

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:	Indicate which by ✓ (tick as applicable-please do not remove text) <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:	Building an organisation that: <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:	<u>Name:</u> Karen Fentem <u>Tel:</u> 07974 609040

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)

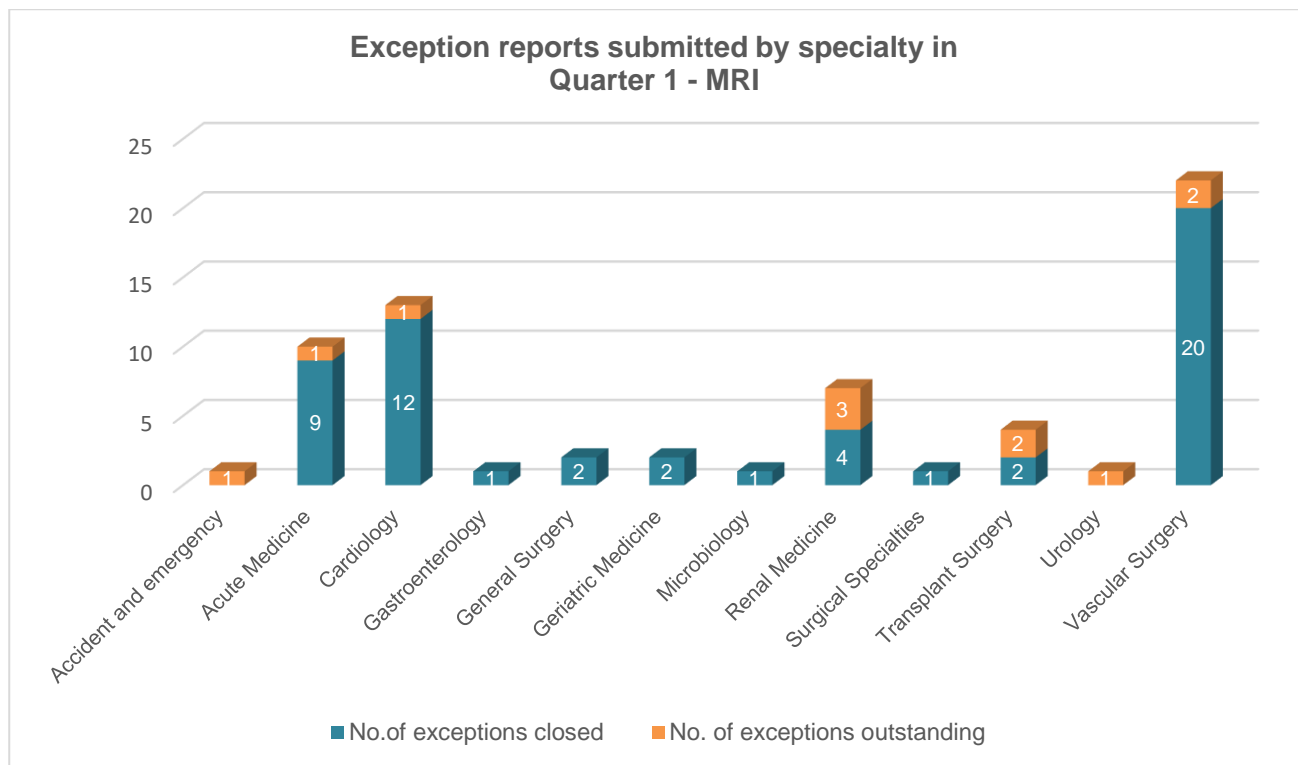
Specialty	No. of exceptions raised in Quarter 1						No. closed	No. of exceptions outstanding ¹
	MRI	NMGH	RMCH	SMH	TGH	WH		
Accident and emergency	1	-	-	-	-	-	-	1
Acute Medicine	10	6	-	-	-	6	17	5
Cardiology	13	-	-	-	-	3	14	2
CAMHS	-	1	4	-	-	-	4	1
Diabetes & Endocrinology	-	-	-	-	-	7	7	-
Gastroenterology	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.

