

**MANCHESTER UNIVERSITY NHS FOUNDATION TRUST**  
**MEDICAL DIRECTORS' WORKFORCE BOARD**

<b>Report of:</b>	Miss Toli Onon
<b>Paper prepared by:</b>	Karen Fentem
<b>Date of paper:</b>	October 2022
<b>Subject:</b>	Annual Report from the Guardian of Safe Working (August 2021 - July 2022)
<b>Purpose of Report:</b>	<p>Indicate which by ✓ <b>(tick as applicable-please do not remove text)</b></p> <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Accept</li> <li>• Resolution</li> <li>• Approval</li> <li>• Ratify</li> </ul>
<b>Consideration against the Trust's Vision &amp; Values and Key Strategic Aims:</b>	<p>Building an organisation that:</p> <ul style="list-style-type: none"> <li>• Excels in quality, safety, patient experience, research innovation and teaching</li> <li>• Attracts, develops, and retains great people</li> </ul>
<b>Recommendations:</b>	That the Medical Directors' Workforce Board notes the content of this report
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# Annual Report from the Guardian of Safe Working August 2021 – July 2022

## 1. Executive Summary

- 1.1 This is the annual report for the training 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 (TCS). 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.
- 1.2 The TCS requires the GoSW to submit an annual report directly to the Trust Board or through a committee of the Board. Within the Trust, the HR Scrutiny Committee is the designated committee to receive these reports.
- 1.3 COVID continued to have an impact upon the junior doctors' (and all other staff groups) working lives and training experience this year, although this has waned in recent months. There were several months when infection rates surged, patient numbers escalated very quickly, and staff sickness absence levels increased. In addition, the Trust's recovery plans have increased activity in some specialities and together these factors heightened workforce pressures.
- 1.4 A total of 810 exception reports (ERs) were received in the year 2021/22, equating to an average of 67 per month and more than double the number of reports submitted in 2020/21. These were from 185 individual doctors (16% of the junior doctor workforce), the majority of whom are on the foundation training programme.
- 1.5 The most common reason for exception reporting continues to be late finishes due to gaps in rotas from vacancies and/or high workload. To address the workforce gaps, and in the context of low junior doctor morale and high bank/agency costs borne by the Trust, an additional 80 international clinical fellows were recruited in August 2022. Recruitment to fill vacancies has been challenging this year and additional action will still be required to mitigate gaps, particularly with more doctors opting to work less than full time (LTFT), thereby creating more gaps in rotas.
- 1.6 There was still some reticence from doctors to submit ERs and this was evidenced in the findings from the trainee exception reporting survey in December 2021, with 36% of respondents saying they felt inhibited from exception reporting and a further 17% feeling unsure. The JDF agreed an action plan in response to the survey; the impact of which has been increased exception reporting. A follow-up survey is planned for November 2022.
- 1.7 A survey of educational and clinical supervisors found that 60% of respondents were either "not very" or "not" confident in responding to ERs. To address this the GoSW is producing an e-learning module and hints and tips guide.
- 1.8 Throughout the year the GoSW has continued to raise junior doctors' and clinical/educational supervisors' awareness and engagement with exception reporting via attendance at the Junior Doctors' Forum; Medical Education Committees; presentations; surveys; videos; workshops; inductions; teaching sessions; and joint events with the Freedom to Speak Up Guardian. This has

resulted in a positive cultural shift, with greater recognition from hospitals/MCS of the value of real-time trainee feedback elicited from exception reports and how this can result in mutually beneficial improvements.

**2. High Level Data (@ 16 September 2022)**

Number of established training posts:	
• North Manchester General Hospital (NMGH)	<b>225</b>
• Oxford Road Campus (ORC)	<b>609</b>
• Wythenshawe, Trafford, Withington, and Altrincham (WTWA)	<b>382</b>
Average number of established training posts in 2021/22	<b>1216</b>
Average number of doctors/dentists in training on 2016 TCS in 2021/22	<b>1156</b>
Average number of less than full-time doctors/dentists in training in 2021/22	<b>230</b>
Total number of locally employed junior doctors (LED)	<b>366</b>
Amount of time available for the Guardian to do the role per week	<b>26 hrs</b>
Administrative support provided to the Guardian per week	<b>22.5 hrs</b>
Amount of job planned time for educational supervisors	<b>0.25 PA</b>

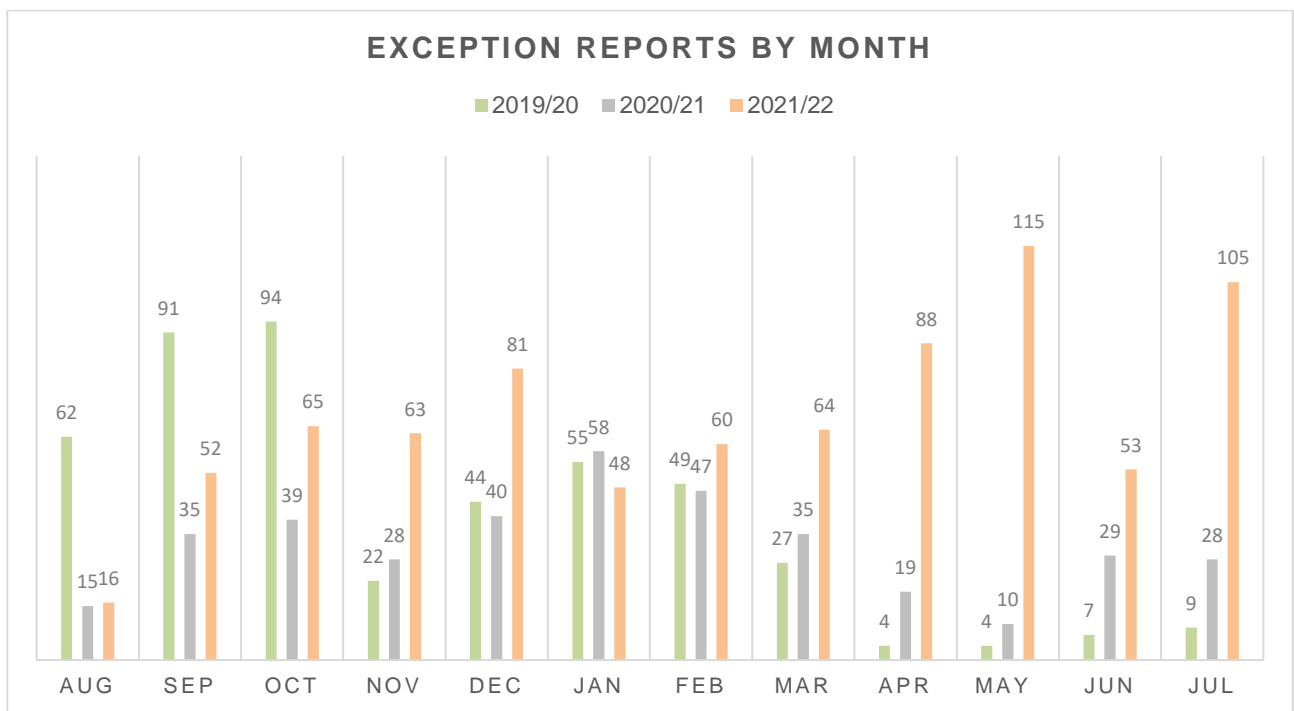
**3. Annual Data Summary (August 2021 – July 2022)**

Total number of exception reports received				<b>810</b>
Number reported as an immediate safety concern				<b>53</b>
Number relating to:	Hours of working	<b>619</b>	Educational opportunities	<b>66</b>
	Pattern of work	<b>33</b>	Service support available to the doctor	<b>92</b>
Total number work schedule reviews				<b>62</b>

Please note that the data presented in this report is for the ‘training’ year August 2021 to July 2022, as opposed to the financial year. The data was extracted on 16 September 2022 from the exception reporting systems: Doctors Rostering System (DRS4) for NMGH (for the period 1 August 2021 to 31 March 2022), and Allocate HealthMedics System for ORC, WTWA and NMGH (from April 2022 onwards).

For each subsection 3.1 to 3.9, the data is presented with a short explanation to provide context, interpretation and draw conclusions. The overall summary is presented in section 6.

3.1 Exception Reports Submitted by Month by Year			
Month	2019/20	2020/21	2021/22
August	62	15	16
September	91	35	52
October	94	39	65
November	22	28	63
December	44	40	81
January	55	58	48
February	49	47	60
March	27	35	64
April	4	19	88
May	4	10	115
June	7	29	53
July	9	28	105
<b>Total</b>	<b>468</b>	<b>383</b>	<b>810</b>



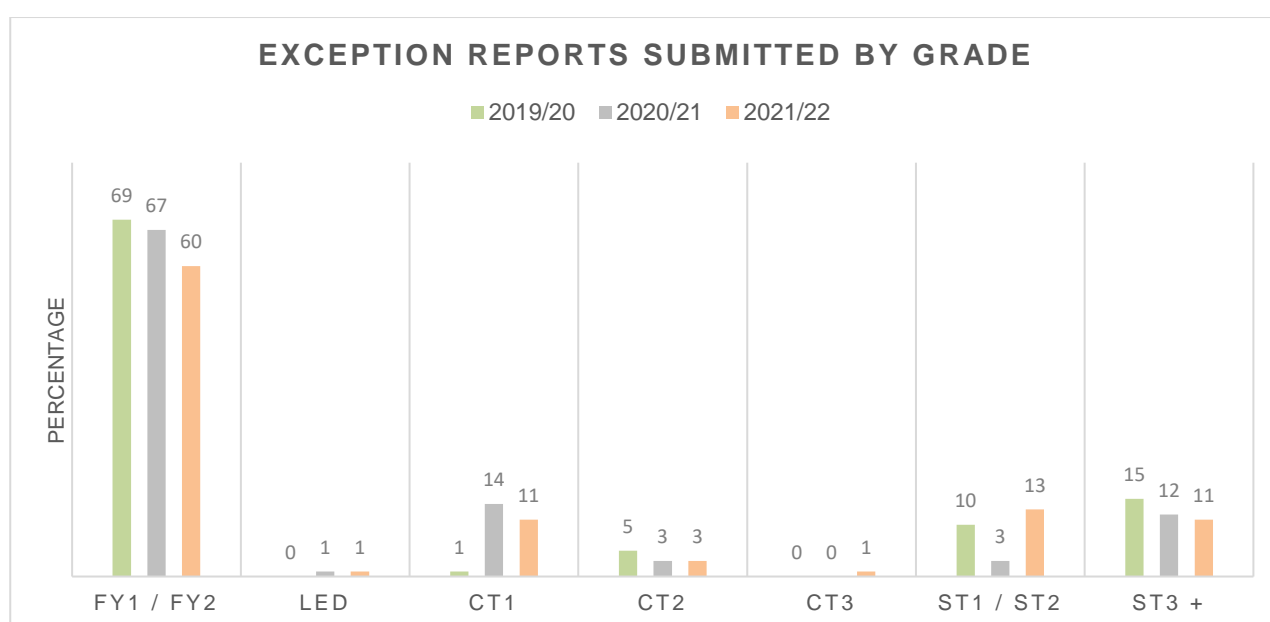
3.1.1 A total of 810 ERs were received in the year 2021/22, equating to an average of 67 per month. This is more than double the number of reports submitted in 2020/21. This upward trend in exception reporting could be attributed to several factors, including:

