

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

MEDICAL DIRECTORS' WORKFORCE BOARD

| | |
|--|---|
| Report of: | Miss Toli Onon |
| Paper prepared by: | Karen Fentem |
| Date of paper: | July 2022 |
| Subject: | Quarterly Report from the Guardian of Safe Working (Quarter 1, Apr - Jun 2022) |
| Purpose of Report: | <p>Indicate which by ✓ (tick as applicable-please do not remove text)</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify |
| Consideration against the Trust's Vision & Values and Key Strategic Aims: | <p>Building an organisation that:</p> <ul style="list-style-type: none"> • excels in quality, safety, patient experience, research innovation and teaching • Attracts, develops, and retains great people |
| Recommendations: | That the Medical Directors' Workforce Board notes the content of this report |
| Contact: | <p><u>Name:</u> Karen Fentem <u>Tel:</u> 07974 609040</p> |

Report from the Guardian of Safe Working

Period April to June 2022

1. Introduction

This is the first quarterly report for the financial year 2022/23, 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 – June 2022 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Q1 against the same quarter in 2020 and 2021 is shown in Appendix 2.

2. High Level Data @ 11 July 2022

| | |
|---|-----------------|
| Number of established training posts: | |
| • North Manchester General Hospital (NMGH) | 232 |
| • Oxford Road Campus (ORC) | 609 |
| • Wythenshawe, Trafford, Withington, and Altrincham (WTWA) | 375 |
| Average number of established training posts in 2021/22 | 1216 |
| Average number of doctors/dentists in training on 2016 TCS in 2021/22 | 1156 |
| Average number of Less than Full-Time doctors/dentists in training in 2021/22 | 230 |
| Total number of locally employed junior doctors (LED) | 366 |
| 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 1 (April to June 2022)

Please note the data presented in this report was extracted on 11 July 2022 from the exception reporting system, Allocate HealthMedics.

| | | | | |
|--|------------------|------------|---|------------|
| Total number of exception reports received | | | | 256 |
| Number reported as an immediate safety concern | | | | 16 |
| Number relating to: | Hours of working | 211 | Educational opportunities | 16 |
| | Pattern of work | 10 | Service support available to the doctor | 19 |
| Total number work schedule reviews | | | | 16 |

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 – Quarter 1 (April to June 2022)

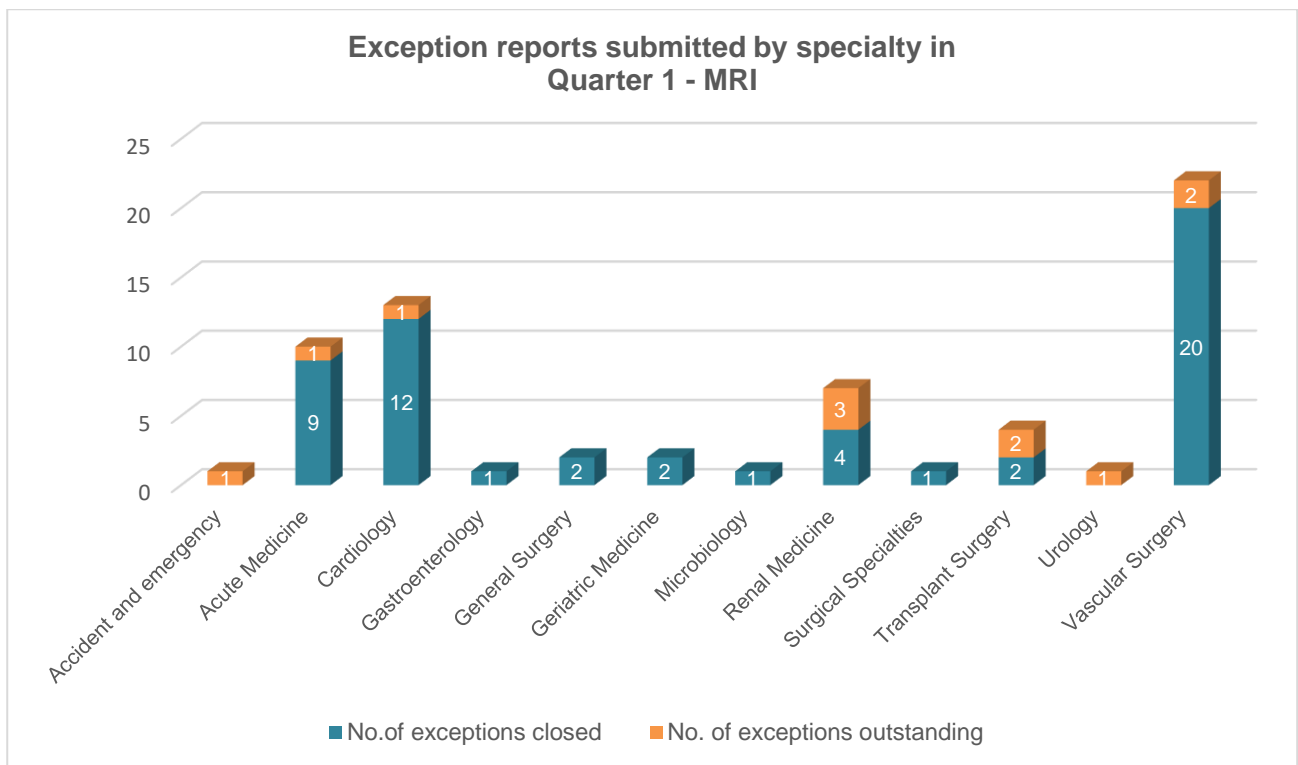
| Specialty | No. of exceptions raised in Quarter 1 | | | | | | No. closed | No. of exceptions outstanding ¹ |
|----------------------------|---------------------------------------|-----------|-----------|----------|----------|-----------|------------|--|
| | MRI | NMGH | RMCH | SMH | TGH | WH | | |
| Accident and emergency | 1 | - | - | - | - | - | - | 1 |
| Acute Medicine | 10 | 6 | - | - | - | 6 | 17 | 5 |
| Cardiology | 13 | - | - | - | - | 3 | 14 | 2 |
| CAMHS | - | 1 | 4 | - | - | - | 4 | 1 |
| Diabetes & Endocrinology | - | - | - | - | - | 7 | 7 | - |
| Gastroenterology | 1 | - | - | - | - | 36 | 37 | - |
| General Medicine | - | 3 | - | - | 1 | 17 | 21 | - |
| General Surgery | 2 | 4 | - | - | - | 1 | 7 | - |
| Geriatric Medicine | 2 | 6 | - | - | - | 11 | 14 | 5 |
| Infectious Diseases | - | 24 | - | - | - | - | 22 | 2 |
| Microbiology | 1 | - | - | - | - | - | 1 | - |
| Obstetrics and gynaecology | - | - | - | 2 | - | - | 2 | - |
| Paediatric Surgery | - | - | 2 | - | - | - | 2 | - |
| Paediatrics | - | - | 16 | - | - | - | 13 | 3 |
| Renal Medicine | 7 | - | - | - | - | 8 | 12 | 3 |
| Respiratory Medicine | - | 11 | - | - | - | - | 10 | 1 |
| Surgical Specialties | 1 | - | - | - | - | - | 1 | - |
| Transplant Surgery | 4 | - | - | - | - | - | 2 | 2 |
| Trauma & Orthopaedics | - | 11 | - | - | - | 2 | 10 | 3 |
| Urology | 1 | 9 | - | - | - | - | 6 | 4 |
| Vascular Surgery | 22 | - | - | - | - | - | 20 | 2 |
| Grand Total | 65 | 75 | 22 | 2 | 1 | 91 | 222 | 34 |

| | | | | | | |
|--|------------|------------|------------|-----------|-----------|------------|
| Number of established training posts | 335 | 232 | 131 | 62 | 25 | 348 |
| Exception reporting rate (no. of reports / no. of doctors) | 19% | 32% | 17% | 3% | 4% | 26% |

3.1.1 In previous quarterly reports the exception reporting data has been presented cumulatively for Oxford Road Campus and Wythenshawe, Trafford, Withington and Altrincham. The data for this Quarter have been presented by hospital; thereby enabling direct comparisons to be made across sites and trends/areas of concern are more easily identifiable.

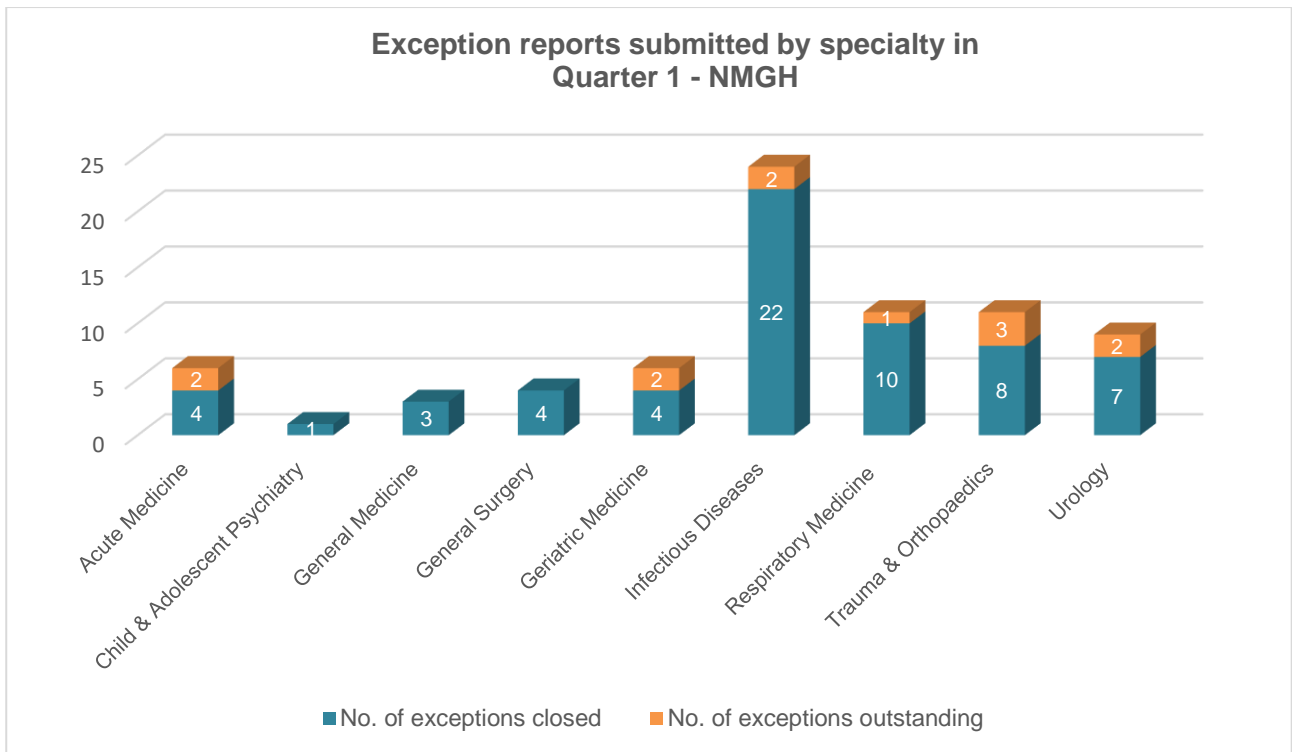
¹ Exception reports should be reviewed by the Educational Supervisor within 7 days of submission; where these timescales are not met the GoSW will send a reminder to the Educational Supervisor. Any exception reports that remain outstanding will be escalated to the relevant Clinical Director as detailed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

3.1.2 The exception reporting rate by hospital varies significantly from 32% at NMGH to 3% at SMH, with an average rate of 17%. It should also be noted that no reports were received in this Quarter in the MREH, UDHM or Withington Hospital.

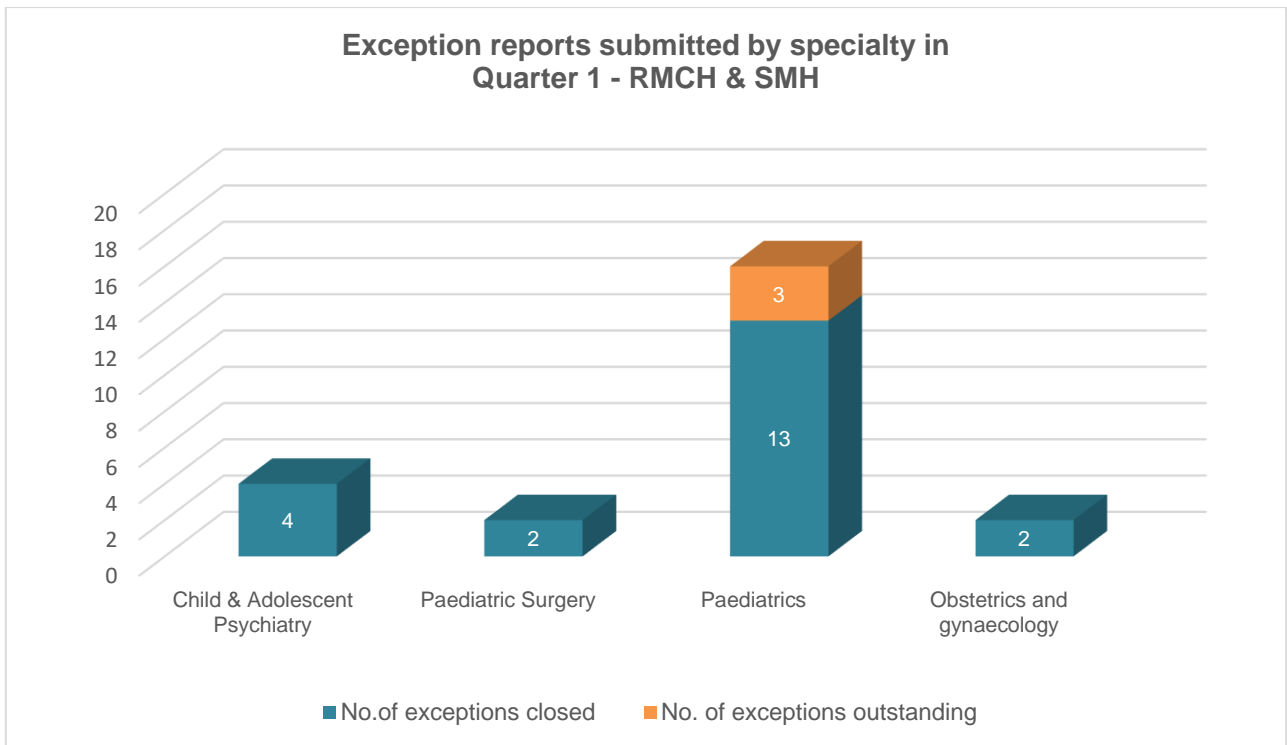


3.1.3 Sixty five exception reports (13 of which were pending initial review), were received in Q1 at Manchester Royal Infirmary (MRI), with the majority in four specialties: vascular surgery, cardiology, acute medicine and renal medicine. The primary reasons for exception reporting are low staffing levels and/or high workload, resulting in the doctors working additional hours. Reporting levels in these specialties have been constantly high over recent months and the respective department leadership teams are well aware of the issues and actively trying to address the staffing challenges.

