	2	48	13
MRI - R&I Covid 19 Vaccine Research - Medical Rota	42	17	357	164
MRI - Renal Medicine - Senior Rota	30	26	392	320
MRI - Transplant - Medical Rota	1	-	12	-
MRI - Urology - Consultant & Senior Rota	17	12	251	172
MRI & TGH - General Surgery & HPB - Consultant Rota	274	198	2,299	1,776
MRI & TGH - General Surgery & HPB - FY1 Rota	21	13	166	97
MRI & TGH - General Surgery & HPB - Junior Rota	107	70	871	588
MRI & TGH - General Surgery & HPB - Senior Rota	41	24	380	227
MRI & WH - Vascular Surgery - Senior Rota	20	18	243	220
MRI, RMCH & SRFT - ENT - Senior Rota	31	31	227	227
NMGH - (blank)	11	-	102	-
NMGH - A&E	1,132	663	10,468	5,841
NMGH - Acute Care and Common Stem	1	-	2	-
NMGH - Acute Medicine	618	502	5,408	4,045
NMGH - Ambulatory Care	144	126	1,041	952
NMGH - Anaesthetics	202	180	2,037	1,442
NMGH - Breast	3	3	27	30
NMGH - Breast Surgery	89	80	675	659
NMGH - Cardiology	63	20	473	118
NMGH - Care of the Elderly	91	45	683	244

No. of shifts No. of shifts No. of hours						
Specialty	requested	paid	requested	No. of hours paid		
NMGH - Emergency Medicine	74	57	653	478		
NMGH - Emergency Medicine - Medical Rota	2	-	21	-		
NMGH - Endocrinology and Diabetes	76	76	694	693		
NMGH - Gastroenterology	25		188	-		
NMGH - General Surgery	547	486	5,174	4,519		
NMGH - Gynaecology	9	4	87	52		
NMGH - Infectious Diseases	105	101	547	488		
NMGH - Intensive Care	365	315	4,226	3,191		
NMGH - ITU (08)	28	28	331	339		
NMGH - Maternity	1	-	12	-		
NMGH - Medicine	3,123	1,983	25,150	14,545		
NMGH - Obstetrics and Gynaecology	271	110	2,760	1,023		
NMGH - Oral and Maxillofacial Surgery	137	94	1,608	1,143		
NMGH - Orthogeriatrics	167	133	1,253	798		
NMGH - Orthopaedic and Trauma Surgery	535	343	4,394	2,225		
NMGH - Paediatric A&E	60	54	645	558		
NMGH - Paediatric Allergy	1	-	10	-		
NMGH - Paediatrics	12	-	134	-		
NMGH - Paediatrics and Neonates	807	453	7,314	3,806		
NMGH - Respiratory	63	63	473	504		
NMGH - Urology	137	128	1,165	1,108		
REH - Medical Rota	260	147	2,477	1,347		
RMCH - CAMHS - Junior and Senior Rota	45	38	840	712		
RMCH - Emergency Medicine - Medical Rota	268	217	2,167	1,735		
RMCH - General Paediatrics - Consultant Rota	4	-	40	-		

Locum Bookings (Bank & Agency) by Specialty						
Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid		
RMCH - General Paediatrics - Junior Rota	18	6	182	66		
RMCH - General Paediatrics - Senior Rota	92	36	1,011	365		
RMCH - Oncology Haematology - Medical Rota	6	3	29	15		
RMCH - Paediatric Anaesthesia - Medical Rota	27	17	319	194		
RMCH - Paediatric Cardiology - Consultant Rota	4	-	82	-		
RMCH - Paediatric Gastroenterology - Consultant Rota	15	2	248	16		
RMCH - Paediatric Neurosurgery - Medical Rota	20	20	268	268		
RMCH - Paediatric Orthopaedics - Medical Rota	30	21	252	180		
RMCH - Paediatric Surgery - Junior Rota	28	27	295	291		
RMCH - Paediatric Surgery - Senior Rota	66	60	523	467		
RMCH - Paediatric Urology - Medical Rota	1	1	10	10		
RMCH - Paediatrics - Consultant Rota	8	-	100	-		
RMCH - Paediatrics - Junior & Senior Rota	203	84	2,007	852		
RMCH - PICU - Consultant Rota	4	3	53	41		
RMCH - PICU - Senior Rota	51	38	649	486		
RMCH - PICU Transport NWTS - Medical Rota	89	76	773	658		
RMCH - Research and Innovation - Medical Rota	161	158	1,250	1,226		
RMCH - Tertiary Paediatrics - Junior Rota	16	11	121	79		
RMCH - WTWA Paediatrics - Junior Rota	14	10	87	65		
RMCH - WTWA Paediatrics - Senior Rota	62	50	652	513		
RMCH - General Paediatrics - Junior Rota	18	6	182	66		
RMCH - General Paediatrics - Senior Rota	92	36	1,011	365		
SMH - Neonates - Medical Rota	47	27	526	292		
SMH - NICU - Medical Rota	19	18	212	207		
SMH - Obstetrics - Medical Rota	5	3	37	12		

Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
SMH - Obstetrics & Gynaecology ORC - Medical Rota	188	118	1,636	891
SMH - Obstetrics & Gynaecology WTWA - Junior & Senior Rota	138	98	1,356	937
SMH - Reproductive Medicine - Medical Rota	6	5	19	16
TGH - General Medicine - Consultant Rota	108	103	946	912
TGH - General Medicine - FY1, Junior & Senior Rota	236	151	1,936	1,220
TGH - INRU - Medical Rota	73	46	584	368
TGH - Urgent Care - Medical Rota	161	121	1,993	1,489
WTWA - Cardiology - Senior Rota	35	33	340	316
WTWA - Cardiothoracic - Junior & Senior Rota	66	40	741	494
WTWA - Dermatology - Consultant Rota	63	37	492	284
WTWA - Emergency Medicine - Consultant Rota	21	21	166	166
WTWA - Emergency Medicine - Junior & Senior Rota	962	453	8,036	3,962
WTWA - ENT –Junior, Senior & Consultant Rota	59	43	544	375
WTWA - Gastroenterology - Consultant Rota	108	99	677	605
WTWA - General Medicine - AMRU ACPs	6	2	39	7
WTWA - General Medicine - Consultant Rota	227	170	1,807	1,351
WTWA - General Medicine - Junior Rota	969	612	7,808	4,735
WTWA - General Medicine - Senior Rota	114	66	1,096	615
WTWA - General Surgery - Junior & Senior Rota	64	54	717	596
WTWA - Respiratory - Senior Rota	115	19	982	179
WTWA - Trauma & Orthopaedics - Junior & Senior Rota	199	142	2,083	1,544
WTWA - Trauma & Orthopaedics TGH & MRI - Medical Rota	275	181	2,638	1,792
WTWA - Urology - Senior Rota	6	5	84	72
WTWA & MRI - Max Fax - Junior Rota	56	53	539	498
WTWA & MRI - Max Fax - Senior & Consultant Rota	53	33	787	472

Locum Bookings (Bank & Agency) by Specialty						
Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid		
WTWA & RMCH - Burns & Plastics - Consultant Rota	22	21	221	212		
WTWA & RMCH - Burns & Plastics - Junior Rota	44	34	390	309		
WTWA & RMCH - Burns & Plastics - Senior Rota	57	47	768	630		
zzMedical Test Ward - Rostering Only	1	-	16	-		
Grand Total	28,841	19,156	225,951	167,055		

Locum Bookings (Bank & Agency) by Grade					
Grade	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid	
(blank)	8,913	5,349	49,233	49,131	
Associate Specialist	3	3	36	38	
Clinical Fellow	12	5	107	39	
Consultant	2,965	2,294	25,240	18,848	
CT1	2	2	25	25	
DCT	46	46	403	403	
FY1	926	565	7,307	4,178	
FY2	233	173	2,089	1,435	
Locum Consultant	1,736	1,221	14,371	9,768	
Locum GP	235	159	1,616	1,124	
Locum Junior	4,882	3,471	42,409	29,857	
Locum Senior	3,348	2,275	33,271	22,819	
Registrar	962	558	8,252	4,420	
RMO-SPR	2,608	1,613	22,657	12,090	
Specialist Registrar	1,267	896	12,309	7,976	
Specialty Doctor	326	232	2,999	2,058	
ST1	5	-	55	-	
ST2	1	1	8	8	
ST3	4	4	53	53	
ST3-ST8	314	238	3,009	2,299	
z-Reuse me a	53	51	503	486	
Grand Total	28,841	19,156	225,951	167,055	

Locum Bookings (Bank & Agency) by Reason	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours
Annual Leave	10	-	38	-
ANP Cover	48	16	239	118
Compassionate/Special Leave	44	40	340	323
COVID Recovery	20	16	30	18
COVID-19 Additional Staff	808	645	6,860	5,527
COVID-19 Isolation	401	213	3,655	1,893
ED Support Shift - Medical Staff Only	646	439	6,137	4,141
Enhanced Care	2	2	13	13
Escalation	34	23	423	293
Escalation 1	216	174	1,443	1,236
Initiative	104	98	850	797
Maternity	12	12	158	158
None given	32	-	-	-
Planned Leave	54	45	516	431
Restricted Duties	98	38	709	410
Self-Isolation COVID-19 Auto Approved	288	128	1,966	1,386
Sickness	804	470	7,213	4,449
Site Pressures	1,464	664	7,957	4,864
Study Leave	4	2	19	10
Study Leave - Induction	16	4	92	48
Theatre Unplanned Overrun	1	1	14	14
Training	4	3	43	34
Unplanned Leave	14	8	153	79
Vacancy	22,321	15,057	176,222	132,581
Vaccine Delivery - Covid	4	3	10	8
Vaccine Training	1	-	10	-
Winter Pressure 2020-22	54	33	243	164
Workload Increased	1,337	1,022	10,600	8,061
Grand Total	28,841	19,156	225,951	167,055
Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested)	66%			

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	167,055		