- increased awareness of exception reporting throughout the Trust
- junior doctors are being encouraged to submit exception reports at departmental level because it is acknowledged they are working in an environment of constrained workforce capacity under greater pressures than ever
- increased workload pressures in certain specialties linked to COVID (recovery plans and/or increased patient numbers)

- increased staff sickness absence leaving gaps in the rota
- ongoing rota gaps
- the number of junior doctors in training on the 2016 TCS has increased by 11% with the acquisition of NMGH, going from 1,038 in 2020/21 to 1,156 in 2021/22
- increased reporting levels at NMGH
- since September 2021 the number of locally employed doctors eligible to exception report has increased by 115% to 366

3.1.2 From the graph above, the number of exception reports submitted every month in 2021/22, apart from January, exceeded those received in the previous year. The monthly distribution of ERs peaked in December, April, May, and July. This could be attributed to there being an increase in the number of vacancies at ORC and WTWA throughout these months, reported in tables 4.2 and 4.3 below, compounded by the high demand for hospital services. Also, the increase seen in Spring/Summer may reflect the return to 'normal' for the junior doctors post-COVID.

3.2 Exception Reports by Grade by Year						
Grade	No. of exception reports submitted each year					
	2019/20		2020/21		2021/22	
FY1 / FY2	324	69%	259	67%	482	60%
Locally Employed Doctor	-	-	4	1%	6	1%
CT1	4	1%	52	14%	88	11%
CT2	22	5%	10	3%	26	3%
CT3	-	-	-	-	14	1%
ST1 / ST2	49	10%	12	3%	105	13%
ST3 +	69	15%	46	12%	89	11%
<b>Total</b>	<b>468</b>		<b>383</b>		<b>810</b>	

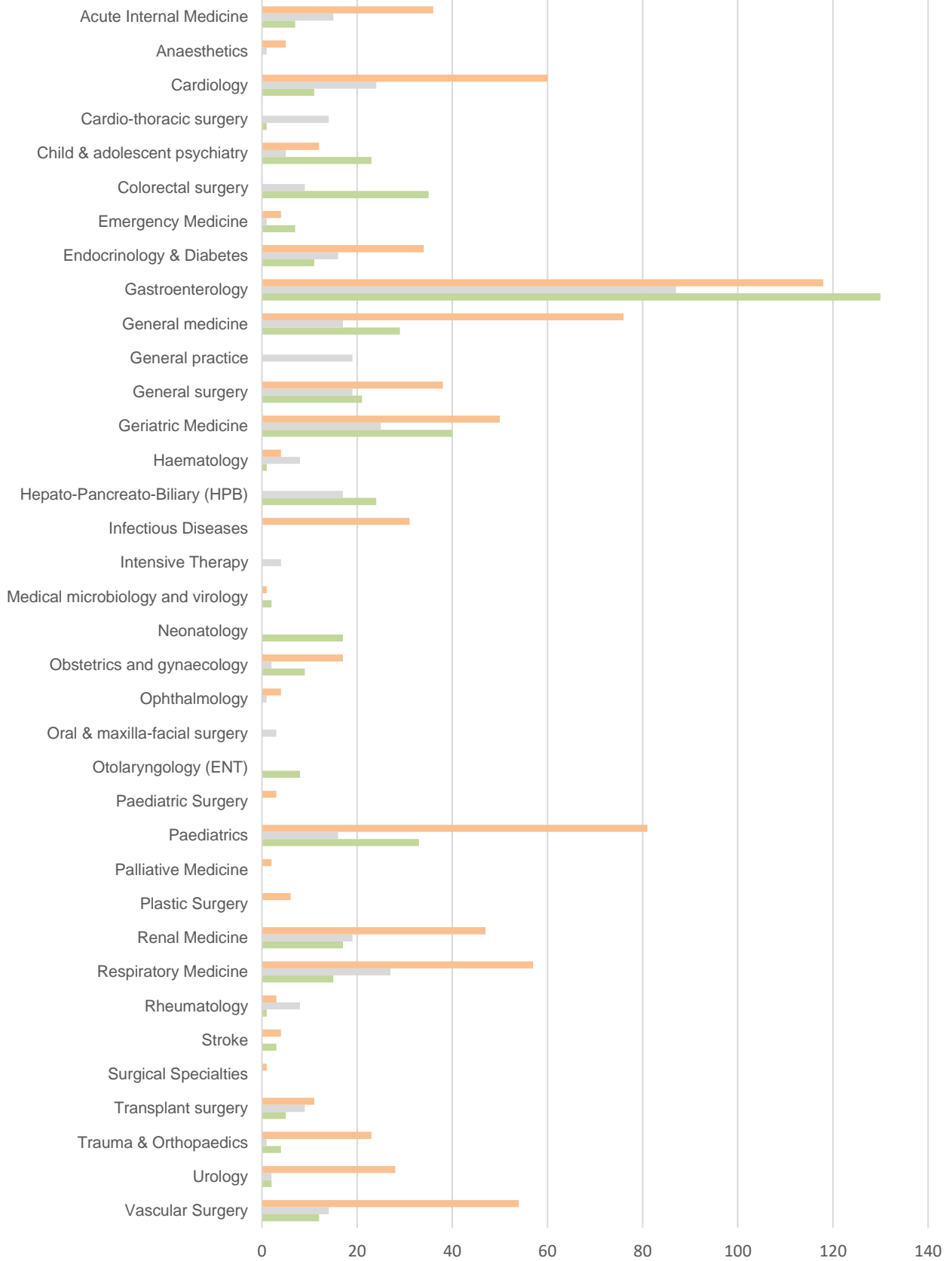


- 3.2.1 The 810 ERs submitted this year were from 185 individual doctors. This equates to 16% of the junior doctor workforce and has increased from 6% in 2020/21.
- 3.2.2 In line with previous years, most ERs (60%) were received from foundation doctors. The addition of a LED grade option in Allocate has been requested, however, this is yet to be resolved and therefore the number of exception reports submitted by LED cannot be reported separately. Reports from higher trainees are sporadic and although exception reporting has been part of the junior doctors' contract since 2016, there is still some reticence from doctors to submit ERs. This was evidenced in the findings from the trainee exception reporting survey in December 2021.
- 3.2.3 The full results from the exception reporting survey are included in Appendix 1. 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.
- 3.2.4 The Junior Doctors' Forum (JDF) agreed an action plan in response to the key areas for improvement. The key themes 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
- 3.2.5 Early indications are that the action plan has been successful, with increased numbers of ERs received post survey and raised awareness of the benefits of exception reporting amongst educational and clinical supervisors. The benefits identified include using ERs as evidence in business cases to recruit additional staff and as the impetus to redesign rotas. 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. A follow-up survey is planned for November 2022.
- 3.2.6 In addition to the trainee survey, the educational and clinical supervisors were invited to complete a survey, in July, about how confident they were in responding to ERs and what additional learning resources they wanted. There was a 20% response rate, with 40% of respondents stating they were confident to respond to ERs; however, 60% stated they were either "not very" or "not" confident. To address this, the GoSW has delivered some on-line workshops, is developing an e-learning module, and producing a hints and tips guide.

<b>3.3 Exception Reports by Specialty by Year</b>			
<b>Specialty</b>	<b>No. of exception reports submitted each year</b>		
	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Acute Internal Medicine	7	15	36
Anaesthetics	-	1	5
Cardiology	11	24	60
Cardio-thoracic surgery	1	14	-
Child & adolescent psychiatry	23	5	12
Colorectal surgery	35	9	-
Emergency Medicine	7	1	4
Endocrinology & Diabetes	11	16	34
Gastroenterology	130	87	118
General medicine	29	17	76
General practice	-	19	-
General surgery	21	19	38
Geriatric Medicine	40	25	50
Haematology	1	8	4
Hepato-Pancreato-Biliary (HPB)	24	17	-
Infectious Diseases	-	-	31
Intensive Therapy	-	4	-
Medical microbiology and virology	2	-	1
Neonatology	17	-	-
Obstetrics and gynaecology	9	2	17
Ophthalmology	-	1	4
Oral & maxilla-facial surgery	-	3	-
Otolaryngology (ENT)	8	-	-
Paediatrics	33	16	81
Paediatric Surgery	-	-	3
Palliative Medicine	-	-	2
Plastic Surgery	-	-	6
Renal Medicine	17	19	47
Respiratory Medicine	15	27	57
Rheumatology	1	8	3
Stroke	3	-	4
Surgical Specialties	-	-	1
Transplant surgery	5	9	11
Trauma & Orthopaedics	4	1	23
Urology	2	2	28
Vascular Surgery	12	14	54
<b>Total</b>	<b>468</b>	<b>383</b>	<b>810</b>