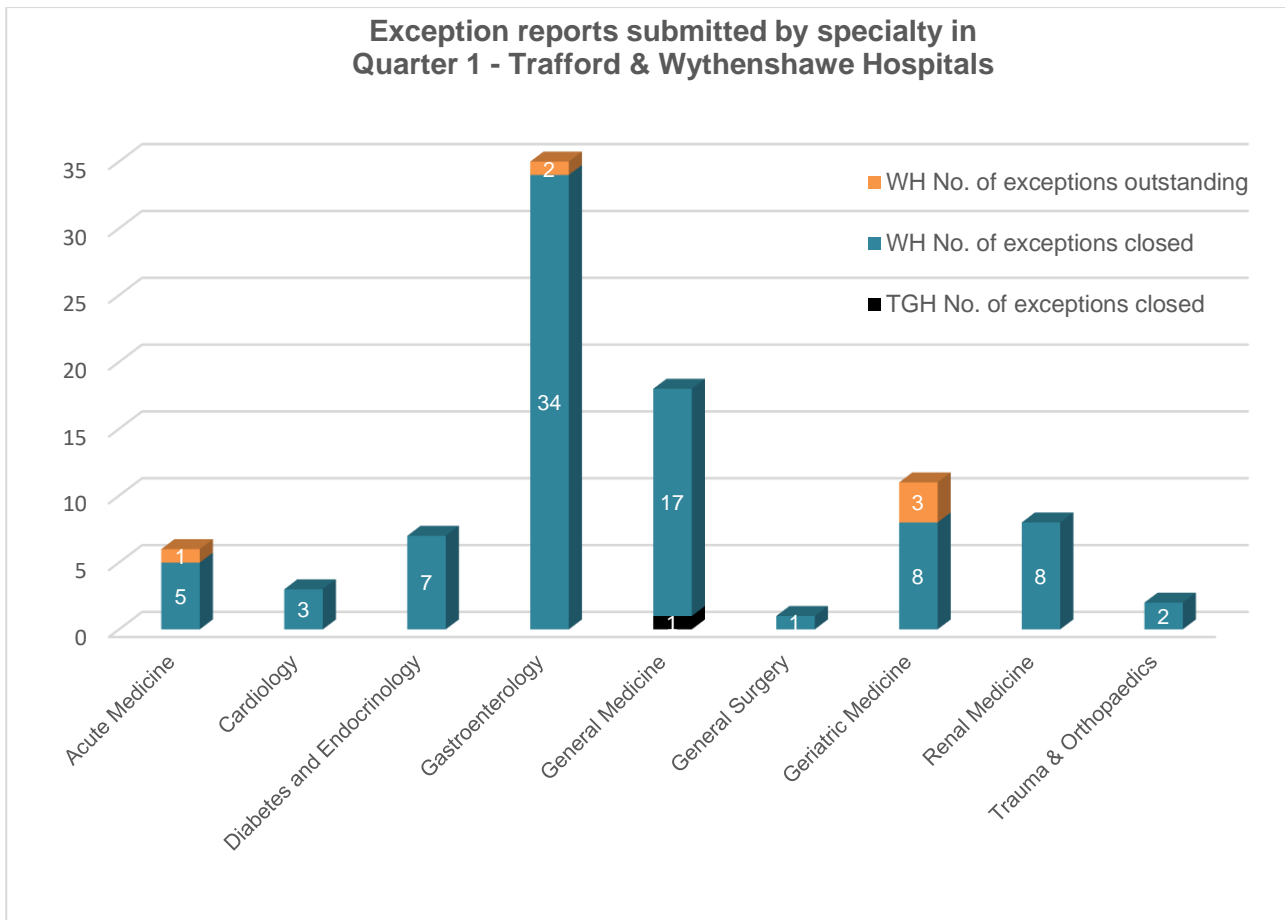
3.1.4 Eight exception reports were noted as 'immediate safety concerns' by the reporting doctors, all related to gaps on the rota. Seven were in cardiology and one in general surgery. Fortunately, none of these incidents were found to put patients or junior doctors at immediate risk, with the concerns having been escalated to the clinical leads at the time and exception reports submitted within the 24 hour timeframe thereafter.



- 3.1.5 This Quarter has seen a significant increase in the number of exception reports submitted at North Manchester General Hospital (NMGH) with 75 reports received (14 of which were pending initial review), compared to 14 in the previous quarter. The exception reporting rate for the hospital is 32%, which is the highest rate across the Group. This increase in junior doctor engagement with exception reporting is encouraging and credit should be given to the Director of Medical Education, the Medical Director and the Chair of the Junior Doctors Leaders Group for proactively raising awareness of exception reporting throughout the hospital and for encouraging junior doctors to report.
- 3.1.6 The majority of exception reports were in infectious diseases, with staffing and workload cited as the main reasons, along with late clinics, late handover, IT outage, and clinical reasons, all of which resulted in doctors working additional hours. Trauma & orthopaedics, urology and respiratory medicine also received more exception reports than in previous quarters, with workload being the primary reason in the first two specialties and staffing levels for respiratory medicine.
- 3.1.7 One doctor in geriatric medicine submitted four exception reports all noted as 'immediate safety concerns'. Three of these related to staffing gaps and one was where the IT outage had resulted in the doctor being unable to take lunch or other breaks during their shift. These concerns were addressed by the doctor's supervisor and none were found to have put either patients or the doctor at immediate risk. The concerns about staffing levels were escalated to the rota coordinator.



- 3.1.8 In Q1, eighteen exception reports were received in Royal Manchester Children’s Hospital (RMCH) at Oxford Road, 16 in paediatric medicine (three of which were pending initial review) and two in paediatric surgery. The majority of exception reports were related to staffing levels and ongoing gaps on the Hospital 24 rota, with a couple because of high workload. The RMCH leadership team is progressing several initiatives to address these gaps, including full scale rota redesign to be implemented in September 2022.
- 3.1.9 One report in paediatric medicine was noted as an ‘immediate safety concern’ where the junior doctor stayed an additional hour and a half to support the registrar with a patient because, due to staffing gaps, there was only one registrar on shift that night.
- 3.1.10 Four exception reports were received in Child & Adolescent Mental Health Services (CAMHS) on the non resident on-call rota, where doctors were either unable to get the contractual five hours continuous rest, or they worked more than the scheduled four hours throughout the shift because of workload pressures.
- 3.1.11 St Mary’s Hospital (SMH) received two exception reports in this Quarter, both related to low staffing levels. In recent years, reporting levels at SMH have been consistently low and at 3% it has the lowest exception reporting rate across the Group. This is concerning as anecdotally junior doctors have raised issues about long standing rota gaps and inability to attract locums. The GoSW and the Associate Director of Medical Education (Workforce) have arranged to meet with members of the SMH leadership team in July to explore this further.



3.1.12 Ninety one exception reports were received at Wythenshawe Hospital (WH) in Q1 (four of which were pending initial review). The majority of reports were in four specialties: gastroenterology, general medicine, geriatric medicine and renal medicine. The primary reasons for exception reporting are low staffing levels and/or high workload, resulting in the doctors working additional hours. Reporting levels in gastroenterology and general medicine have been consistently high over recent months, leading to the recruitment of additional staff in gastroenterology and redesign of the junior and middle grade general medicine rotas, effective from August. The GoSW will continue to monitor these four specialties.

3.1.13 Three reports (two in geriatric medicine and one in gastroenterology) 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.

3.1.14 One exception report was received at Trafford General Hospital (TGH) in general medicine, where a doctor worked additional hours because of high workload.

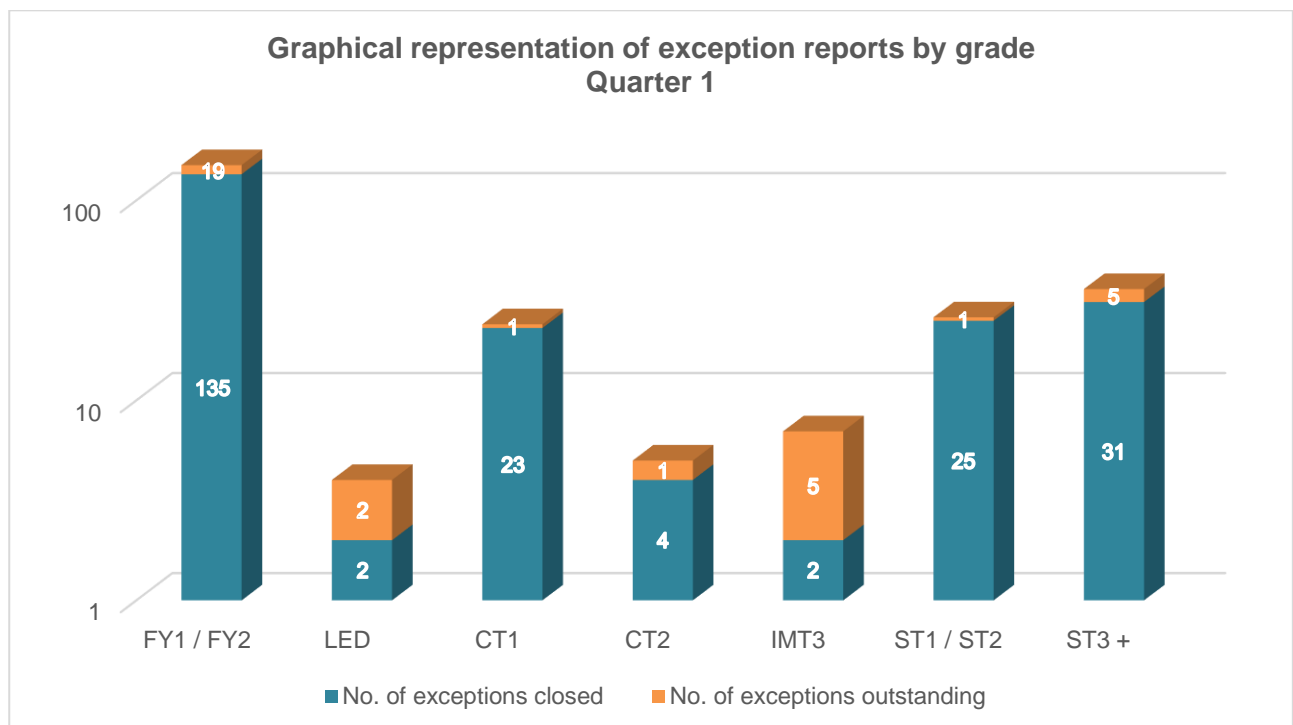
| 3.2 Exception Reports by Specialty by Year | | | | | |
|--|---|---|---------|---------|--|
| Specialty | Average no. of exception reports in Quarter 1 | No. of exception reports submitted in Quarter 1 | | | Trend against average for this Quarter |
| | | 2020/21 | 2021/22 | 2022/23 | |
| Accident and emergency | - | - | - | 1 | Upward |
| Acute Medicine | 8 | - | 2 | 22 | Upward |
| Cardiology | 7 | 3 | 3 | 16 | Upward |
| CAMHS | 3 | - | 5 | 5 | Upward |
| Diabetes & Endocrinology | 2 | - | - | 7 | Upward |
| Gastroenterology | 14 | 3 | 1 | 37 | Upward |
| General Medicine | 14 | 2 | 19 | 21 | Upward |
| General Surgery | 3 | - | 2 | 7 | Upward |
| Geriatric Medicine | 7 | 3 | - | 19 | Upward |
| Infectious Diseases | 8 | - | - | 24 | Upward |
| Microbiology | - | - | - | 1 | Upward |
| Obstetrics and gynaecology | 1 | - | 1 | 2 | Upward |
| Paediatric Surgery | 1 | - | - | 2 | Upward |
| Paediatrics | 6 | - | 3 | 16 | Upward |
| Renal Medicine | 5 | - | - | 15 | Upward |
| Respiratory Medicine | 4 | - | - | 11 | Upward |
| Surgical Specialties | 1 | - | 3 | 1 | Aligned |
| Transplant Surgery | 1 | - | - | 4 | Upward |
| Trauma & Orthopaedics | 5 | 1 | - | 13 | Upward |
| Urology | 3 | - | - | 10 | Upward |
| Vascular Surgery | 7 | - | - | 22 | Upward |
| Total | | | | | |

3.2.1 Q1 has seen a 49% increase in the overall number of exception reports received, from a total of 172 in Q4 to 256. Therefore, it is not surprising that 20 out of the 21 specialties received higher than average numbers of exception reports this Quarter, with one specialty aligned to the average. It should also be noted that the number of reports in the same quarter 2020 and 2021 were lower than usual due to COVID. As can be seen in Appendices 1 and 2 the number of exception reports do fluctuate on a monthly basis, with an average of 45. Reporting levels were above average every month this Quarter [April (n=88), May (n=115) and June (n=53)].

3.2.2 This upward trend in exception reporting can be attributed to several reasons, including:

- 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;
- increased awareness of how, when and why doctors should exception report;
- more locally employed doctors now have the right to report;
- increased reporting levels at NMGH as a result of a targeted campaign.