### EXCEPTION REPORTS BY SPECIALTY

2021/22 2020/21 2019/20





- 3.3.1 Gastroenterology received the highest number of ERs in each of the past three years, with 118 this year (96 at WTWA and 22 at ORC), because of high workload and low staffing levels resulting in late finishes on the wards. The GoSW met with the department leadership team at WTWA on several occasions throughout the year and was given assurances that additional clinical fellows and a physician associate were being recruited to address the junior doctors' concerns.
- 3.3.2 Paediatrics saw a significant increase in the number of ERs received, from 16 in 2020/21 to 81 in 2021/22. The majority of these (n=67) related to on-going gaps on the Hospital 24 rota at Oxford Road and because of the high numbers of ERs on this rota, this has been completely redesigned for implementation in September 2022.
- 3.3.3 In addition to gastroenterology and paediatrics, the specialties with the highest number of ERs were: general medicine, cardiology, respiratory medicine, vascular surgery, and geriatric medicine with numbers ranging from 50 to 76. It should be noted that these are absolute numbers and the variation in number of training posts in each specialty is not considered. To enable direct comparisons to be made, the average number of exception reports submitted per training post has been calculated and the specialties with the highest reporting levels were:

Specialty	Number of ERs	Number of training posts	Average number of ERs per training post
Gastroenterology	118	9	13
Vascular surgery	54	7	8
Acute internal medicine	36	8	5
Renal medicine	47	11	4
Endocrinology & Diabetes	34	9	4
Respiratory medicine	57	16	4
Urology	28	8	4

- 3.3.4 There are two indicators within the GMC trainee survey results which are of interest in the context of safe working, namely rota design and workload. . Each box in table 3.3.6 below contains a score out of 100, which represents how positively or negatively trainees answered the questions for that indicator. If the score is significantly negative compared to the national average, the box is highlighted red. Where it is negative but shares a confidence interval with the national average, the box is highlighted pink. The GoSW is supporting colleagues to develop action plans to address the red outliers related to rota design and workload.
- 3.3.5 When the GMC survey results are compared with the exception reporting data by specialty in table 3.3, there is a correlation between the data for cardiology, gastroenterology, general (internal) medicine and vascular surgery where high numbers of ERs were recorded. However, the number of ERs in emergency medicine, neonatal medicine, obstetrics and gynaecology, ophthalmology, and paediatric nephrology were low, despite low trainee satisfaction for rota design and/or workload in these specialties. The GoSW will continue to work with the clinical leadership teams to promote exception reporting within these specialties.

3.3.6 GMC Trainee Survey Results, 2018 - 2022						
Post Specialty	Site	Indicator	2018	2019	2021	2022
Cardiology	Wythenshawe Hospital	Rota Design	44.27	34.09	43.75	19.79
Emergency Medicine	North Manchester General Hospital	Rota Design			38.28	29.38
	Wythenshawe Hospital	Rota Design	51.97	41.48	50.85	35.94
Gastroenterology	Wythenshawe Hospital	Workload	42.71	29.17	38.75	23.75
		Rota Design	34.38	28.13	38.75	23.75
General (internal) medicine	Manchester Royal Infirmary	Workload	36.72	43.75	36.61	20.83
	Wythenshawe Hospital	Rota Design	25.00		52.27	26.39
Neonatal Medicine	St Mary's Hospital	Workload	40.28			28.99
Obstetrics and gynaecology	North Manchester General Hospital	Rota Design			35.99	26.10
	St Mary's Hospital	Workload	22.74	26.80	34.51	26.41
		Rota Design	36.55	41.76	54.10	22.17
	Wythenshawe Hospital	Rota Design	41.80	45.96	33.33	27.88
Ophthalmology	Manchester Royal Eye Hospital	Workload	54.39	43.83	37.97	34.93
		Rota Design	75.00	72.55	40.63	41.91
Paediatric Nephrology	Royal Manchester Children's Hospital	Rota Design				31.25
Vascular surgery	Manchester Royal Infirmary	Workload	36.46	30.21	47.92	23.21

3.3.7 Fifty three of the 810 ERs were identified by the doctors as being an 'immediate safety concern' (details are provided in table 3.3.9 below). Where an immediate safety concern is raised the doctor should submit this within 24 hours of the incident and make the clinical director / consultant in charge aware of the issue at the time.

3.3.8 These immediate safety concerns were reviewed by the relevant educational supervisor and GoSW and concerns escalated as appropriate. None of the 53 ERs were found to have posed an immediate risk to the patients or doctors concerned, however, there were occasions where patient care was sub-optimal and workload pressures had a detrimental impact upon doctors' wellbeing.

3.3.9 Exception Reports Recorded as Immediate Safety Concerns		
Specialty	Number of safety concerns raised	Reasons
Cardiology	9	"Only doctor covering cardiology on ward 3. Unable to take breaks due to clinical commitments. Limited support due to global issues with rota and absences. Concerns over patient safety due to lack of staffing"
Child & adolescent psychiatry	1	"Uninterrupted rest breached. Worked my normal working hours 09:00hrs to 17:00hrs. I was called at 22:50 hrs, by the Applied Mental Health Practitioner to do an MHA at NMGH. By the time assessment and Tier 4 referral form were completed, I was home at 03:25 hrs I emailed the team requesting cancellation of the morning clinic as I was too tired to come to work."

Specialty	Number of safety concerns raised	Reasons
Endocrinology & Diabetes	1	"Unsafe as there was 2 junior doctors instead of the usual 3-4 doctors covering the same workload. In addition, there were less nurses."
General medicine	26	Low staffing levels, sometimes below minimum requirements, on wards and on night shifts due to staff absences and rota gaps.
General surgery	4	"No FY1 on surgical specials rota due to a gap in rota. No locum was found. Therefore, night shifts through the week with just one FY1 covering both general surgery and surgical specials."
Obstetrics and gynaecology	1	"1 SHO in all of Maternity Unit, no post-natal cover, no triage cover, no day care cover."
Paediatrics	9	Rota gaps "Usual night shift has 3 registrars and 3 SHOs. This night shift had 2 registrars and 2 SHOs for the entire hospital and admissions." "One SpR was on call instead of 2 SpR as per middle grade rota."
Respiratory Medicine	1	Workload
Vascular Surgery	1	Workload due to staffing gaps
<b>Grand Total</b>	<b>53</b>	

<b>3.4 Exception Reports by Rota</b>			
Rota	No. of exception reports submitted Aug 2021 – July 2022		
	NMGH	ORC	WTWA
JM Gen Med IMT3 Aug 21	4		
NMGH Gen Med RMO2 June 2020 Live	6		
Paediatrics Level 2 LIVE August 2021	2		
5 NMGH Whole Site FY1 Aug 2021 Live	6		
Gen Med F1 Live May 19 KC	1		
Gen Med FY1 Live Aug 21	3		
General Surgery F1 LIVE Dec 21	1		
JM NMGH Level 1 Obs & Gynae Feb 22	1		
JM NMGH Level 1 Obs & Gynae Compliant Aug 2021	1		
LTFT ** RMCH PICU (ICM Trainees, 6 Slot)		1	
LTFT Lauren RMCH Tertiary Paediatrics ST1-3 2020		6	
LTFT Shaun TEMPLATE RMCH COMBINED Sen		1	
Medical Microbiology Senior 1:7		1	
MRI A&E ACCS, ST1/2 (Orange Rota) 2021			1

MRI A&E ST3+ (Yellow Rota) 2021		1	
MRI Cardiology, Junior		13	
MRI CST, Urology,ENT,Cardio (RSO2) - 2021		1	
MRI General Medicine Junior (A)		2	
MRI General Medicine F1 - 2021		77	4
MRI General Medicine F1 - 2022		1	
MRI General Medicine IMT/JCF 1 - 2021		6	
MRI General Medicine IMT/JCF 2 - 2021		7	
MRI General Medicine IMT3/SCF - 2021		9	
MRI General Surgery FY1		75	2
MRI Renal Medicine Hybrid 2021		5	
MRI Renal Medicine Hybrid August 2020		5	
MRI, Cardiology, Junior		8	5
NMGH A&E F2 Aug 21	2		
NMGH Clinical Fellow 1 (aka additional CF Gen Med)	1		
NMGH ED FY2 Rota Aug 21	1		
NMGH Gen Med FY1 Whole Site Aug 2021	48		
NMGH Gen Med RM02 Aug 21	4		
NMGH Gen Med RMO1 June 2020 Live	2		
NMGH Gen Med Senior ST3 + Aug 21	3		
NMGH General Surgery Junior Feb 22	3		
NMGH IMT3 Aug 21	4		
NMGH Infectious Diseases Senior Aug 21	21		
NMGH Obs & Gynae Junior Rota Feb 2022	1		
NMGH Paediatrics	1		
NMGH Paediatrics Junior 2022	3		
NMGH RMO1 Gen Med Junior	2		
NMGH T&O level 2 Junior	3		
NMGH Whole Site FY1 Aug 2021 Live	17		
NMGH Whole Site FY1 Aug 2021 Live (Copy)	2		
North Manchester General Paeds SHO grade	1		
ORC Anaes Obs Aug 21 ST3-8		1	
ORC Anaesthesia Gen Aug 21 CT&ST 1-2		3	
ORC Anesthesia Gen CT1-2		1	
ORC ICU CT1-2		1	
Paediatric Haematology			4
Plastic Surgery Senior Rv + rest days			2
REH Ophthalmology, 1st OC 2021		2	2
RMCH COMBINED Senior 2021 - NEW		26	
RMCH General Paediatrics ST1-3		5	
RMCH Paediatric Surgery Junior 2021		5	