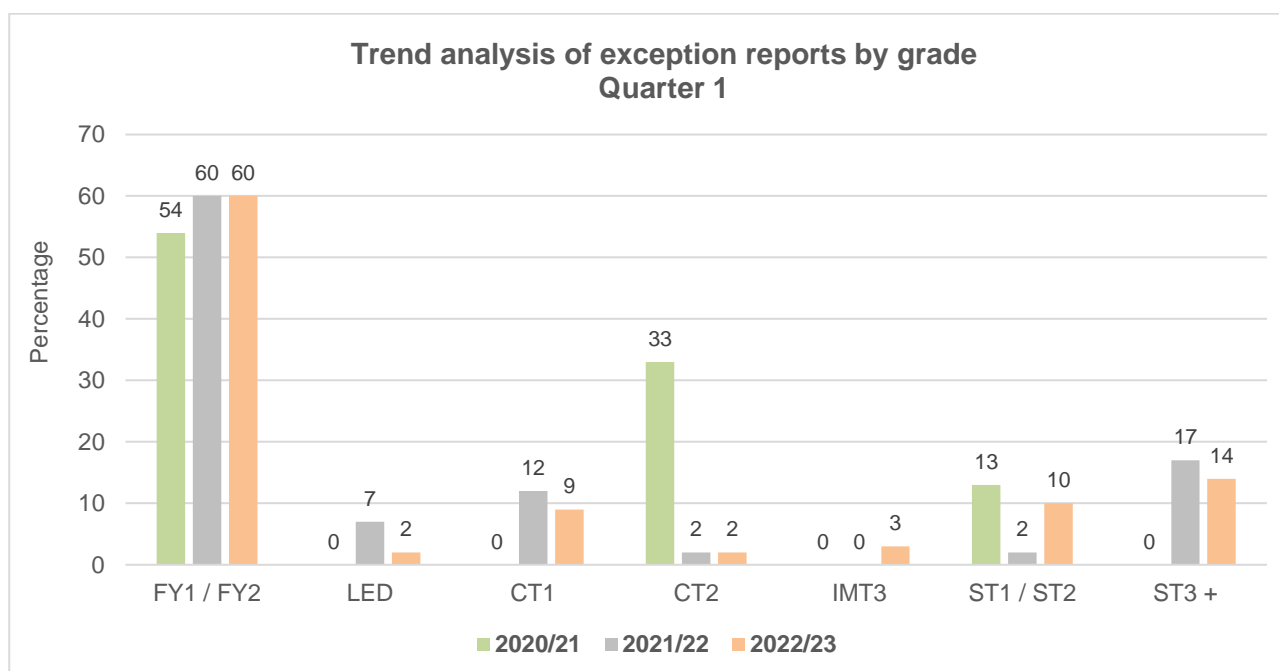
| 3.3 Exception Reports by Grade | | | |
|---------------------------------------|---|---------------------------------|--------------------------------------|
| Grade | No. of exceptions raised in this quarter | No. of exceptions closed | No. of exceptions outstanding |
| FY1 / FY2 | 154 | 135 | 19 |
| LED | 4 | 2 | 2 |
| CT1 | 24 | 23 | 1 |
| CT2 | 5 | 4 | 1 |
| IMT3 | 7 | 2 | 5 |
| ST1 / ST2 | 26 | 25 | 1 |
| ST3 + | 36 | 31 | 5 |
| Total | 256 | 222 | 34 |



3.3.1 The timeliness within which exception reports have been closed has decreased slightly during this Quarter. Eighteen exception reports (10%) were carried over from Q4 into Q1, with 34 exception reports (13%) outstanding at the time of this report.

3.4 Exception Reports by Grade by Year

| Grade | No. of exception reports submitted in Quarter 1 | | | | | |
|--------------|---|-----|-----------|-----|------------|-----|
| | 2020/21 | | 2021/22 | | 2022/23 | |
| FY1 / FY2 | 8 | 54% | 35 | 60% | 154 | 60% |
| LED | - | - | 4 | 7% | 4 | 2% |
| CT1 | - | - | 7 | 12% | 24 | 9% |
| CT2 | 5 | 33% | 1 | 2% | 5 | 2% |
| IMT3 | - | - | - | - | 7 | 3% |
| ST1 / ST2 | 2 | 13% | 1 | 2% | 26 | 10% |
| ST3 + | - | - | 10 | 17% | 36 | 14% |
| Total | 15 | | 58 | | 256 | |



3.4.1 In line with previous GoSW reports, most exception reports (60%) were submitted by foundation doctors. The number of exception reports received from CT1, ST1/ST2 and ST3+ has remained relatively constant compared to Q4.

3.4.2 It should also be noted that 366 LED now have the right to exception report, however, the Allocate system currently does not have a grade option specifically for LED, so most reports are currently included in the ST2 and ST3+ categories. As reported in Q4, a request has been made to Allocate Healthmedics (by all Trusts in the North West) for them to amend their system to include LED as a grade option. In the absence of a response, this has now been escalated to the Allocate account manager for MFT by the Head of Workforce Technology.

| 3.5 Exception Reports by Rota | | | | | | | | |
|---|---------------------------------------|------|------|-----|-----|----|------------|-------------------------------|
| Rota | No. of exceptions raised in Quarter 1 | | | | | | No. closed | No. of exceptions outstanding |
| | MRI | NMGH | RMCH | SMH | TGH | WH | | |
| Medical Microbiology Senior 1:7 | 1 | | | | | | 1 | |
| MRI A&E ST3+ (Yellow Rota) 2021 | 1 | | | | | | - | 1 |
| MRI Cardiology, Junior | 13 | | | | | | 11 | 2 |
| MRI CST, Urology,ENT,Cardio (RSO2) - 2021 | 1 | | | | | | 1 | - |
| MRI General Medicine F1 - 2021 | 5 | | | | | | 5 | - |
| MRI General Medicine IMT/JCF 2 - 2021 | 5 | | | | | | 4 | 1 |
| MRI General Medicine IMT3/SCF - 2021 | 5 | | | | | | 2 | 3 |
| MRI General Surgery FY1 | 29 | | | | | | 24 | 5 |
| MRI Renal Medicine Hybrid 2021 | 5 | | | | | | 4 | 1 |
| NMGH A&E F2 Aug 21 | | 2 | | | | | 2 | - |
| NMGH Gen Med FY1 Whole Site Aug 2021 | | 42 | | | | | 35 | 7 |
| NMGH Gen Med RM02 Aug 21 | | 3 | | | | | 3 | - |
| NMGH Gen Med Senior ST3 + Aug 21 | | 3 | | | | | 2 | 1 |
| NMGH General Surgery Junior Feb 22 | | 3 | | | | | 3 | - |
| NMGH IMT3 Aug 21 | | 1 | | | | | - | 1 |
| NMGH Infectious Diseases Senior Aug 21 | | 16 | | | | | 14 | 2 |
| NMGH RMO1 Gen Med Junior | | 2 | | | | | 2 | - |
| NMGH T&O level 2 Junior | | 3 | | | | | - | 3 |
| RMCH COMBINED Senior 2021 - NEW | | | 12 | | | | 11 | 1 |
| RMCH Paediatric Surgery Junior 2021 | | | 5 | | | | 4 | 1 |
| RMCH Paediatric Surgery Senior - 2021 | | | 1 | | | | - | 1 |
| RMCH, CAMHS Senior 2021 | | | 4 | | | | 4 | - |
| St Marys, O&G Senior (Reg B) 2021 | | | | 1 | | | 1 | - |
| St Marys, O&G, Junior - 2021 | | | | 1 | | | 1 | - |
| Trafford & Psychiatry General Medicine FY1 - 2021 | | | | | 1 | | 1 | - |
| WTWA AMRU | | | | | | 1 | 1 | - |

| 3.5 Exception Reports by Rota | | | | | | | | |
|---|---------------------------------------|-----------|-----------|----------|----------|-----------|------------|-------------------------------|
| Rota | No. of exceptions raised in Quarter 1 | | | | | | No. closed | No. of exceptions outstanding |
| | MRI | NMGH | RMCH | SMH | TGH | WH | | |
| WTWA Gen Med FY1 Aug 2021 | | | | | | 30 | 27 | 3 |
| WTWA Gen Surg Fy1 | | | | | | 1 | 1 | - |
| WTWA Med Gen CF | | | | | | 13 | 13 | - |
| WTWA T&O Jnr April 2021 - inc TGH Fy2 pay | | | | | | 2 | 2 | - |
| WTWA Wythenshawe Gen Med Junior | | | | | | 44 | 43 | 1 |
| Grand Total | 65 | 75 | 22 | 2 | 1 | 91 | 222 | 34 |

3.5.1 The highest number of exception reports (n=44) were received on the WTWA Wythenshawe General Medicine Junior rota for high workload and low staffing levels. The trainees were working in the following sub-specialties:

- Acute Medicine 5
- Cardiology 1
- Gastroenterology 26
- General Medicine 4
- Geriatric Medicine 8

3.5.2 Forty-two exception reports were submitted on the NMGH Gen Med FY1 Whole Site Aug 2021 rota with trainees working in the following sub-specialties:

- Acute Medicine 4
- Child & Adolescent Psychiatry 1
- General Medicine 2
- General Surgery 2
- Infectious Diseases 6
- Respiratory Medicine 11
- Trauma & Orthopaedics 8
- Urology 8

3.5.3 Sixteen exception reports were submitted on the NMGH Infectious Diseases Senior Aug 21 rota. The reasons for the reports, were:

- clinical 2
- late clinic 1
- late handover 3
- service support (IT outage) 3
- staffing 5
- workload 2

3.5.4 Twenty-nine reports were submitted on the MRI General Surgery FY1 rota. The trainees were working in the following sub-specialties:

- General Surgery 2
- Transplant Surgery 4
- Urology 1
- Vascular Surgery 22

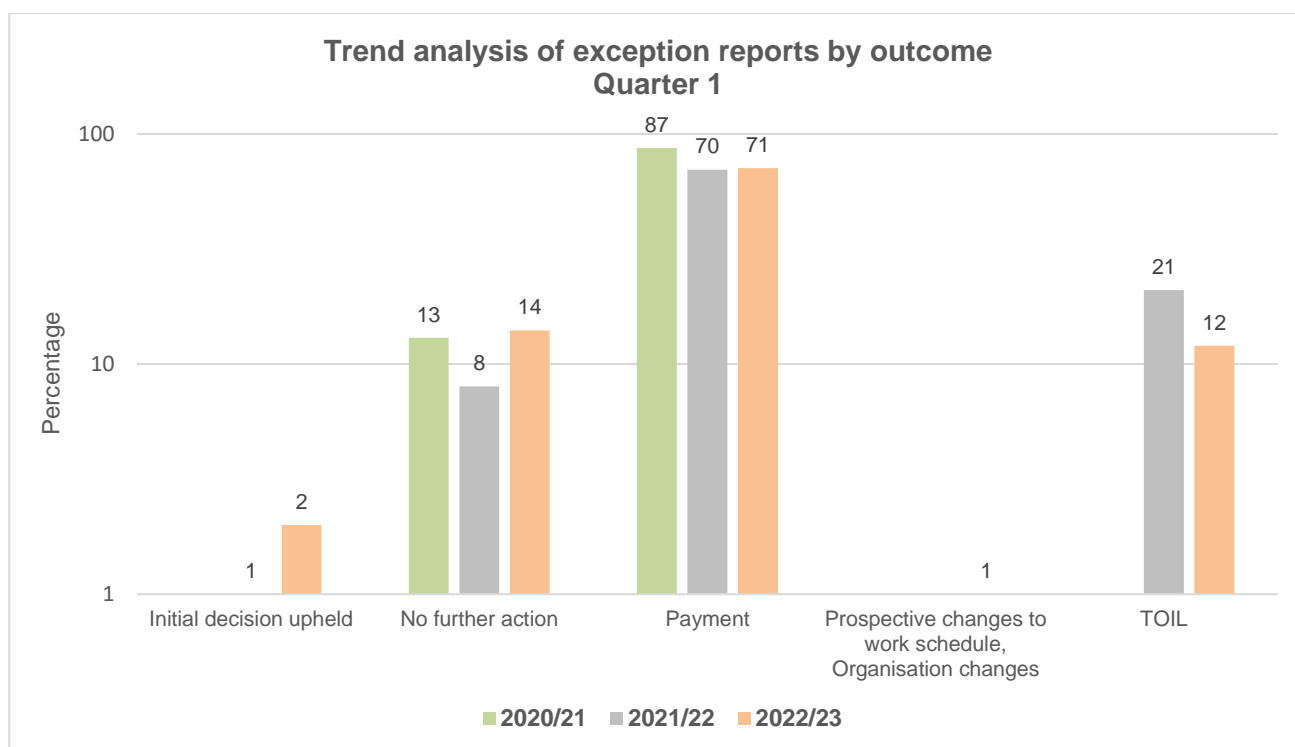
3.6 Work Schedule Reviews

3.6.1 A work schedule review is undertaken when either a doctor is dissatisfied with the outcome of the initial review 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 sixteen work schedule reviews undertaken during this period have been at Level 1. Further details are included in the table below:

| Rota | Hospital / MCS | Specialty | Grade(s) | Reason(s) | Outcome |
|--------------------------------------|----------------|-----------------------|----------|---|---|
| MRI Cardiology, Junior | MRI | Cardiology | ST1 x7 | Staffing Levels | Prospective changes to work schedule |
| MRI General Medicine IMT3/SCF - 2021 | MRI | Acute Medicine | ST4 | Staffing Levels | Payment |
| NMGH Gen Med FY1 Whole Site Aug 2021 | NMGH | General Surgery | FY1 x2 | Unable to attend teaching as on night shift | Prospective changes to work schedule |
| NMGH Gen Med FY1 Whole Site Aug 2021 | NMGH | Trauma & Orthopaedics | FY1 x3 | No lunch or breaks due to staffing levels | Reviewed work schedule, no changes made |
| NMGH Gen Med FY1 Whole Site Aug 2021 | NMGH | Urology | FY1 x3 | Workload pressures | Prospective changes to work schedule, payment, and TOIL |

3.7 Exception Reports by Outcome by Year

| Outcomes | No. of exception reports closed in Quarter 1 | | | | | |
|--|--|-----|---------|-----|------------|-----|
| | 2020/21 | | 2021/22 | | 2022/23 | |
| Initial decision upheld | - | - | 1 | 1% | 4 | 2% |
| No further action | 2 | 13% | 5 | 8% | 31 | 14% |
| Payment | 13 | 87% | 46 | 70% | 157 | 71% |
| Prospective changes to work schedule | - | - | - | - | 1 | - |
| Prospective changes to work schedule, Organisation changes | - | - | - | - | 3 | 1% |
| TOIL | - | - | 14 | 21% | 26 | 12% |
| Total | 15 | | | | 222 | |