Rota	No. of exception reports submitted Aug 2021 – July 2022		
	NMGH	ORC	WTWA
RMCH Paediatric Surgery Senior - 2021		2	
RMCH Tertiary Paediatrics ST1-3 2020		23	1
RMCH, CAMHS Senior 2021		11	1
St Marys, O&G Senior (Reg B) 2021		1	
St Marys, O&G, Junior - 2021		8	
T&O Level 2 Live Aug 20	5		
Trafford & Psychiatry General Medicine FY1 - 2021			8
WTWA A&E Jnr Aug 20			1
WTWA AMRU			2
WTWA Cardio & Resp Fy1		1	7
WTWA CT Surgery Junior			7
WTWA ENT Junior August 2020		3	
WTWA Gen Med FY1 Aug 2021			81
WTWA Gen Surg Fy1			17
WTWA Gen Surg Jnr			1
WTWA General Medicine Foundation			5
WTWA Med Gen CF			22
WTWA O&G Junior - 2021			4
WTWA O&G Senior - 2021			1
WTWA Paediatrics Senior 2022			3
WTWA Plastic Surg Jnr			4
WTWA Resp Med Snr Aug St6+			1
WTWA Rheumatology ST3			3
WTWA Senior General Medicine Aug 2021			2
WTWA Senior General Medicine Aug 2021 St6+			1
WTWA T&O Jnr April 2021 - inc TGH			1
WTWA T&O Jnr April 2021 - inc TGH Fy2 pay			2
WTWA Trafford Gen Med FY1 - August			3
WTWA Trafford RMO Junior - August 2020			1
WTWA Wythenshawe Gen Med Junior		17	133
<b>Total</b>	<b>149</b>	<b>329</b>	<b>332</b>

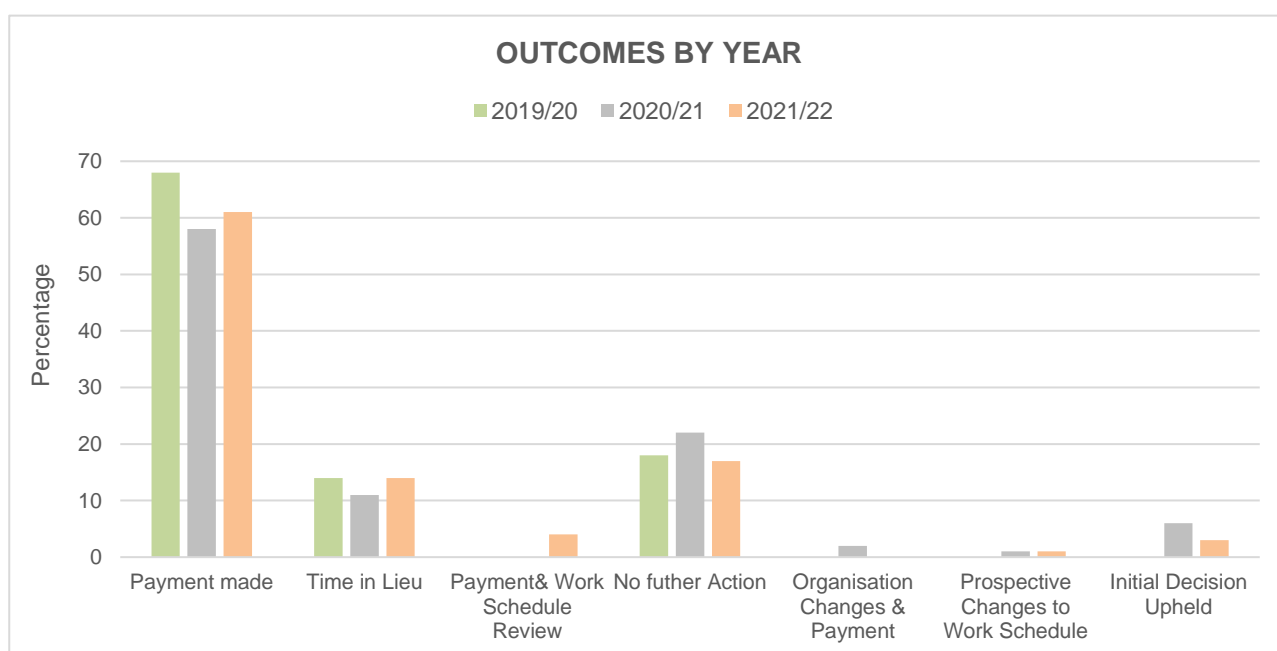
3.4.1 Table 3.4 above shows the number of ERs submitted by rota by site; those with the highest number of ERs are shaded. As noted in paragraph 3.2.2, the majority of exception reports were submitted by foundation doctors, therefore, as expected the General Medicine and General Surgery FY1 rotas at NMGH, ORC and WTWA accounted for most of the ERs.

3.4.2 High numbers of ERs were also recorded against two rotas in the Children's Hospital, specifically Tertiary Paediatrics ST1-3 and the Combined Senior rota. Long standing gaps on the Hospital 24 rota were the primary reason for these reports and as stated in paragraph 3.3.2 this rota has been

redesigned and implemented with effect from September rotation. The new rota has split out haematology/oncology specialties and amended the number of slots on the rota, which will mean that trainees are required to work fewer on-call shifts and spend more time in their specialty.

3.4.3 During 2021/22, the number of exception reports submitted at NMGH has increased significantly this year, and this can be attributed to the efforts made by the Director of Postgraduate Medical Education, the Medical Director, Human Resources Director, Chair of the Junior Doctors' Leadership Group, and the GoSW to promote and embed exception reporting. Alongside this, the move to Allocate software has made reporting more accessible for junior doctors.

3.5 Exception Reports by Outcome by Year						
Outcomes	No. of exception reports closed					
	2019/20		2020/21		2021/22	
Payment made	319	68%	221	58%	491	61%
Time off in Lieu	66	14%	43	11%	111	14%
Payment & Work Schedule Review	-	-	-	-	35	4%
No further action	83	18%	83	22%	138	17%
Organisation Changes	-	-	9	2%	2	-
Prospective Changes to Work Schedule	-	-	5	1%	7	1%
Initial Decision Upheld	-	-	22	6%	26	3%
<b>Total</b>	<b>468</b>		<b>383</b>		<b>810</b>	



3.5.1 In 61% of cases, payment for the additional hours worked has been agreed during this year, with no further action taken in 17% of cases and 14% being granted time off in lieu. These outcomes are broadly consistent with those seen in the previous two years.

3.5.2 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. Throughout the year there has been an encouraging upward trend of ERs submitted solely to notify where there are rota gaps.

<b>3.6 Work Schedule Reviews</b>				
<b>Rota</b>	<b>Site</b>	<b>No. of Work Schedule Reviews</b>	<b>Reason(s)</b>	<b>Outcome</b>
MRI Cardiology, Junior	MRI	7	Significant rota gaps – doctors unable to take breaks, patient safety risk	Organisation changes – recruitment of junior clinical fellows.
MRI General Medicine F1 - 2021	MRI	5	Volume of patients resulted in doctors staying late	Payment
MRI General Medicine IMT3/SCF - 2021	MRI	2	Doctor stayed late for clinical reasons	Payment
MRI General Surgery FY1	MRI	3	Volume of workload in vascular surgery	Payment & no further action.
MRI Renal Medicine Hybrid August 2020	MRI	2	ACE day disrupted clinics	Doctor to be rostered into future clinics to compensate for missed educational time.
NMGH Gen Med FY1 Whole Site Aug 2021	NMGH	5	Workload pressures in Urology Department	Additional clinical fellows recruited.
NMGH General Surgery Junior Feb 22	NMGH	1	Unable to attend teaching as holding cardiac bleep	Work schedule amended.
NMGH T&O level 2 Junior	NMGH	2	No breaks and stayed late as only 2 doctors covering 28 patient ward	Payment.
RMCH COMBINED Senior 2021 - NEW	RMCH	10	Gap on Hospital 24 rota resulted in doctor covering two posts. No breaks taken	Concerns were escalated. Hospital 24 rota has now been redesigned and implemented from September 2022.
RMCH Tertiary Paediatrics ST1-3 2020	RMCH	5	Tier 1 gap on rota overnight, resulted in additional workload for doctor	Concerns were escalated. Hospital 24 rota has now been redesigned and implemented from September 2022.

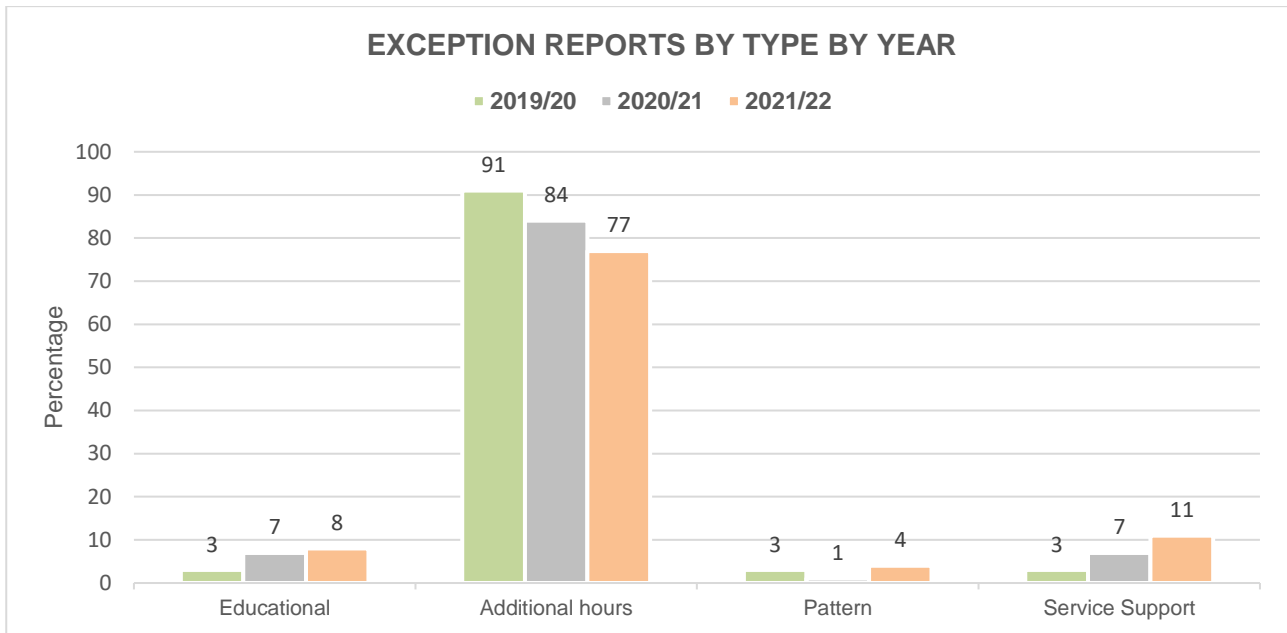
3.6 Work Schedule Reviews				
Rota	Site	No. of Work Schedule Reviews	Reason(s)	Outcome
Trafford & Psychiatry General Medicine FY1 - 2021	Trafford	1	Attendance at mandatory training resulted in additional time being worked	Time off in lieu.
WTWA Gen Med FY1 Aug 2021	WTWA	8	Low staffing levels in Gastroenterology due to expanded bed base	Department recruited a Physician Associate and Clinical Fellows.
WTWA O&G Junior - 2021	WTWA	2	No SHO cover on two shifts.	Escalated to the rota team.
WTWA Paediatrics Senior 2022	WTWA	3	No admissions SHO over the weekend therefore doctor worked late	Payment and concerns escalated to the rota team.
WTWA Wythenshawe Gen Med Junior	WTWA	6	Low staffing levels, resulting in doctors staying late to finish urgent jobs	Payment.
<b>TOTAL</b>		<b>62</b>		