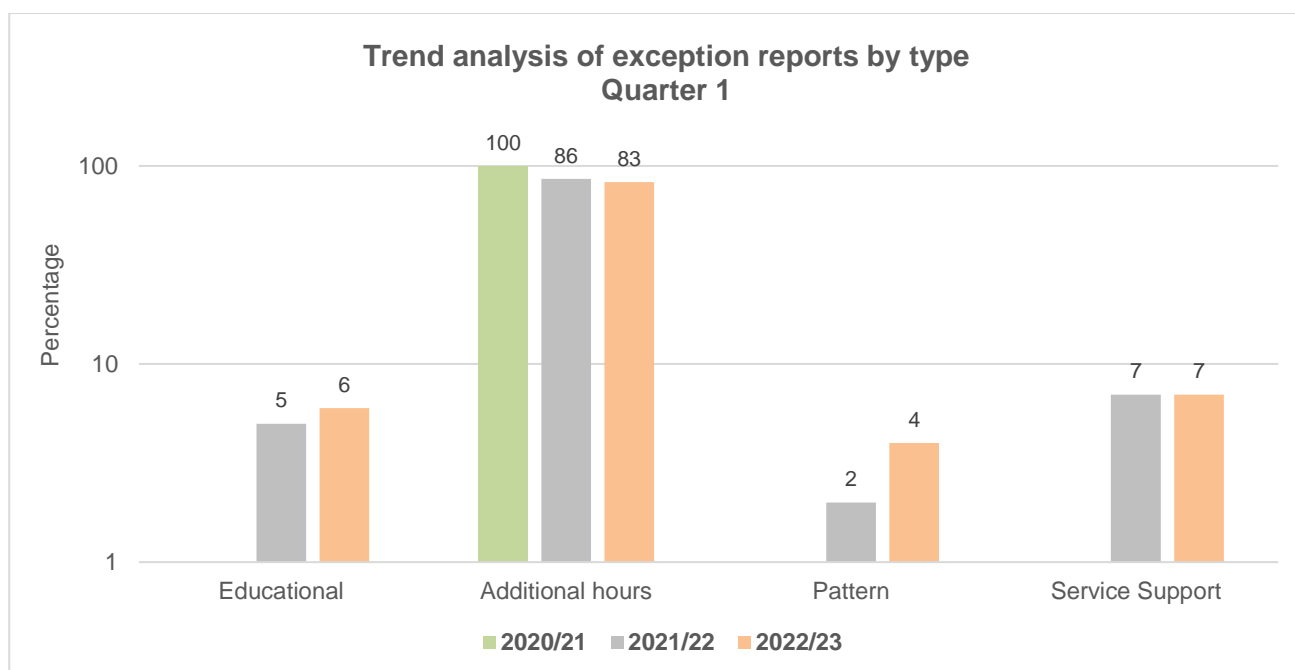


3.7.1 In 71% of cases, payment for the additional hours worked has been agreed, with no further action being taken in 14% of cases, and 12% being granted time off in lieu. In most cases where 'no further action' is the outcome for the individual doctor, their concerns are escalated to the rota coordinator or leadership team, as appropriate, for action to be taken. For example, to address workforce shortages or for self-development time to be incorporated into the rota.

3.8 Exception Reports by Type by Year

| Type | No. of exception reports submitted in Quarter 1 | | | | | |
|------------------------------|---|------|-----------|-----|------------|-----|
| | 2020/21 | | 2021/22 | | 2022/23 | |
| Educational | - | - | 3 | 5% | 16 | 6% |
| Additional hours | 15 | 100% | 50 | 86% | 211 | 83% |
| Pattern | - | - | 1 | 2% | 10 | 4% |
| Service Support ² | - | - | 4 | 7% | 19 | 7% |
| Total | 15 | | 58 | | 256 | |

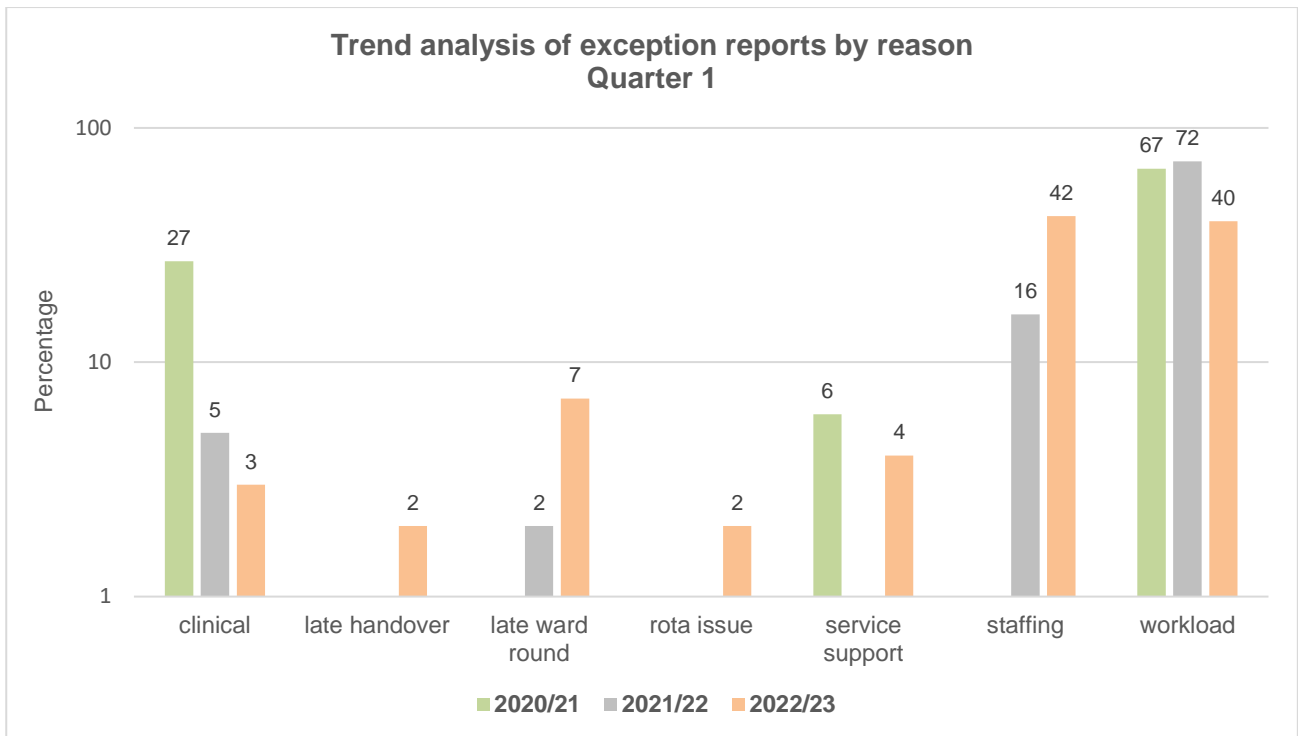
² Includes: IT outage at NMGH, no phlebotomy cover, locum cover not found and bleep not working



3.8.1 Consistently over the last 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 slight downward trend in the overall percentage of reports for additional hours, from 100% (2020/21) to 83% (2022/23).

3.8.2 There were 16 exception reports submitted for educational reasons this Quarter. These were split across MRI (n=4), NMGH (n=5), RMCH (n=2) and WH (n=5). Two reports were submitted from foundation doctors who were unable to take their 2 hours per week contractual self-development time. Eleven 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.

| 3.9 Reasons for Exception Reports by Year | | | | | | |
|--|---|-----|-----------|-----|------------|-----|
| Reason | No. of exception reports submitted in Quarter 1 | | | | | |
| | 2020/21 | | 2021/22 | | 2022/23 | |
| clinical | 4 | 27% | 3 | 5% | 8 | 3% |
| lack of supervision | - | - | - | - | 1 | - |
| late clinic | - | - | - | - | 1 | - |
| late handover | - | - | - | - | 4 | 2% |
| late ward round | - | - | 1 | 2% | 17 | 7% |
| rota issue | - | - | - | - | 4 | 2% |
| service support | 1 | 6% | - | - | 11 | 4% |
| staffing | - | - | 9 | 16% | 108 | 42% |
| workload | 10 | 67% | 42 | 72% | 102 | 40% |
| Total | 15 | | 55 | | 256 | |



3.9.1 In this Quarter, the primary reasons noted for exception reports were low staffing levels (42%), and high workload (40%).

3.9.2 Over the past year the percentage of exception reports submitted due to low staffing levels has more than doubled, from 16% to 42% and this correlates with the increased bank and agency spend seen 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 two fines were levied:

- both 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
- The total fines levied were £303.35 of which £113.77 was paid to the doctor with £189.58 credited to the GoSW fund.

3.10.6 The GoSW fund currently stands at £2,109.34.

4. Establishment Figures and Vacancies (Quarter 1)

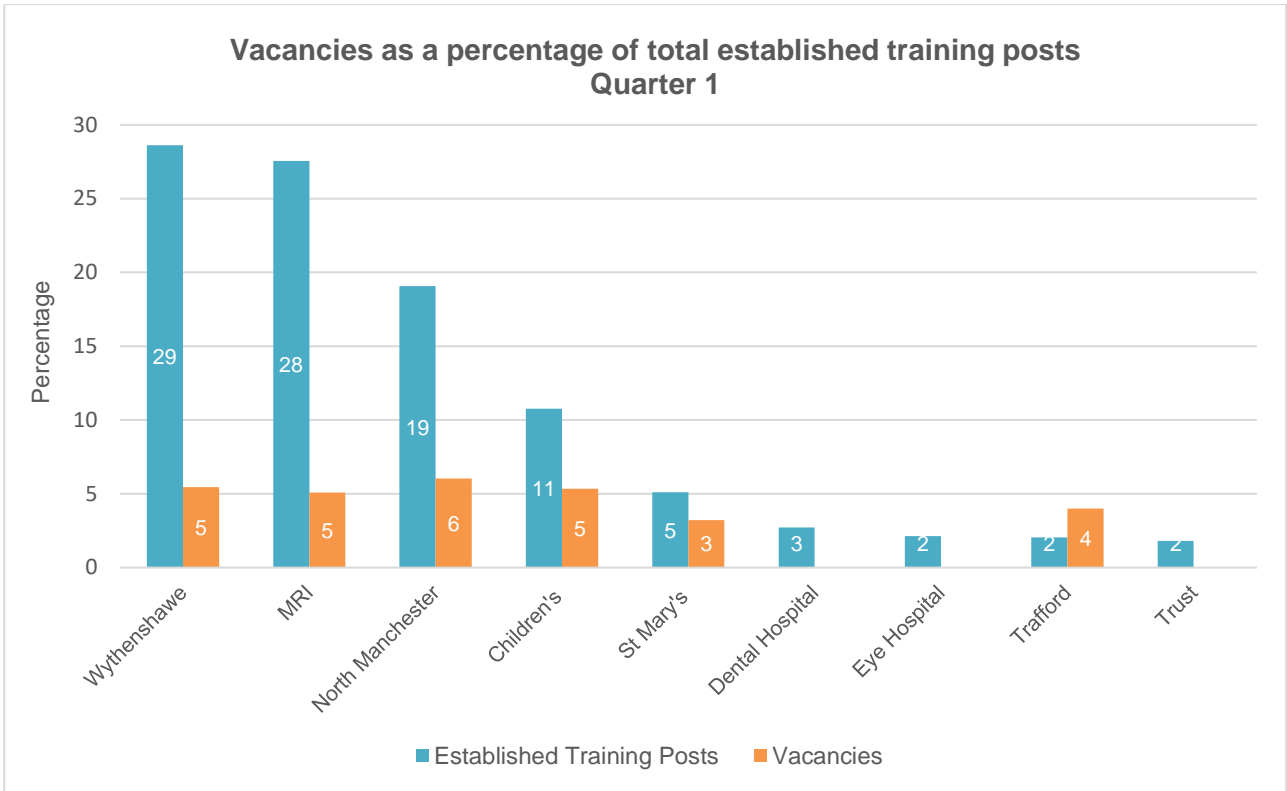
Please note that the data below relates only to doctors in training and as such only provides part of the vacancy picture across the Trust. Use of the Allocate software for rosters across MFT will also enable the number of vacancies for non-training grade doctors to be captured and included in this report once full roll out of the software has been undertaken, which is estimated to be completed by the end of July 2022.

| 4.1 NMGH Establishment & Vacancies | Academic Clinical Fellow | Academic Clinical Lecturer | Foundation 1 | Foundation 2 | GP Specialty Training | Higher Training (St3+) | Lower Training (CT/ST 1/2) | Grand Total | Vacancies | | |
|--|--------------------------------|----------------------------------|-----------------|-----------------|-----------------------------|------------------------------|----------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | Apr | May | Jun |
| 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 | | 2 | | | |
| Clinical Radiology | | | | | | 8 | 1 | 9 | 1 | 1 | 1 |
| Core anaesthetics training | | | | | | | 8 | 8 | 1 | 1 | 1 |
| Core surgical training | | | | | | | 8 | 8 | 4 | 4 | 4 |
| Dental Core Training | | | | | | | 7 | 7 | | | |
| Emergency Medicine | | | | | 6 | 2 | | 8 | | | |
| Endocrinology and Diabetes Mellitus | | | | | | 1 | | 1 | | | |
| Foundation | | | 35 | 32 | | | | 67 | | | |
| Gastroenterology | | | | | | 2 | | 2 | | 1 | 1 |
| General (internal) Medicine | | | | | 4 | | | 4 | | | 1 |
| General Surgery | | | | | | 4 | | 4 | 2 | 2 | 2 |
| Genito-urinary Medicine | | | | | | 1 | | 1 | | | |
| Geriatric Medicine | | | | | | 2 | | 2 | 1 | 1 | |
| Infectious Diseases | | | | | | 11 | 1 | 12 | | | |
| Intensive Care Medicine | | | | | | 4 | | 4 | 1 | 1 | |
| Internal Medicine Stage One | | | | | | | 25 | 25 | 2 | | 1 |
| Obstetrics and gynaecology | | | | | 7 | 10 | 4 | 21 | 1 | 1 | 1 |
| Oral and maxillofacial surgery | | | | | | 4 | | 4 | | | |
| Paediatrics | | | | | 13 | 3 | 3 | 19 | | 1 | 1 |
| Public Health Medicine | | | | | | 1 | | 1 | | | |
| Respiratory Medicine | | 1 | | | | 4 | | 5 | 1 | 1 | 1 |
| Rheumatology | 1 | 2 | | | | 1 | | 4 | | | |
| Trauma and Orthopaedic Surgery | | | | | | 2 | | 2 | | | |
| Grand Total | 3 | 3 | 35 | 32 | 30 | 70 | 59 | 232 | 14 | 14 | 14 |

| 4.2 ORC Establishment & Vacancies | Academic Clinical Fellow | Academic Clinical Lecturer | Core Training | Foundation 1 | Foundation 2 | GP Specialty Training | Higher Training (St3+) | Lower Training (St1/2) | Grand Total | Vacancies | | |
|--|--------------------------------|----------------------------------|------------------|-----------------|-----------------|-----------------------------|------------------------------|------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | | Apr | May | Jun |
| Manchester Royal Eye Hospital (ROA04) | 4 | 1 | | | 2 | | 17 | 2 | 26 | 0 | 0 | 0 |
| Foundation | | | | | 2 | | | | 2 | | | |
| Ophthalmology | 4 | 1 | | | | | 17 | 2 | 24 | | | |
| Manchester Royal Infirmary (ROA02) | 7 | 8 | 3 | 40 | 40 | 12 | 145 | 80 | 335 | 17 | 17 | 17 |
| Acute Care Common Stem - Anaesthetics | | | | | | | | 5 | 5 | | | |
| Acute Care Common Stem - Emergency Medicine | 1 | | | | | | | 3 | 4 | | | |
| Acute Care Common Stem - Intensive Care Medicine | | | | | | | | 3 | 3 | 1 | 1 | 1 |
| Acute Care Common Stem - Internal Medicine | | | | | | | | 4 | 4 | 1 | 1 | |
| Acute internal medicine | | | | | | 1 | 2 | | 3 | | | 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 | | | |
| Core anaesthetics training | | | | | | | | 7 | 7 | | | |
| Core medical Training | 1 | | | | | | | | 1 | | | |
| Core surgical training | | | | | | | | 15 | 15 | 2 | 2 | 2 |
| Dental Core Training | | | | | | | | 7 | 7 | | | |
| Emergency Medicine | | 1 | | | | 3 | 7 | | 11 | | | |
| Endocrinology and Diabetes Mellitus | | 1 | | | | 1 | 3 | | 5 | 1 | | |
| Foundation | | | | 40 | 40 | | | | 80 | | | |
| Gastroenterology | | 1 | | | | | 4 | | 5 | | | |
| General Surgery | | | | | | | 10 | | 10 | 2 | 2 | 2 |
| Genito-urinary Medicine | | | | | | | 4 | | 4 | | 1 | 1 |
| Geriatric Medicine | | | | | | 4 | 2 | | 6 | 1 | | |
| Haematology | | | | | | | 6 | | 6 | | | |
| Histopathology | | | | | | | 5 | 8 | 13 | 1 | 1 | 1 |
| Immunology | | | | | | | 1 | | 1 | 1 | 1 | 1 |
| Intensive Care Medicine | | | | | | | 16 | | 16 | | | |
| Internal Medicine Stage One | 3 | | 3 | | | | | 24 | 30 | 1 | 1 | 1 |
| Medical Microbiology | | | | | | | 4 | | 4 | | | |
| Nuclear Medicine | | | | | | | 2 | | 2 | | | |
| Oral and maxillofacial surgery | | | | | | | 4 | | 4 | 2 | 2 | 2 |
| Otolaryngology | | | | | | | 3 | | 3 | | | |
| Paediatric emergency medicine | | | | | | 2 | | | 2 | | | |
| Renal Medicine | 1 | 1 | | | | | 9 | | 11 | 1 | 1 | 1 |
| Respiratory Medicine | | | | | | 1 | 2 | | 3 | | | |
| Rheumatology | | 2 | | | | | 3 | 1 | 6 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 2 | | 2 | | | |
| Urology | | | | | | | 2 | | 2 | | 1 | 1 |
| Vascular Surgery | | | | | | | 7 | | 7 | | | |

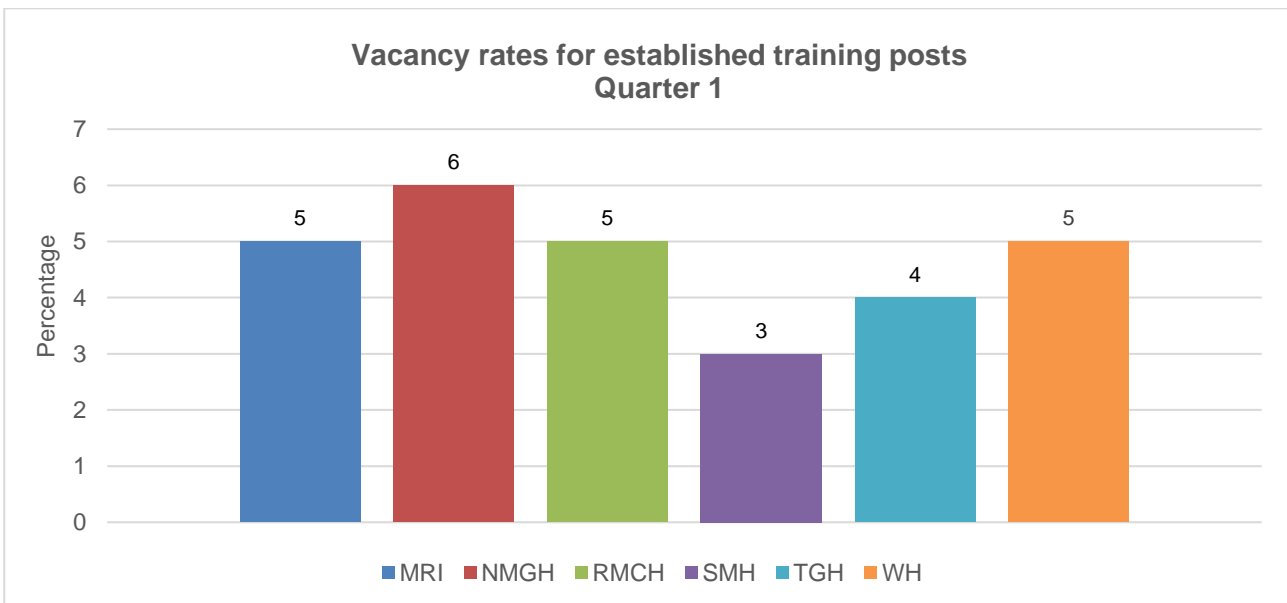
| 4.2 ORC Establishment & Vacancies (cont'd) | Academic Clinical Fellow | Academic Clinical Lecturer | Core Training | Foundation 1 | Foundation 2 | GP Specialty Training | Higher Training (St3+) | Lower Training (St1/2) | Grand Total | Vacancies | | |
|---|--------------------------------|----------------------------------|------------------|-----------------|-----------------|-----------------------------|------------------------------|------------------------------|----------------|-----------|-----------|-----------|
| | | | | | | | | | | Apr | May | Jun |
| MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (ROA01) | 2 | | | | | | 11 | 9 | 22 | | | |
| Child and adolescent psychiatry | 1 | | | | | | 11 | | 12 | | | |
| Core psychiatry training | 1 | | | | | | | 9 | 10 | | | |
| ROYAL MANCHESTER CHILDREN'S HOSPITAL (ROA03) | 4 | 2 | | | 4 | 4 | 86 | 31 | 131 | 8 | 7 | 7 |
| 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 | | 1 | 1 |
| Paediatric Surgery | | | | | | | 8 | | 8 | 1 | 1 | 1 |
| Paediatrics | 2 | 1 | | | | 4 | 32 | 28 | 67 | 6 | 4 | 4 |
| Plastic Surgery | | | | | | | 1 | | 1 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 5 | | 5 | | | |
| ST MARY'S HOSPITAL (ROA05) | 4 | 8 | | | 2 | 10 | 26 | 12 | 62 | 3 | 2 | 2 |
| Clinical Genetics | 2 | 1 | | | | | 5 | | 8 | 1 | 1 | 1 |
| Foundation | | | | | 2 | | | | 2 | | | |
| Obstetrics and gynaecology | 1 | 7 | | | | 10 | 15 | 5 | 38 | 1 | | |
| Paediatrics | 1 | | | | | | 6 | 7 | 14 | 1 | 1 | 1 |
| University Dental Hospital of Manchester (ROA06) | 6 | 3 | | | | | 14 | 10 | 33 | 0 | 0 | 0 |
| Dental Core Training | 1 | | | | | | | 10 | 11 | | | |
| Dental Public Health | 1 | | | | | | | | 1 | | | |
| Oral Medicine | | | | | | | 1 | | 1 | | | |
| Oral Pathology | 1 | | | | | | | | 1 | | | |
| Oral Surgery | 1 | 1 | | | | | 1 | | 3 | | | |
| Orthodontics | | | | | | | 1 | | 1 | | | |
| Paediatric Dentistry | | 1 | | | | | 5 | | 6 | | | |
| Prosthodontics | | 1 | | | | | | | 1 | | | |
| Restorative Dentistry | 1 | | | | | | 6 | | 7 | | | |
| Special Care Dentistry | 1 | | | | | | | | 1 | | | |
| Grand Total | 27 | 24 | 3 | 40 | 46 | 26 | 299 | 144 | 609 | 28 | 26 | 26 |

| 4.3 WTWA Establishment & Vacancies | Academic | Academic | Core Training | Foundation 1 | Foundation 2 | GP Specialty Training | Higher Training (St3+) | Lower Training (St1/2) | Grand Total | Vacancies | | |
|--|-----------------|-------------------|---------------|--------------|--------------|-----------------------|------------------------|------------------------|-------------|-----------|-----------|-----------|
| | Clinical Fellow | Clinical Lecturer | | | | | | | | Apr | May | Jun |
| TRAFFORD GENERAL HOSPITAL (ROA09) | 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 | | | |
| Respiratory Medicine | | | | | | | 1 | | 1 | 1 | 1 | 1 |
| Rheumatology | | | | | | | 1 | | 1 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 1 | | 1 | | | |
| WITHINGTON COMMUNITY HOSPITAL (ROA08) | | | | | | | 2 | | 2 | 0 | 0 | 0 |
| Genito-urinary Medicine | | | | | | | 1 | | 1 | | | |
| Rehabilitation Medicine | | | | | | | 1 | | 1 | | | |
| WYTHENSHAW HOSPITAL (ROA07) | 10 | 9 | 5 | 36 | 36 | 24 | 151 | 77 | 348 | 18 | 19 | 19 |
| Acute Care Common Stem - Anaesthetics | | | | | | | | 1 | 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 | | |
| Anaesthetics | 2 | | | | | | 23 | | 25 | 1 | | |
| Cardiology | | 1 | | | | | 6 | | 7 | | | |
| Cardiothoracic surgery | | 1 | | | | | 5 | | 6 | 1 | 1 | 1 |
| Chemical Pathology | | | | | | | 1 | | 1 | | | |
| Clinical Radiology | | | | | | | 10 | 2 | 12 | 1 | 1 | 1 |
| Core anaesthetics training | | | | | | | | 10 | 10 | | | |
| Core surgical training | | | | | | | | 16 | 16 | 3 | 3 | 3 |
| 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 | | 3 | 3 |
| Geriatric Medicine | | | | | | 7 | 4 | | 11 | | | |
| Histopathology | | | | | | | 4 | | 4 | 1 | 1 | 1 |
| Intensive Care Medicine | | | | | | | 20 | | 20 | 3 | 3 | 3 |
| Internal Medicine Stage One | 2 | | 5 | | | | | 30 | 37 | 2 | 2 | 2 |
| Medical Microbiology | | | | | | | 1 | | 1 | | | |
| Obstetrics and gynaecology | | | | | | 5 | 8 | 3 | 16 | | | |
| Oral and maxillofacial surgery | | | | | | | 2 | | 2 | | | |
| Orthodontics | | | | | | | 3 | | 3 | | | |
| Otolaryngology | | | | | | | 2 | | 2 | 1 | 1 | 1 |
| Paediatrics | 1 | | | | | 5 | 7 | 3 | 16 | | | |
| Plastic Surgery | 1 | 1 | | | | | 14 | | 16 | 3 | 3 | 3 |
| Renal Medicine | | | | | | | 1 | | 1 | | | |
| Respiratory Medicine | | 3 | | | | | 8 | | 11 | 1 | 1 | 1 |
| Rheumatology | | 1 | | | | | 2 | | 3 | | | |
| Trauma and Orthopaedic Surgery | | | | | | | 4 | | 4 | | | |
| Urology | | 1 | | | | | 2 | | 3 | | | |
| Grand Total | 13 | 9 | 5 | 42 | 36 | 26 | 163 | 81 | 375 | 19 | 20 | 17 |



4.4 Vacancy Rate against Establishment

| | MRI | NMGH | RMCH | SMH | TGH | WH | Trust Average |
|-----------|-----|------|------|-----|-----|----|---------------|
| Quarter 1 | 5% | 6% | 5% | 3% | 4% | 5% | 5% |
| Quarter 2 | | | | | | | |
| Quarter 3 | | | | | | | |
| Quarter 4 | | | | | | | |



- 4.4.1 The vacancy rate for established training posts has increased from an average of 4% for the Group in Q4 to 5% in Q1. The most marked increase is at NMGH, from 4.5% (Q4) to 6% (Q1), which results in NMGH having the highest vacancy rate once again across the Group.
- 4.4.2 MRI is carrying most vacancies in cardiothoracic surgery, whereas at NMGH and WH both have most vacancies in core surgical training. WH also has multiple vacancies in plastic surgery and intensive care medicine and there are four vacancies in paediatrics at RMCH.
- 4.4.3 Appendix 4 provides full details of the number of locum shifts/hours requested and paid for by department, grade, and reason during Q1.
- 4.4.4 The total use of locums (as measured in hours paid) has increased by c.8,300 hours from 167,055 (Q4) to 175,423 (Q1). The reasons for using locums remained constant from Q4 to Q1. It was recorded that 'vacancy' accounted for 86% of locum bookings; 'site pressures' and 'workload increases' combined accounted for 5%; 'emergency department support shift' accounted for 3%; 'COVID-19' accounted for 2%; and 'sickness' accounted for 2%.