3.6.1 A work schedule review is undertaken when either a doctor is dissatisfied with the outcome of the initial review, or the concerns raised require a work schedule to be reviewed. The work schedule review process incorporates three levels of escalation and all 62 work schedule reviews undertaken during this year have been resolved at Level 1. Further details are provided in the table above.

3.6.2 The highest number of work schedule reviews (n=15) were in RMCH. The reasons for these were long-standing gaps on Hospital 24 rota that resulted in additional workload for doctors, who were covering two posts and struggling to take breaks. These concerns were escalated to the Hospital Leadership Team. As a result, additional clinical fellows have been recruited and the Hospital 24 rota redesigned.

3.7 Exception Reports by Type by Year						
Type	No. of exception reports submitted each year					
	2019/20		2020/21		2021/22	
Educational	13	3%	28	7%	66	8%
Additional hours	427	91%	323	84%	619	77%
Pattern	14	3%	5	1%	33	4%
Service Support	14	3%	27	7%	92	11%
<b>Total</b>	<b>468</b>		<b>383</b>		<b>810</b>	

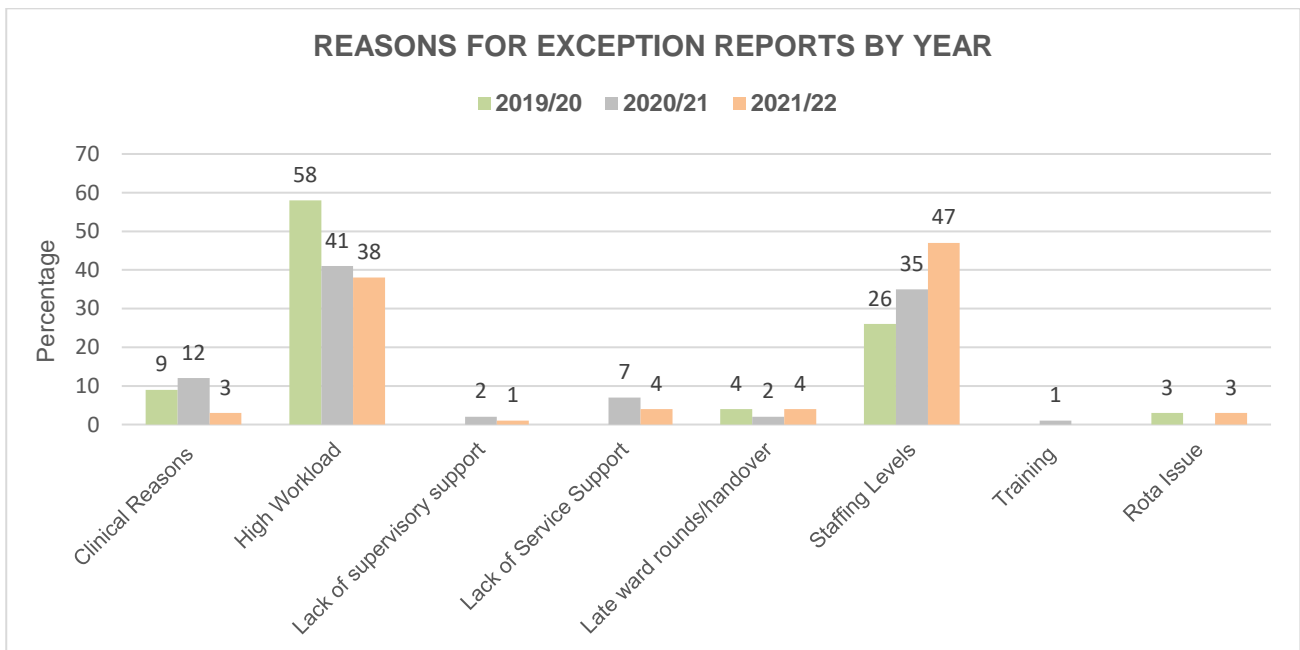




- 3.7.1 The primary reason for exception reporting related to trainees working above their contracted hours due to high workload and/or low staffing levels and this pattern has remained consistent over the past 3 years, with a slight reduction seen from 84% in 2020/21 to 77% in 2021/22.
- 3.7.2 Eleven percent of exception reports were for service support reasons, these included: system issues; theatre lists over-running; departmental teaching being cancelled; known gaps on the rota due to staffing shortages; and the rota not including contractual self-development time. As part of induction, the GoSW has encouraged doctors to submit exception reports where there are known gaps on the rota, so these can be escalated to the relevant rota leads / clinical directors, and this has resulted in an increase in the number of reports received.
- 3.7.3 Similarly, the number of educational exception reports has increased year-on-year since 2019/20. The 66 exception reports submitted for educational reasons were from: NMGH (n=17); ORC (n=30); and WTWA (n=19). The reasons cited can be categorised into four themes: missed educational opportunities because doctors had to cover rota gaps; teaching days falling on zero hours days; 2 hours/week contractual self-development time not being included in foundation doctors' rotas; and lack of supervision.

### 3.8 Reasons for Exception Reports by Year

Reason	No. of exception reports submitted by year					
	2019/20		2020/21		2021/22	
Clinical Reasons	41	9%	46	12%	27	3%
High Workload	266	58%	156	41%	312	38%
Lack of supervisory support	-	-	7	2%	5	1%
Lack of Service Support	-	-	27	7%	30	4%
Late Ward Rounds/ Handover	21	4%	7	2%	30	4%
Staffing Levels	124	26%	136	35%	381	47%
Training	-	-	4	1%	4	-
Rota Issue	16	3%	-	-	21	3%
<b>Total</b>	<b>468</b>		<b>383</b>		<b>810</b>	



3.8.1 In 2021/22, the main reasons noted for exception reporting were low staffing levels (47%), high workload (38%), lack of service support (4%) and late ward rounds/handover (4%).

3.8.2 Over the past three years, high workload and low staffing levels have consistently been the two main reasons why junior doctors' exception-report. However, during this year there has been a shift, with ERs due to low staffing levels almost doubling from 25% (2019/20) to 47% (2021/22), with a corresponding decrease in ERs related to high workload. Actions have been taken to address the constrained workforce capacity, with an additional 80 international clinical fellows appointed to start in August 2022.

### 3.9 Breaches that Attract a Financial Penalty

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

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

3.9.2 A proportion of the fine, apart from fines for breaks where payment is 100%, is paid to the GoSW fund, as specified in the 2016 TCS (see penalty rates and fines below). The TCS also specifies that the Junior Doctors’ Forum is the body that decides how accrued monies are spent within the framework identified within the TCS.

3.9.3 Penalty Rates and Fines

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

Nodal Point	Total hourly (x4) figure	Hourly penalty rate (£), paid to the doctor	Hourly penalty rate (£), paid to the guardian of safe working fund
1	63.56	23.83	39.73
2	73.56	27.59	45.97
3	87.04	32.64	54.40
4	110.32	41.38	68.94
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 fund
1	87.08	32.64	54.44
2	100.78	37.79	62.99
3	119.25	44.72	74.53
4	151.14	56.68	94.46
5	173.34	65.01	108.33

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

3.9.5 Table 3.9.7 shows a breakdown of the fines levied throughout 2021/22. Fines were levied against:

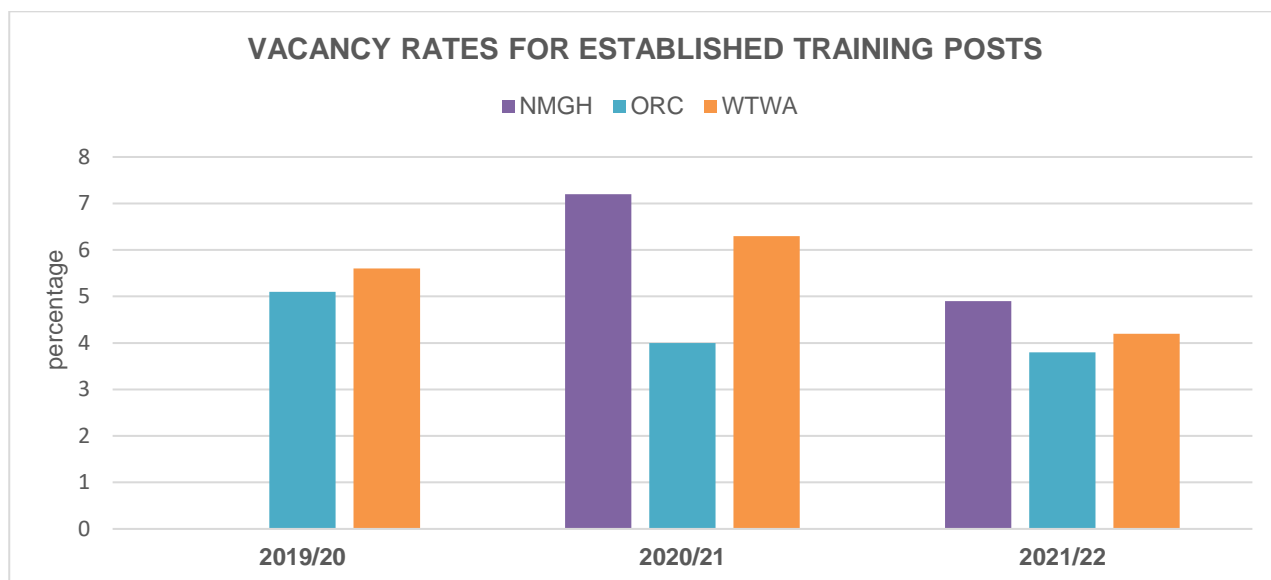
- the child & adolescent mental health service, where five doctors reported a breach of the minimum non-residential on call overnight continuous rest period of 5 hours between 22.00 – 07.00 hours on 10 separate occasions. (A diary exercise is currently underway to understand whether there is an issue with the rota or if the issue relates to referral pathways).
- the child & adolescent mental health service, where two doctors reported they had breached the maximum 13 hours shift
- plastic surgery at Wythenshawe, where one doctor did not achieve the minimum non-residential on call overnight continuous rest period of 5 hours between 22.00 – 07.00 hours on two occasions.