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

| Hospital / MCS | Establishment | No. LTFT trainees | Percentage LTFT |
|--|---------------|-------------------|-----------------|
| 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% |
| MFT Group Total | 1216 | 230 | 19% |

- 4.5.1 Nineteen percent of training posts (n=230) 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 SMH and RMCH where LTFT trainees account for 47% and 42% of all trainees respectively.

5. Overall Summary for Quarter 1

- 5.1 Q1 has seen a total of 256 exception reports submitted by 84 doctors, which is an increase of 84 reports (49%) from Q4. The number of doctors actively using the exception reporting system to raise concerns continues to be very small proportion (c. 7%) of the overall junior doctor cohort, however, the percentage has increased from 4% in the previous quarter.
- 5.2 Sixteen 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. Upon review, it was found that none of these incidents put patients or doctors in immediate risk.
- 5.3 For the first time this Quarter, the data has been presented by hospital rather than cumulatively by site. The 256 exception reports were split across the hospitals as follows:
- MRI - 65
 - NMGH - 75
 - RMCH - 22
 - SMH - 2
 - TGH - 1
 - WH - 91

This highlights that reporting levels at NMGH have significantly improved from 6.3% (Q4) to 32% (Q1). This increase can be largely attributed to the proactive exception reporting campaign recently undertaken by the Director of Medical Education, Medical Director, Chair of the Junior Doctor Leaders Group, and the Guardian of Safe Working. However, it is also reflective of the fact that NMGH has the highest vacancy rate and therefore junior doctors are working additional hours and missing educational opportunities because of low staffing levels.

- 5.4 The exception reporting rate by hospital varies significantly from 32% at NMGH to 3% at SMH, with an average rate of 17%. It should also be noted that no reports were received in this Quarter in MREH, UDHM or Withington Hospital. The GoSW is keen to see reporting levels increase in line with the Trust average at SMH and MREH, where there are significant numbers of junior doctors, and will be working with the leadership teams and junior doctors in these hospitals to raise awareness of exception reporting.
- 5.5 In line with previous reports, most exception reports (60%) were from foundation doctors. The GoSW will continue to encourage LED to exception report and recently presented at a 'toolbox' session for LED. Under-reporting of LED exception reports continues to be an issue in the absence of a specific LED grade option in Allocate because most reports are currently included in the ST2/ST3+ grade 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. In the absence of a response, this has now been escalated to the Allocate account manager for MFT by the Head of Workforce Technology.
- 5.6 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 2021 and this correlates with the increased bank and agency spend, where 86% of locum shifts worked are to cover vacancies, the majority of which are at junior or senior house office grades. However, on average 28% of these rota gaps remained unfilled, even with escalated rates continuing in certain specialties. This is compounded by the fact that 19% of all

training posts are now filled by LTFT trainees, with SMH and the RMCH at over 40%. To address this, hospitals should be proactively recruiting to non-training grade posts.

5.7 The trend analysis of exception reports by speciality from 2020 to 2022, shows that all but one specialty was above average in Q1. Sixteen exception reports were escalated to a level 1 work schedule review and four fines were levied. From the exception reporting data alone, it appears that junior doctors experienced most workload pressure in the following specialties:

- MRI: vascular surgery, cardiology, acute medicine and renal medicine
- NMGH: infectious diseases, respiratory medicine, trauma & orthopaedics and urology
- RMCH: paediatric medicine
- WH: gastroenterology, general medicine, geriatric medicine and renal medicine

The challenges identified via exception reporting in these specialties will be highlighted at hospital Medical Education Committees and the Medical Directors Workforce Board for their consideration and action to mitigate these concerns. The GoSW will continue to monitor these specialties, however, from the reports submitted I am assured that there are no overriding safety concerns.

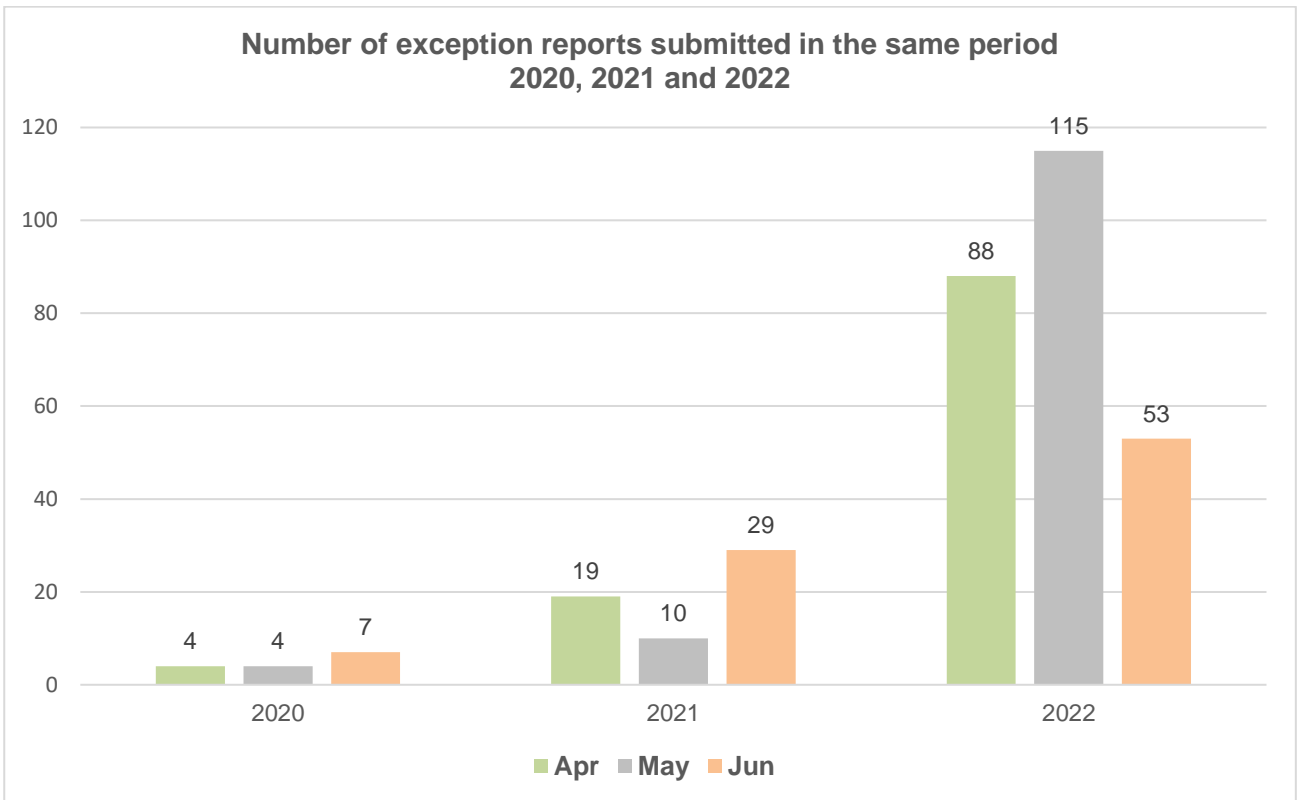
5.8 The Junior Doctors' Forum met once in Q1, with a presentation about HIVE the main agenda item. Work on the trainee exception reporting survey action plan (Appendix 5) has continued with GoSW presentations the Quarter to LED; CSS and NMGH clinical leaders' groups. All actions are on track or have been completed, apart from the request to add in additional grade options to Allocate, as detailed in paragraph 5.5, which is delayed.

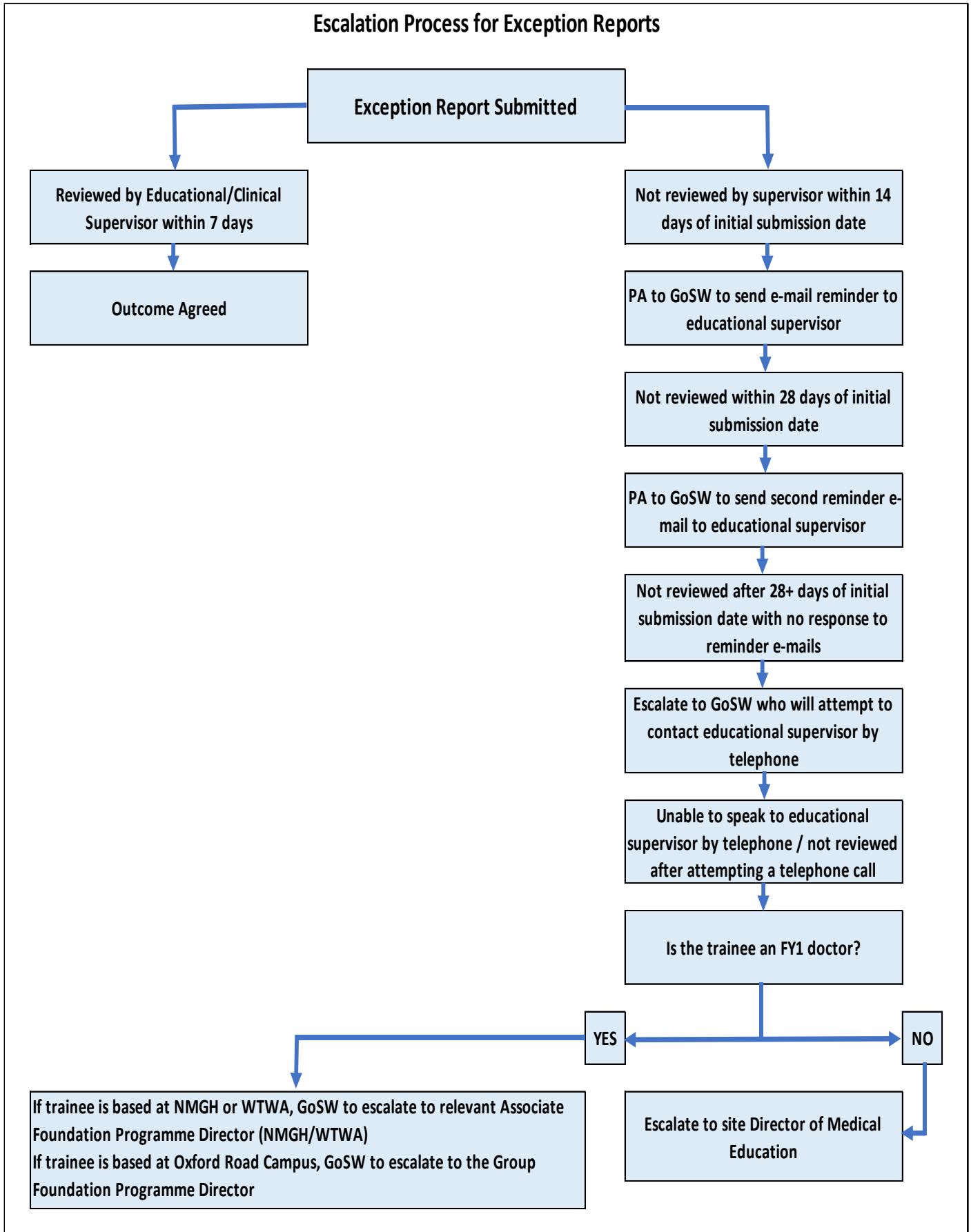
Total number of exception reports submitted each month (Period January 2019 – June 2022)

| 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 | 64 |
| April 2022 | 88 | 88 |
| May 2022 | 115 | 99 |
| June 2022 | 53 | 18 |
| Total | 1894 | 1860 |

Comparison of number of exception reports submitted for Apr – Jun 2022 against the same period in 2021 and 2020.

| Date | Apr 2020 | Apr 2021 | Apr 2022 | May 2020 | May 2021 | May 2022 | Jun 2020 | Jun 2021 | Jun 2022 |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number of Exception Reports | 4 | 19 | 88 | 4 | 10 | 115 | 7 | 29 | 53 |





Locum Bookings (Period 01/04/22 – 30/06/22)