3.9.6 The total fines levied was £6,062.44 of which £2,275.41 was paid to the doctors, with £3,787.03 credited to the GoSW fund. Some of these monies were used to purchase lockers for junior doctors in the Children’s Hospital. The Junior Doctors’ Forum oversees disbursement of the GoSW fund, and they decide towards the end of the financial year how the fund should be used to improve the working lives of junior doctors.

<b>3.9.7 Fines Levied July 2021 to August 2022</b>					
<b>Grade</b>	<b>Department</b>	<b>Amount to Doctor £</b>	<b>Amount to GoSW Fund £</b>	<b>Total Fine £</b>	<b>Nature of Breach</b>
ST7	Child & Adolescent Mental Health Service	160.30	262.15	422.45	Maximum 13 hours shift
ST4	Child & Adolescent Mental Health Service	402.15	670.17	1072.32	5 hours continuous rest whilst on-call
ST6	Child & Adolescent Mental Health Service	30.08	50.13	80.21	Maximum 13 hours shift
ST5	Child & Adolescent Mental Health Service	255.06	425.07	680.13	5 hours continuous rest whilst on-call
ST5	Child & Adolescent Mental Health Service	297.57	495.92	793.49	5 hours continuous rest whilst on-call
ST6	Child & Adolescent Mental Health Service	32.51	54.17	86.68	5 hours continuous rest whilst on-call
ST6	Child & Adolescent Mental Health Service	32.51	54.17	86.68	5 hours continuous rest whilst on-call
ST6	Child & Adolescent Mental Health Service	81.26	135.41	216.67	5 hours continuous rest whilst on-call
ST6	Child & Adolescent Mental Health Service	48.75	81.25	130.00	5 hours continuous rest whilst on-call
ST4	Child & Adolescent Mental Health Service	255.06	425.07	680.13	5 hours continuous rest whilst on-call
ST5	Child & Adolescent Mental Health Service	113.36	188.92	302.28	5 hours continuous rest whilst on-call

ST3	Child & Adolescent Mental Health Service	255.06	425.07	680.13	5 hours continuous rest whilst on-call
ST3	Wythenshawe Plastic Surgery	311.74	519.53	831.27	5 hours continuous rest whilst on-call
<b>TOTAL</b>		<b>2275.41</b>	<b>3787.03</b>	<b>6062.44</b>	

4. Annual Vacancy Rate against Establishment			
Year	NMGH <sup>1</sup>	ORC	WTWA
2019/20	-	5.1%	5.6%
2020/21	7.2%	4.0%	6.3%
2021/22	4.9%	3.8%	4.2%

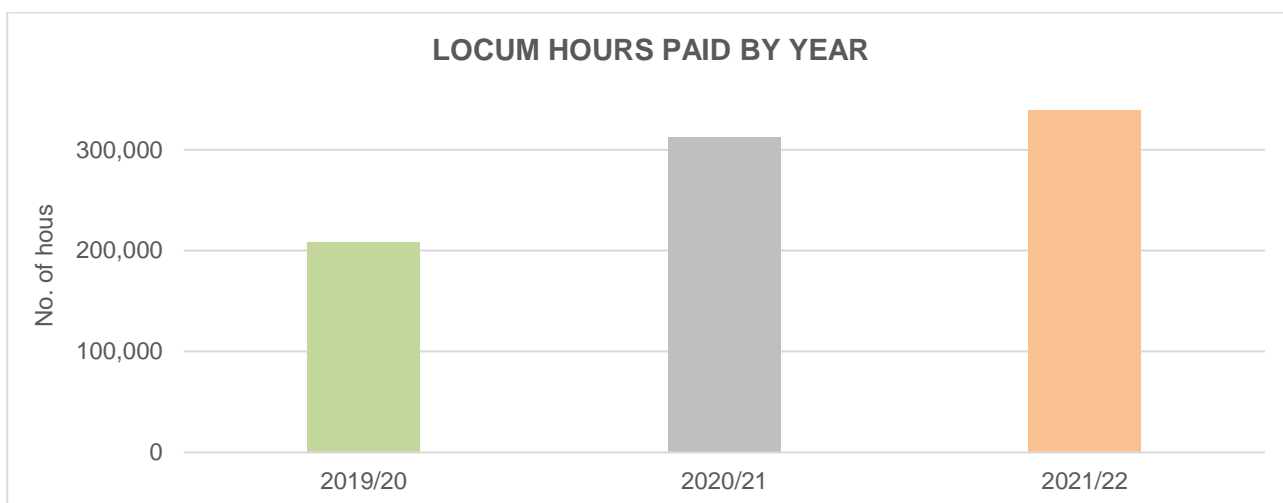


- 4.1. Appendix 2 provides details of the quarterly vacancies by specialty and site. The vacancy rate for established training posts has decreased this year to an average of 4.3% for the Group and this has become more aligned across sites, with only 1.1% difference between the lowest rate of 3.8% at ORC and the highest rate of 4.9% at NMGH.
- 4.2. NMGH is carrying most vacancies in core surgical training, whereas MRI and Wythenshawe have the highest vacancies in cardiothoracic surgery and plastic surgery respectively.
- 4.3. Appendix 3 provides full details of the number of locum shifts/hours requested and paid for by grade and reason for NMGH, ORC and WTWA. It should be noted that the data presented is for all grades of doctor, not just junior doctors in training.
- 4.4. In 2021/22, 43% of the total hours worked by locums (bank & agency) were at junior doctor grade. The main reasons for locum cover were stated as: 'vacancy' 73%, 'workload increased' 9% and

<sup>1</sup> NMGH vacancy data is only available for the period April 2021 – July 2022

'emergency department support' 5%. The demand for locum shifts to cover vacancies increased by 11% (from 62% in 2020/21) with 23% of requested shifts unfilled, and this is one of the reasons for the elevated number of ERs because of low staffing levels.

<b>4.5 Locum Bookings by Year</b>			
	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
<b>Number of hours paid</b>	209,090	312,703	339,356



4.5.1 The total locum hours paid in 2021/22, increased by 8% from 2020/21, to a total of 339,358 hours. This year-on-year growth was significantly slower than the 49% increase seen between 2019/20 and 2020/21, most of which was attributed to COVID.

<b>4.6 Less Than Full Time (LTFT) Trainees by Hospital / Managed Clinical Service (MCS)</b>			
<b>Hospital / MCS</b>	<b>Establishment</b>	<b>No. LTFT trainees</b>	<b>Percentage LTFT</b>
North Manchester General Hospital	232	29	13%
Manchester University Foundation Trust	22	11	50%
Manchester Royal Eye Hospital	26	3	12%
Manchester Royal Infirmary	335	38	11%
Royal Manchester Children's Hospital	131	55	42%
St Mary's Hospital	62	29	47%
Trafford General Hospital	25	-	-
University Dental Hospital of Manchester	33	2	1%
Withington Community Hospital	2	-	-
Wythenshawe Hospital	348	63	18%
<b>MFT Group Total</b>	<b>1216</b>	<b>230</b>	<b>19%</b>

4.6.1 The vacancy rate reported in section 4 does not include the partial whole-time equivalents that remain vacant because 19% of training posts (n=230) are currently filled by less than full time (LTFT) trainees (working from 50% to 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 47% and 42% of all trainees, respectively (see table 4.6 above).

- 4.6.2 Health Education England updated their LTFT training scheme this year to allow all trainees to request the opportunity to undertake a period of less than full time training for personal choice, following successful pilots in paediatrics, obstetrics & gynaecology, and emergency medicine. This is likely to further increase the number of LTFT trainees.
- 4.6.3 It is also worth noting that the feminisation of the medical workforce seen in recent years often leads to periods of maternity leave and then a return to training on a LTFT basis.
- 4.6.4 In order to address this shift towards LTFT training, future trainee allocation needs to move away from headcount to WTE, with over-recruitment to medical workforce posts considered and rotas re-designed to accommodate WTEs rather than full-time slots.

## **5. Junior Doctors' Forum (JDF)**

- 5.1 Engagement and attendance at the JDF have been good throughout the year. The JDF is held every other month via MS Teams and this virtual platform is working well with junior doctor and LED representatives from each hospital/MCS in attendance, along with colleagues from postgraduate medical education, medical workforce, and the BMA.
- 5.2 The JDF provided oversight of the £10k allocated to NMGH by NHS Employers, in support of the BMA Fatigue and Facilities Charter. The doctors requested the funds be spent on furniture, kitchen equipment and other items for the doctors' mess. NB. the £60k allocated to the other hospitals had already been spent in the previous year.
- 5.3 The JDF gives junior doctors the opportunity to discuss and jointly address rota and training issues as they arise. In addition to the site-specific issues raised by the junior doctor representatives, the following topics have been discussed at this year: the trainee survey action plan; Freedom to Speak Up; BMA Junior Doctor Wellbeing Checklist; Chief Registrar Programme; disbursement of fines; the trainee conference; roll out of Allocate Health Roster; and HIVE implementation.

## **6. Overall Summary for 2021/22**

- 6.1 More than double the number of ERs were submitted in 2021/22 compared to the previous year. The reasons for this increase can be attributed to an increased awareness of exception reporting throughout the Trust; an increase in the number of junior doctors and LEDs; and more encouragement at departmental level for doctors to submit ERs in recognition of the constrained workforce capacity.
- 6.2 The primary reason for exception reporting is where trainees are required to work beyond their contracted hours, because of low staffing levels or high workload. Reports for low staffing levels have doubled since 2020/21 and this correlates with the increased bank and agency spend, where 73% of locum shifts worked are to cover vacancies, 43% of which are at junior doctor grade. However, on average 23% of these rota gaps remained unfilled and this is compounded

by the fact that 19% of all training posts are now filled by LTFT trainees. To address this, proactive recruitment of non-training grade doctors is needed, with 80 international clinical fellows recently appointed to start in August 2022.

- 6.3 There is still some reticence from doctors to submit ERs and this was evidenced in the findings from the trainee exception reporting survey. The Medical Education Committee at each hospital has oversight of exception reporting and the improvement action plan borne out of the survey findings and they are actively engaging to support the right culture to ensure junior doctors do not feel inhibited to exception report. A follow-up survey is planned for November 2022.
- 6.4 Educational and clinical supervisors were also invited to complete a survey about how confident they were in responding to ERs and what additional learning resources they wanted. Upskilling the educational and supervisors is ongoing and having successfully bid for some HEE COVID-recovery funding the GoSW will be producing an exception reporting e-learning module to complement the existing learning resources.
- 6.5 Gastroenterology; paediatrics; vascular surgery; acute internal medicine; renal medicine; endocrinology & diabetes; respiratory medicine; and urology all received high numbers of ERs. These specialities have included exception reporting data as evidence to support business cases for the recruitment of additional clinical fellows and physician associates and as the impetus for rota redesign.
- 6.6 The number of exception reports submitted at NMGH has increased significantly this year, which is testament to the efforts of the senior leadership team to promote and embed exception reporting.
- 6.8 In December, the GoSW and Freedom to Speak Up Guardian jointly hosted a couple of listening events for all junior doctors and these joint drop-in sessions are now held quarterly at each site. Throughout the year the GoSW has continued to raise awareness and engagement with exception reporting via attendance at Medical Education Committees; delivering presentations; undertaking surveys; producing videos; delivering online workshops; attendance at inductions and teaching sessions.
- 6.9 In conclusion, the GoSW has seen a positive cultural shift this year, with greater recognition from hospitals/MCS of the value of real-time trainee feedback elicited from exception reporting and how this can result in mutually beneficial improvements, for example, rota redesign or recruitment of additional staff. There is still more work to be done, not only to address the shortfall in workforce capacity but also to ensure that all junior doctors feel empowered to exception report and confident that action will be taken to address their concerns. The foundations to achieve this have been laid, and with the willingness and support of our clinical leaders, we will continue to build upon this next year.

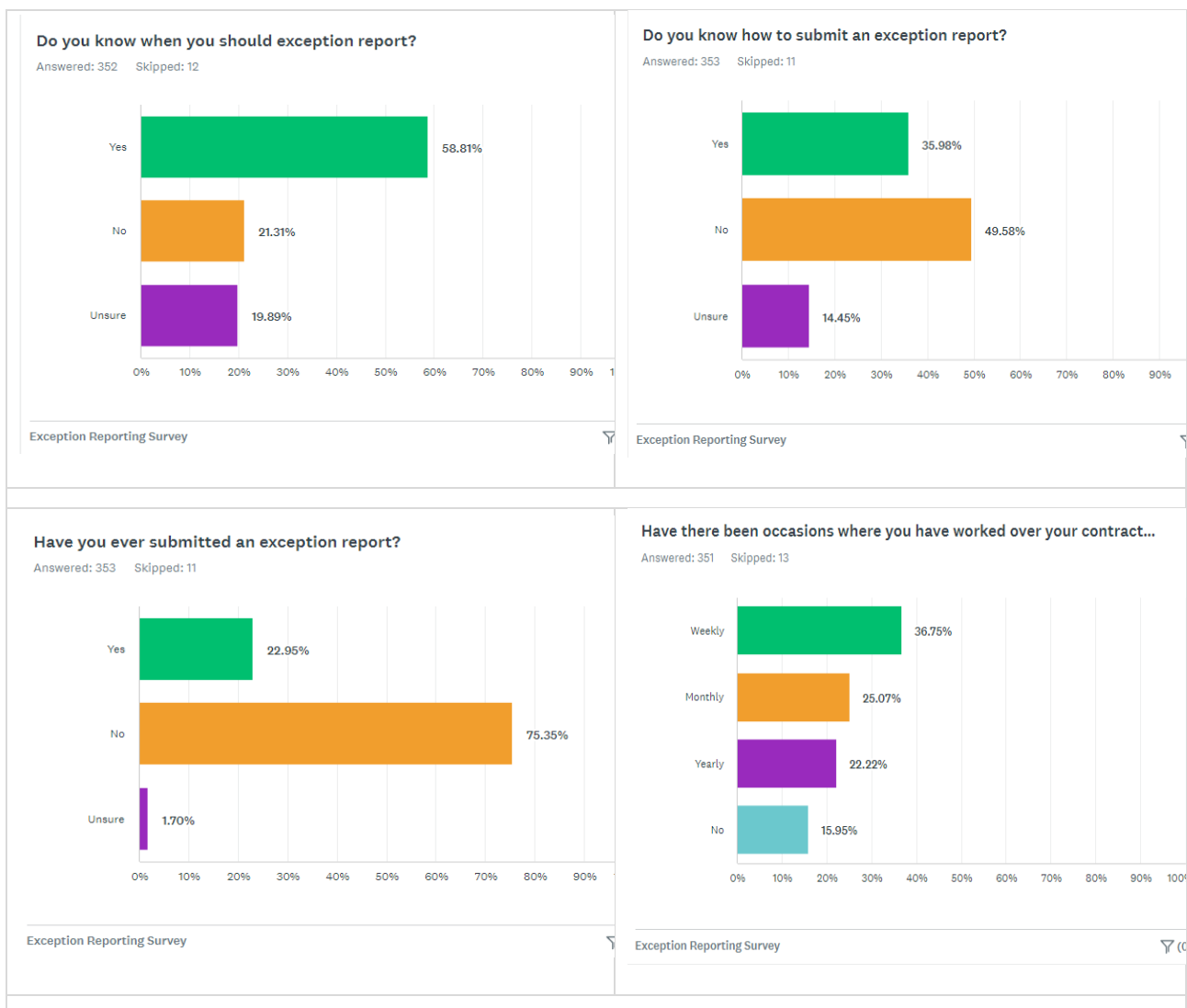


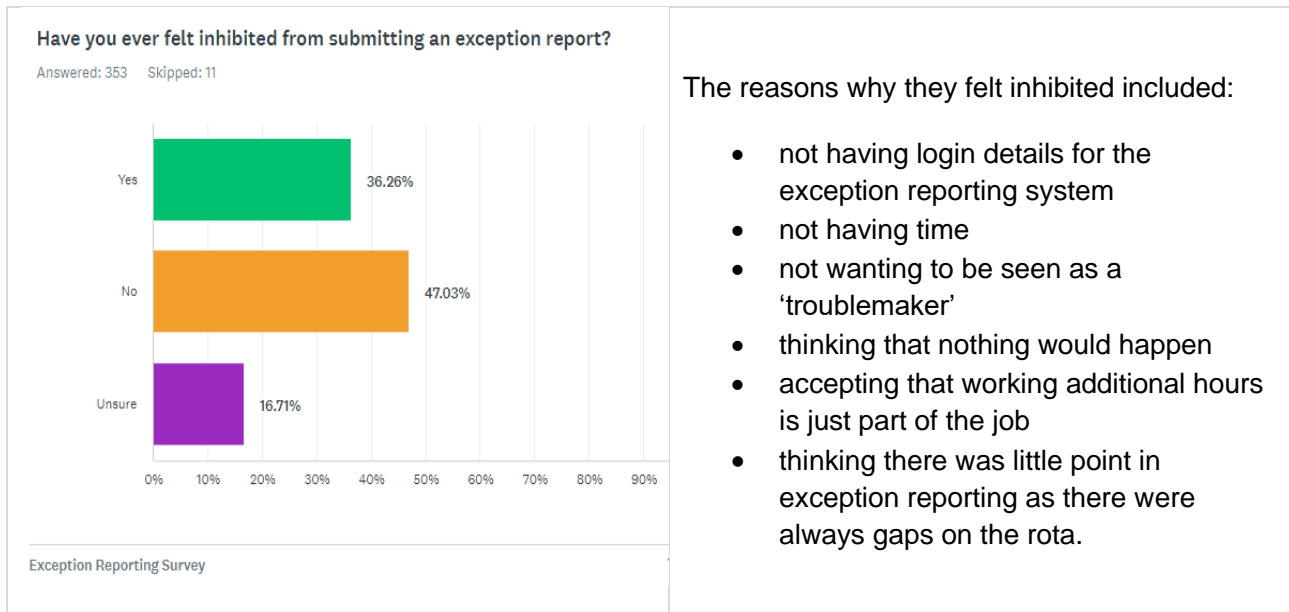
## Junior Doctor Exception Reporting Survey – Key Findings

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 Junior Doctors’ Forum 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

## Establishment Figures and Vacancies

Please note that the data in tables 1, 2 and 3 below relates only to doctors in training and as such provides only part of the vacancy picture across the Trust. Use of the Allocate software for rosters across MFT will also enable the number of vacancies for non-training grade doctors to be captured and included in this report once full roll out of the software has been undertaken.