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 |
| CSS - Anaesthetics WTWA - Junior Rota | 2 | 2 | 21 | 21 |
| CSS - Anaesthetics WTWA - Senior Rota | 43 | 33 | 420 | 324 |
| CSS - Critical Care - Junior & Senior Rota | 194 | 166 | 2,183 | 1,858 |
| CSS - General Anaesthetics MRI - Medical Rota | 248 | 202 | 2,657 | 2,104 |
| CSS - Histopathology MRI - Medical Rota | 108 | 108 | 827 | 827 |
| CSS - Microbiology and Virology - Medical Rota | 38 | 32 | 297 | 260 |
| CSS - Neurophysiology - Consultant Rota | 23 | 22 | 125 | 118 |
| CSS - Nuclear Medicine MRI - Medical Rota | 9 | 8 | 71 | 63 |
| CSS - Radiology RMCH, MRI & WYTH - Medical Rota | 28 | 24 | 276 | 244 |
| DH - Dental Core - Junior & Senior Rota | 121 | 106 | 1,142 | 1,038 |
| MLCO - Community Learning Disability Team - Consultant Rota | 38 | 37 | 304 | 296 |
| MLCO - GP - Consultant Rota | 45 | 43 | 308 | 292 |
| MLCO - Trafford CCHS - Medical Rota | 49 | 48 | 441 | 432 |
| MRI - ACU - Medical Rota | 288 | 272 | 2,155 | 2,022 |
| MRI - Cardiac Surgery - Senior Rota | 115 | 107 | 1,288 | 1,198 |
| MRI - Cardiology - Senior & Junior Rota | 408 | 312 | 3,864 | 2,910 |
| MRI - CMDU - Medical Rota | 9 | 9 | 21 | 21 |
| MRI - Emergency Medicine - Junior & Senior Rota | 692 | 559 | 6,542 | 5,267 |
| MRI - ENT, Urology & CT – Junior Rota | 82 | 70 | 719 | 614 |
| MRI - Gastroenterology - Consultant Rota | 96 | 75 | 833 | 644 |
| MRI - General Medicine - Consultant Rota | 300 | 272 | 2,274 | 2,067 |
| MRI - General Medicine - Junior & Senior Rota | 1,032 | 945 | 8,987 | 8,170 |

| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| MRI - Haematology - Medical Rota | 257 | 247 | 2,254 | 2,169 |
| MRI - R&I Covid 19 Vaccine Research - Medical Rota | 31 | 28 | 167 | 128 |
| MRI - Renal Medicine - Consultant Rota | 13 | 13 | 101 | 101 |
| MRI - Renal Medicine - Senior Rota | 46 | 39 | 675 | 593 |
| MRI - Transplant - Medical Rota | 16 | 13 | 241 | 196 |
| MRI - Urology - Consultant & Senior Rota | 16 | 13 | 209 | 168 |
| MRI & TGH - General Surgery & HPB - Consultant Rota | 183 | 142 | 1,806 | 1,414 |
| MRI & TGH - General Surgery & HPB - FY1 Rota | 15 | 9 | 136 | 73 |
| MRI & TGH - General Surgery & HPB - Junior Rota | 95 | 85 | 856 | 766 |
| MRI & TGH - General Surgery & HPB - Senior Rota | 73 | 72 | 673 | 664 |
| MRI & WH - Vascular Surgery - Senior Rota | 17 | 17 | 257 | 257 |
| MRI, RMCH & SRFT - ENT - Senior Rota | 25 | 23 | 210 | 194 |
| NMGH - (blank) | 2 | | 3 | 0 |
| NMGH - A&E | 929 | 731 | 8529 | 6643 |
| NMGH - Acute Care and Common Stem | 2 | | 5 | 0 |
| NMGH - Acute Medicine | 505 | 417 | 4499 | 2972 |
| NMGH - Ambulatory Care | 241 | 182 | 2007 | 1521 |
| NMGH - AMU - Medical Rota | 16 | 16 | 132 | 132 |
| NMGH - Anaesthetics - Medical Roster | 296 | 239 | 2,971 | 2,048 |
| NMGH - Anaesthetics and Paediatrics | 9 | 2 | 91 | 16 |
| NMGH - Breast Surgery - Medical Rota | 150 | 129 | 1,120 | 972 |
| NMGH - Cardiology | 44 | 43 | 353 | 320 |
| NMGH - Care of the Elderly | 48 | 48 | 444 | 404 |
| NMGH - Child and Adolescent | 2 | | 21 | 0 |
| NMGH - Clinical Response Team - Juniors & Seniors | 182 | 146 | 1,528 | 1,231 |

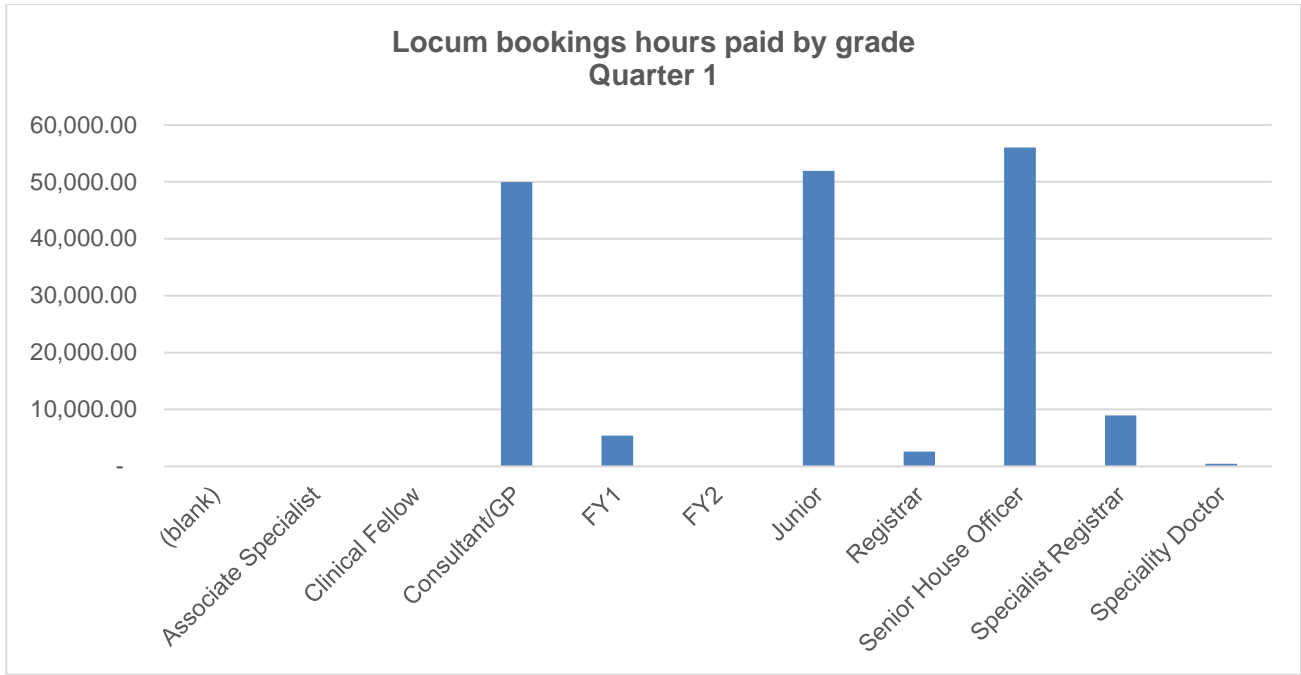
| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| NMGH - Emergency Medicine - Medical Rota | 212 | 144 | 2,068 | 1,382 |
| NMGH - Endocrinology and Diabetes | 75 | 74 | 750 | 614 |
| NMGH - Gastroenterology | 27 | 26 | 213 | 220 |
| NMGH - General Integrated Medicine - Medical Rota | 185 | 160 | 1,622 | 1,428 |
| NMGH - General Surgery | 576 | 487 | 5263 | 4458 |
| NMGH - General Surgery - Medical Rota | 168 | 138 | 1,440 | 1,183 |
| NMGH - Gynaecology | 18 | 12 | 131 | 70 |
| NMGH - Infectious Diseases | 70 | 58 | 441 | 386 |
| NMGH - Intensive Care - Medical Rota | 429 | 312 | 4,942 | 3,466 |
| NMGH - Medicine | 2443 | 1585 | 19994 | 12002 |
| NMGH - Neonatal Medicine | 1 | | 12 | 0 |
| NMGH - Obstetrics and Gynaecology | 233 | 78 | 2506 | 746 |
| NMGH - Oral and Maxillofacial Surgery | 168 | 135 | 1746 | 1103 |
| NMGH - Orthogeriatrics | 36 | 36 | 270 | 296 |
| NMGH - Paediatric A&E | 66 | 66 | 760 | 755 |
| NMGH - Paediatrics | 83 | 44 | 816 | 408 |
| NMGH - Paeds & Neonates - Medical Rota | 596 | 371 | 5,371 | 3,067 |
| NMGH - Respiratory - Medical Rota | 68 | 65 | 516 | 521 |
| NMGH - Trauma & Orthopaedics - Medical Rota | 387 | 343 | 3476 | 2828 |
| NMGH - Urology | 216 | 173 | 1748 | 1521 |
| REH - Medical Rota | 411 | 201 | 3,894 | 1,950 |
| RMCH - CAMHS - Consultant Rota | 9 | 9 | 55 | 55 |
| RMCH - CAMHS - Junior and Senior Rota | 40 | 36 | 728 | 648 |
| RMCH - Emergency Medicine - Medical Rota | 260 | 216 | 2,107 | 1,737 |
| RMCH - General Paediatric Surgery - Consultants | 2 | 0 | 48 | 0 |

| 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 - Consultant Rota | 5 | 5 | 28 | 28 |
| RMCH - General Paediatrics - Junior Rota | 17 | 11 | 142 | 88 |
| RMCH - General Paediatrics - Senior Rota | 133 | 101 | 1,179 | 905 |
| RMCH - Haematology - Junior & Middle Grade Rota | 1 | 1 | 5 | 5 |
| RMCH - Oncology Haematology - Medical Rota | 16 | 14 | 128 | 111 |
| RMCH - Paediatric Anaesthesia - Medical Rota | 20 | 10 | 181 | 104 |
| RMCH - Paediatric Endocrinology - Medical Rota | 1 | 1 | 9 | 9 |
| RMCH - Paediatric Gastroenterology - Consultant Rota | 19 | 15 | 167 | 131 |
| RMCH - Paediatric Neurology - Medical Rota | 1 | 1 | 2 | 2 |
| RMCH - Paediatric Neurosurgery - Medical Rota | 17 | 13 | 196 | 155 |
| RMCH - Paediatric Orthopaedics - Medical Rota | 14 | 14 | 136 | 136 |
| RMCH - Paediatric Surgery - Junior Rota | 23 | 20 | 213 | 193 |
| RMCH - Paediatric Surgery - Senior Rota | 63 | 47 | 572 | 375 |
| RMCH - Paediatric Urology - Medical Rota | 1 | 1 | 9 | 9 |
| RMCH - Paediatrics - Consultant Rota | 8 | 7 | 85 | 80 |
| RMCH - Paediatrics - Junior & Senior Rota | 15 | 13 | 173 | 148 |
| RMCH - PICU - Consultant Rota | 14 | 10 | 216 | 152 |
| RMCH - PICU - Consultants | 2 | 0 | 24 | 0 |
| RMCH - PICU - Senior Rota | 15 | 14 | 172 | 167 |
| RMCH - PICU Transport NWTS - Medical Rota | 116 | 93 | 1,030 | 815 |
| RMCH - Tertiary Paediatrics - Junior Rota | 77 | 59 | 798 | 603 |
| RMCH - WTWA Paediatrics - Junior Rota | 30 | 21 | 375 | 263 |
| RMCH - WTWA Paediatrics - Senior Rota | 95 | 55 | 1,042 | 584 |
| SMH - Neonates - Medical Rota | 40 | 30 | 429 | 316 |
| SMH - NICU - Medical Rota | 16 | 10 | 186 | 110 |

| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| SMH - Obstetrics & Gynaecology ORC - Medical Rota | 207 | 149 | 1,660 | 1,169 |
| SMH - Obstetrics & Gynaecology WTWA - Junior & Senior Rota | 147 | 130 | 1,374 | 1,204 |
| SMH - Reproductive Medicine - Medical Rota | 6 | 6 | 28 | 28 |
| TGH - General Medicine - Consultant Rota | 105 | 89 | 874 | 752 |
| TGH - General Medicine - FY1, Junior & Senior Rota | 256 | 146 | 2,001 | 1,201 |
| TGH - INRU - Medical Rota | 65 | 35 | 520 | 280 |
| TGH - Urgent Care - Medical Rota | 180 | 140 | 2,188 | 1,718 |
| WTWA - Cardiology - Junior Rota | 6 | 1 | 50 | 2 |
| WTWA - Cardiology - Senior Rota | 38 | 36 | 385 | 360 |
| WTWA - Cardiothoracic - Junior & Senior Rota | 27 | 27 | 335 | 335 |
| WTWA - Dermatology - Consultant Rota | 26 | 26 | 204 | 204 |
| WTWA - Emergency Medicine - Consultant Rota | 47 | 42 | 370 | 337 |
| WTWA - Emergency Medicine - Junior & Senior Rota | 1,104 | 615 | 9,240 | 5,401 |
| WTWA - ENT –Junior, Senior & Consultant Rota | 83 | 66 | 992 | 771 |
| WTWA - Gastroenterology - Consultant Rota | 98 | 97 | 612 | 604 |
| WTWA - General Medicine - AMRU ACPs | 1 | 1 | 4 | 4 |
| WTWA - General Medicine - Consultant Rota | 284 | 213 | 2,273 | 1,704 |
| WTWA - General Medicine - Junior Rota | 1,216 | 592 | 9,720 | 4,508 |
| WTWA - General Medicine - Senior Rota | 115 | 63 | 1,107 | 542 |
| WTWA - General Paediatrics - Consultant Rota | 24 | 20 | 258 | 219 |
| WTWA - General Surgery - Junior & Senior Rota | 145 | 131 | 1,358 | 1,236 |
| WTWA - Respiratory - Senior Rota | 102 | 32 | 935 | 348 |
| WTWA - Trauma & Orthopaedics - Junior & Senior Rota | 217 | 187 | 2,169 | 1,845 |
| WTWA - Trauma & Orthopaedics TGH & MRI - Medical Rota | 306 | 268 | 2,901 | 2,533 |
| WTWA - Urology - Senior Rota | 8 | 6 | 52 | 39 |

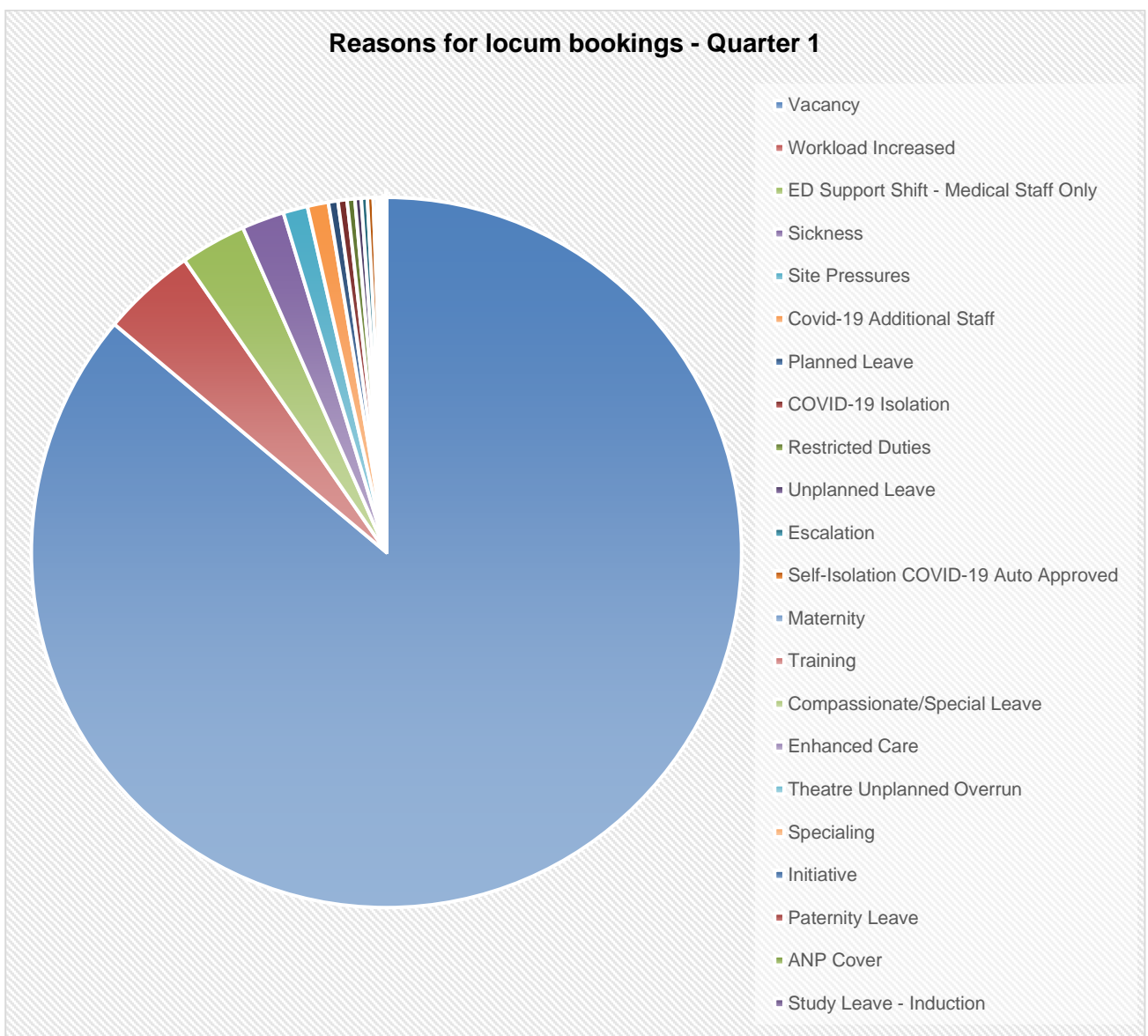
| Locum Bookings (Bank & Agency) by Specialty | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Specialty | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| WTWA & MRI - Max Fax - Junior Rota | 50 | 50 | 437 | 437 |
| WTWA & MRI - Max Fax - Senior & Consultant Rota | 90 | 76 | 1,258 | 1,049 |
| WTWA & RMCH - Burns & Plastics - Consultant Rota | 19 | 14 | 154 | 117 |
| WTWA & RMCH - Burns & Plastics - Junior Rota | 68 | 60 | 758 | 679 |
| WTWA & RMCH - Burns & Plastics - Senior Rota | 60 | 48 | 795 | 656 |
| (blank) | 7,433 | 4,817 | 45,046 | 45,046 |
| Grand Total | 27,252 | 19,624 | 223,500 | 175,423 |

| Locum Bookings (Bank & Agency) by Grade | | | | |
|--|--------------------------------|---------------------------|-------------------------------|--------------------------|
| Grade | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| (blank) | 2,553 | - | 23,254 | - |
| Associate Specialist | 7 | 7 | 59 | 61 |
| Clinical Fellow | 3 | 1 | 14 | 5 |
| Consultant/GP | 7,313 | 5,813 | 56,375 | 49,952 |
| FY1 | 1,114 | 718 | 7,203 | 5,410 |
| FY2 | 9 | 6 | 51 | 32 |
| Junior | 7,064 | 5,845 | 55,290 | 51,932 |
| Registrar | 493 | 346 | 4,284 | 2,594 |
| Senior House Officer | 7,258 | 5,898 | 62,577 | 56,046 |
| Specialist Registrar | 1,366 | 938 | 13,768 | 8,933 |
| Speciality Doctor | 72 | 52 | 626 | 458 |
| Total | 27,252 | 19,624 | 223,500 | 175,423 |

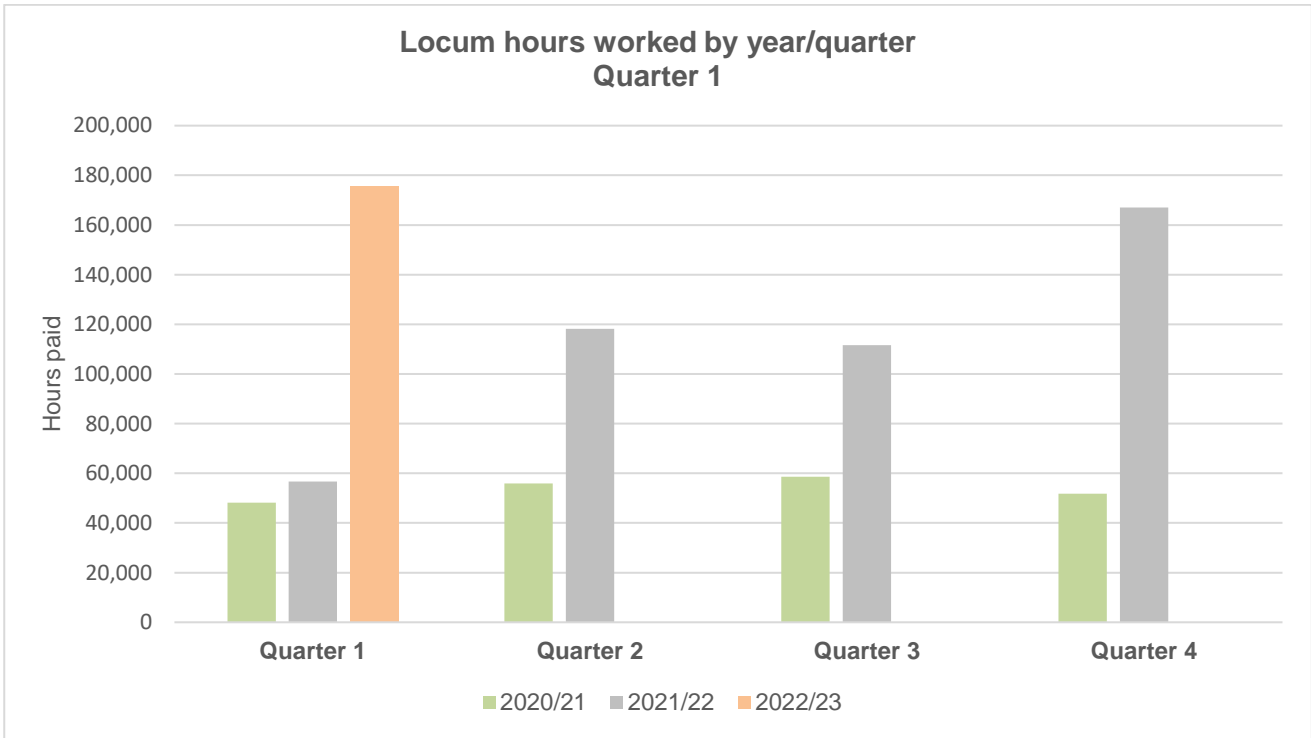


| Locum Bookings (Bank & Agency) by Reason | | | | |
|--|-------------------------|--------------------|------------------------|-------------------|
| Reason | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| ANP Cover | 8 | 2 | 16 | 16 |
| Compassionate/Special Leave | 29 | 27 | 214 | 210 |
| Covid Recovery | 1 | - | - | - |
| Covid-19 Additional Staff | 226 | 211 | 1,799 | 1,675 |
| COVID-19 Isolation | 132 | 82 | 1,203 | 721 |
| ED Support Shift - Medical Staff Only | 689 | 560 | 6,501 | 5,257 |
| Enhanced Care | 23 | 20 | 135 | 117 |
| Escalation | 108 | 56 | 789 | 481 |
| Initiative | 4 | 3 | 30 | 24 |
| Maternity | 35 | 28 | 385 | 294 |
| None given | 18 | - | 16 | - |
| Paternity Leave | 2 | 2 | 20 | 20 |
| Planned Leave | 106 | 82 | 970 | 764 |
| Restricted Duties | 245 | 78 | 1,320 | 626 |
| Self-Isolation COVID-19 Auto Approved | 65 | 38 | 530 | 461 |
| Sickness | 618 | 382 | 5,204 | 3,391 |
| Site Pressures | 544 | 251 | 2,981 | 1,957 |
| Specialing | 4 | 3 | 33 | 25 |

| Locum Bookings (Bank & Agency) by Reason | | | | |
|--|-------------------------|--------------------|------------------------|-------------------|
| Reason | No. of shifts requested | No. of shifts paid | No. of hours requested | No. of hours paid |
| Study Leave - Induction | 7 | 2 | 40 | 16 |
| Theatre Unplanned Overrun | 10 | 9 | 78 | 77 |
| Training | 30 | 29 | 256 | 248 |
| Unplanned Leave | 52 | 43 | 593 | 502 |
| Vacancy | 22,912 | 16,795 | 189,087 | 151,054 |
| Workload Increased | 1,384 | 921 | 11,302 | 7,489 |
| Grand Total | 27,252 | 19,624 | 223,500 | 175,423 |
| Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested) | 72% | | | |



| Locum Bookings by Year / Quarter (Hours Paid) | | | |
|---|---------|---------|---------|
| | 2020/21 | 2021/22 | 2022/23 |
| Quarter 1 | 48,205 | 56,681 | 175,423 |
| Quarter 2 | 55,961 | 118,117 | |
| Quarter 3 | 58,550 | 111,633 | |
| Quarter 4 | 51,743 | 167,055 | |



| Trainee Exception Reporting Survey December 2021 - Action Plan | | | | | |
|--|--|--|------------------------------|--------------|-----------|
| Theme | Actions | Progress @ 18.07.22 | Owner | Timescale | Status |
| Usernames / Login Details | GoSW emailed all trainees 9.12.21 with exception reporting guide and how to get a password reset. | Completed | GoSW | December '21 | Completed |
| | Usernames and login details are set up ahead of trainees joining the Trust | Medical Workforce Team set up all usernames within 48 hours of starting at MFT | Medical Workforce Team | January '22 | Completed |
| | GoSW to send 'welcome' email to all trainees in future | Ongoing | PA to the GoSW | November '22 | On track |
| Increase awareness of exception reporting | Put up posters in all hospitals about exception reporting | Completed | PA to the GoSW | July '22 | Completed |
| | Attend teaching sessions – FY1/FY2 & others | Scheduled for September and March. Attended RMCH teaching in April. | GoSW | October '22 | On track |
| | Publicise the videos on the Intranet | New videos to be recorded and uploaded to learning hub and intranet | GoSW | October '22 | On track |
| | Hold webinar/workshops on exception reporting | Presented at LEDs toolbox session. Hold session at next trainee conference. | GoSW | December '22 | On track |
| | Send regular email reminders about exception reporting | Reminders sent every quarter | GoSW | December '22 | On track |
| | Present case studies to show the changes brought about by exception reporting. Cascade the outcomes from exception reporting and circulate the GoSW Quarterly reports & in 'Me & PGME' | Exception reporting presentation updated to include changes. BMA Industrial Relations Officer to incorporate changes into their presentation to MFT trainees. Quarterly reports cascaded via JDF and DME's/Medical Education Committees. | GoSW / Junior Leaders / DMEs | December '22 | On track |
| Induction | GoSW induction videos uploaded onto the Learning Hub & Foundation Doctor portal | Completed | GoSW | February '22 | Completed |

| Trainee Exception Reporting Survey December 2021 - Action Plan | | | | | |
|---|--|--|---|--------------|-----------|
| Theme | Actions | Progress @ 18.07.22 | Owner | Timescale | Status |
| | GoSW attends some inductions face-to-face | Attended inductions in Feb, Mar, April and scheduled for August/Sept | GoSW | October '22 | On track |
| | Induction leads for each Department to ensure exception reporting is part of their induction programme | Completed | Induction Leads | February '22 | Completed |
| Raise profile of GoSW | Continue holding drop-in sessions, publicise these more | Sessions scheduled every quarter at each hospital | GoSW | January '22 | Completed |
| | Attend teaching sessions to introduce myself | Scheduled for September and March. Attended RMCH teaching in April. | GoSW | December '22 | On track |
| | Hold webinar/workshops on exception reporting | Presented at LEDs toolbox session. Hold session at next trainee conference. | GoSW | November '22 | On track |
| | Do walk arounds in the hospitals, targeting departments where there are known issues | Attended handover at NMGH and spent time in hospital. | GoSW | December '22 | On track |
| | Attend local junior doctors' committees/forums on a regular basis | Attended NMGH JDLG. Regular input into WTWA JDC. | GoSW / Junior Leaders | December '22 | On track |
| Change of culture (where exception reporting becomes the 'norm') | Raise awareness of exception reporting with clinical and educational supervisors by presenting at development sessions, grand rounds and via email | Holding an educator development session on exception reporting on 27 September Exception reporting survey of all supervisors in July/Aug 2022 | GoSW / DMEs / College Tutors / PG Medical Education | December '22 | On track |

Trainee Exception Reporting Survey December 2021 - Action Plan

| Theme | Actions | Progress @ 18.07.22 | Owner | Timescale | Status |
|--------------------------------|---|--|---|--------------|---|
| | Work with supervisors and senior clinicians to educate them about the value of exception reporting and get them to encourage junior doctors to report by presenting at consultants' meetings, departmental meetings & via dissemination of the GoSW Quarterly and Annual Report | Regularly attend site medical education committees. Presented to RMCH departmental teams; CSS, NMGH, Wythenshawe and Trafford clinical leaders' groups | GoSW / DMEs / College Tutors / Clinical Leaders | December '22 | On track |
| Exception Reporting App | Feedback suggested changes to Allocate to change the options in the system from implying the doctor is at fault for exception reporting | Feedback provided to Allocate. Made request to Allocate via our account manager to add in additional grades (LED and GPST) | GoSW / HR Workforce Systems / Allocate | April '22 | Delayed – waiting a response from Allocate |
| | Request Allocate develop an exception reporting App | Improvements to Allocate have also been requested by the NW Guardians of Safe Working network | GoSW / NW Guardians of Safe Working | December '22 | On track |