1. NMGH Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (CT/ST 1/2)	Grand Total	Vacancies			
									Aug-Sep '21	Oct-Dec '21	Jan-Mar '22	Apr-Jul '22
<b>North Manchester General Hospital (R0A66)</b>												
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	2			
Cardiology	1							1				
Clinical Radiology						8	1	9	1		2	1
Core anaesthetics training							6	6			1	1
Core surgical training							8	8	3	2	3	4
Dental Core Training							7	7				
Emergency Medicine					6			6				
Endocrinology and Diabetes Mellitus						1		1				
Foundation			36	31				67				
Gastroenterology						2		2				1
General (internal) Medicine					4			4				1
General Surgery						4		4	2	1	1	2
Genito-urinary Medicine						1		1				
Geriatric Medicine						2		2				
Infectious Diseases						10		10				
Intensive Care Medicine						4		4	1		1	
Internal Medicine Stage One							25	25	3	2	2	1
Obstetrics and gynaecology					7	10	4	21	1		1	1
Oral and maxillofacial surgery						8		8	2			
Paediatrics					13	3	3	19				1
Public Health Medicine						1		1				
Respiratory Medicine		1				3		4				1
Rheumatology						1		1				
Trauma and Orthopaedic Surgery						2		2				
<b>Grand Total</b>	<b>2</b>	<b>1</b>	<b>36</b>	<b>31</b>	<b>30</b>	<b>69</b>	<b>56</b>	<b>225</b>	<b>15</b>	<b>5</b>	<b>11</b>	<b>14</b>

2. ORC Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies			
										Aug-Sep '21	Oct-Dec '21	Jan-Mar '22	Apr-Jul '22
<b>Manchester Royal Eye Hospital (R0A04)</b>	<b>4</b>	<b>1</b>			<b>2</b>		<b>17</b>	<b>2</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Foundation					2				2				
Ophthalmology	4	1					17	2	24				
<b>Manchester Royal Infirmary (R0A02)</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>40</b>	<b>40</b>	<b>12</b>	<b>153</b>	<b>77</b>	<b>339</b>	<b>12</b>	<b>16</b>	<b>17</b>	<b>17</b>
Acute Care Common Stem - Acute Medicine								4	4				
Acute Care Common Stem - Anaesthetics								5	5				
Acute Care Common Stem - Emergency Medicine	1							3	4			1	1
Acute Care Common Stem - Intensive Care Medicine								3	3				1
Acute internal medicine						1	2		3	2	2	1	
Anaesthetics		1					23		24				
Audio Vestibular Medicine							2		2				
Cardiology	1	1					7		9				
Cardiothoracic surgery							6		6	3	3	3	3
Chemical Pathology							1		1				
Clinical Radiology							11	1	12		1	1	
Core anaesthetics training								5	5				
Core medical Training	1								1				
Core surgical training								18	18	1	2	3	2
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	2	2
Genito-urinary Medicine							4		4			1	1
Geriatric Medicine						4	2		6				
Haematology							6		6				
Histopathology							5	8	13	2	3	2	1
Immunology							1		1				1
Intensive Care Medicine							16		16	1	1		
Internal Medicine Stage One	3		3						29	1	1	1	1
Medical Microbiology							4		4				
Nuclear Medicine							2		2				
Oral and maxillofacial surgery							8		8		1	2	2
Otolaryngology							3		3				
Paediatric emergency medicine						2			2				
Renal Medicine	1	1					8		10				1
Respiratory Medicine						1	2		3				
Rheumatology		1					4		5	1			
Trauma and Orthopaedic Surgery							2		2				
Urology							4		4				1
Vascular Surgery							7		7		1		

2. ORC Establishment & Vacancies (cont'd)	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies			
										Aug-Sep '21	Oct-Dec '21	Jan-Mar '22	Apr-Jul '22
<b>MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (ROA01)</b>	<b>2</b>						<b>11</b>	<b>7</b>	<b>20</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Child and adolescent psychiatry	1						11		12		1		
Core psychiatry training	1							7	8				
<b>ROYAL MANCHESTER CHILDREN'S HOSPITAL (ROA03)</b>	<b>5</b>	<b>2</b>			<b>4</b>	<b>4</b>	<b>86</b>	<b>30</b>	<b>131</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>7</b>
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	1
Otolaryngology							1		1				
Paediatric and Perinatal Pathology		1					2		3				1
Paediatric Surgery							8		8	1	3	2	1
Paediatrics	2					4	32	27	65			2	4
Plastic Surgery	1						1		2	1			
Trauma and Orthopaedic Surgery							5		5				
<b>ST MARY'S HOSPITAL (ROA05)</b>	<b>3</b>	<b>7</b>			<b>2</b>	<b>10</b>	<b>26</b>	<b>12</b>	<b>60</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
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			1	1
<b>University Dental Hospital of Manchester (ROA06)</b>	<b>6</b>	<b>3</b>					<b>14</b>	<b>10</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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				
<b>Grand Total</b>	<b>27</b>	<b>20</b>	<b>3</b>	<b>40</b>	<b>48</b>	<b>26</b>	<b>307</b>	<b>138</b>	<b>609</b>	<b>17</b>	<b>23</b>	<b>24</b>	<b>26</b>

3. WTWA Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies			
										Aug-Sep '21	Oct-Dec '21	Jan-Mar '22	Apr-Jul '22
<b>TRAFFORD GENERAL HOSPITAL (R0A09)</b>	<b>3</b>			<b>9</b>		<b>2</b>	<b>10</b>	<b>4</b>	<b>28</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
Acute internal medicine							2		2				
Emergency Medicine						1			1				
Endocrinology and Diabetes Mellitus							1		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				
Respiratory Medicine							1		1			1	1
Rheumatology							1		1				
Trauma and Orthopaedic Surgery							1		1				
<b>WITHINGTON COMMUNITY HOSPITAL (R0A08)</b>							<b>2</b>		<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Genito-urinary Medicine							1		1				
Rehabilitation Medicine							1		1				
<b>WYTHENSHAW HOSPITAL (R0A07)</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>36</b>	<b>36</b>	<b>24</b>	<b>161</b>	<b>75</b>	<b>352</b>	<b>13</b>	<b>13</b>	<b>15</b>	<b>19</b>
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		
Cardiology		1					6		7				
Cardiothoracic surgery		1					10		11			1	1
Chemical Pathology							1		1				
Clinical Radiology							10	1	11		1	2	1
Core anaesthetics training								7	7				
Core surgical training	1							17	18	1	1	2	3
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				3
Geriatric Medicine						7	4		11				
Histopathology							4		4	1	1	1	1
Intensive Care Medicine							20		20	3	1	2	3
Internal Medicine Stage One	2		5					30	37	2	1	1	2
Medical Microbiology							1		1				
Obstetrics and gynaecology						5	8	3	16				
Oral and maxillofacial surgery							4		4				
Orthodontics							3		3				
Otolaryngology							2		2			1	1
Paediatrics	1					5	7	3	16	1			
Plastic Surgery	1	1					14		16	3	4	4	3
Renal Medicine							1		1				
Respiratory Medicine							8		8		1		1
Rheumatology		1					2		3				
Trauma and Orthopaedic Surgery							4		4	1	1		
Urology							4		4				
<b>Grand Total</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>45</b>	<b>36</b>	<b>26</b>	<b>173</b>	<b>79</b>	<b>382</b>	<b>14</b>	<b>13</b>	<b>16</b>	<b>20</b>

<b>Locum Bookings for NMGH, ORC &amp; WTWA (Period: 1 August 2021 – 31 July 2022)</b>
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Please note that the data relates to all grades of doctor not just trainees.

<b>Locum Bookings (Bank &amp; Agency) by Grade</b>				
<b>Grade</b>	<b>Number of shifts requested</b>	<b>Number of shifts paid</b>	<b>No. of hours requested</b>	<b>Number of hours paid</b>
Consultant/GP	8,731	8,674	70,229	69,671
FY1	337	337	2,738	2,738
Junior	17,122	16,312	150,593	144,002
Senior	12,482	12,432	123,571	122,946
(blank)	10,171	0	94,619	0
<b>Grand Total</b>	<b>48,843</b>	<b>37,755</b>	<b>441,750</b>	<b>339,356</b>

<b>Locum Bookings (Bank &amp; Agency) by Reason</b>				
<b>Reason</b>	<b>Number of shifts requested</b>	<b>Number of shifts paid</b>	<b>No. of hours requested</b>	<b>Number of hours paid</b>
COVID 19	7	4	67	38
Covid-19 Additional Staff	2,142	1,986	18,048	16,735
COVID-19 Isolation	756	442	6,994	3,932
ED Support Shift - Medical Staff Only	2,833	2,114	25,989	19,064
Enhanced Care	52	46	328	290
Escalation	233	191	2,685	2,204
Initiative	346	300	2,632	2,251
Maternity	111	93	1,171	959
Planned Leave	298	234	2,867	2,290
Pool - out of hours	2	2	13	13
Sickness	2,071	1,387	20,291	13,609
Specialising	6	4	54	33
Theatre Unplanned Overrun	13	12	97	96
Training	47	44	390	362
Unfulfilled Role Cover	34	29	356	303

<b>Locum Bookings (Bank &amp; Agency) by Reason</b>				
<b>Reason</b>	<b>Number of shifts requested</b>	<b>Number of shifts paid</b>	<b>No. of hours requested</b>	<b>Number of hours paid</b>
Unplanned Leave	134	92	1,545	1,087
Vacancy	35,386	27,373	323,342	249,257
Vaccine Delivery - Covid	11	11	25	25
Vaccine Training	2	0	15	0
Workload Increased	4,359	3,391	34,844	26,811
<b>Grand Total</b>	<b>48,843</b>	<b>37,755</b>	<b>441,750</b>	<b>339,356</b>
<b>Percentage Fill Rate</b> (i.e., number of shifts/hours paid -V- number of shifts/hours requested)	<b>77%</b>			