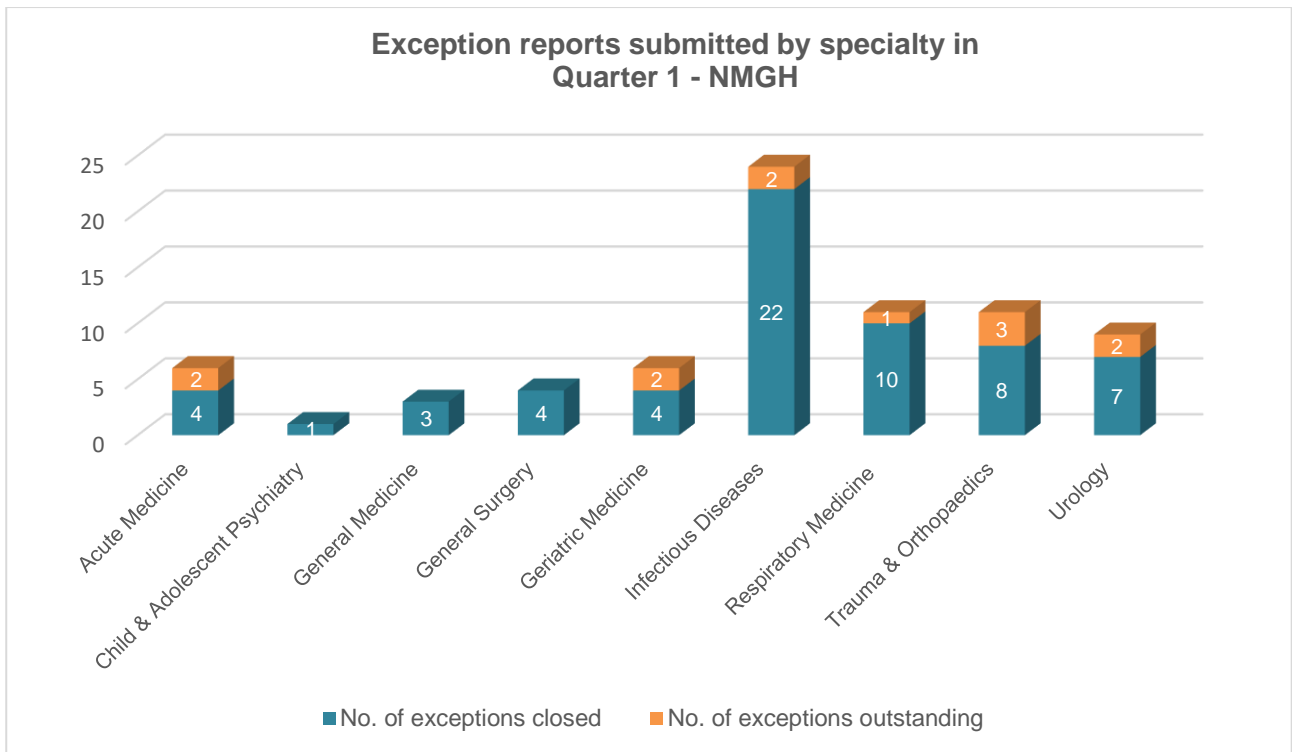
¹ Exception reports should be reviewed by the Educational Supervisor within 7 days of submission; where these timescales are not met the GoSW will send a reminder to the Educational Supervisor. Any exception reports that remain outstanding will be escalated to the relevant Clinical Director as detailed 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.

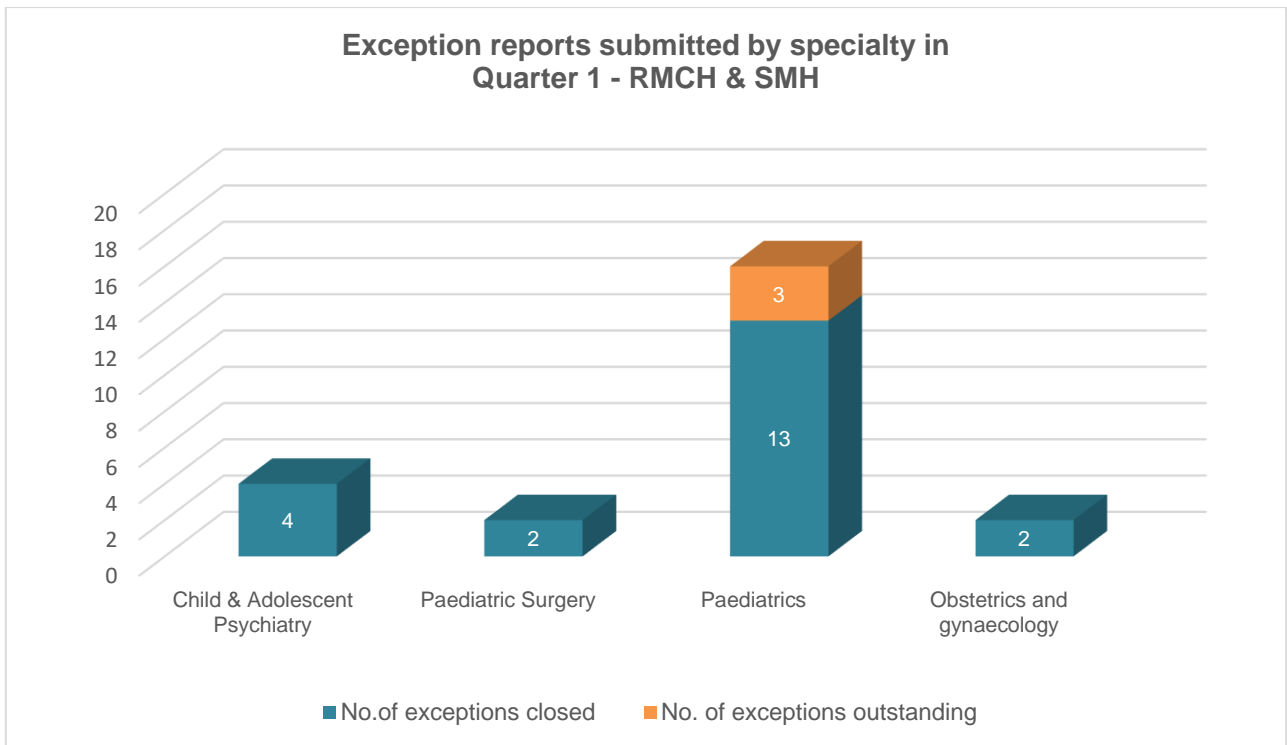


3.1.3 Sixty five exception reports (13 of which were pending initial review), were received in Q1 at Manchester Royal Infirmary (MRI), with the majority in four specialties: vascular surgery, cardiology, acute medicine and renal medicine. The primary reasons for exception reporting are low staffing levels 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.

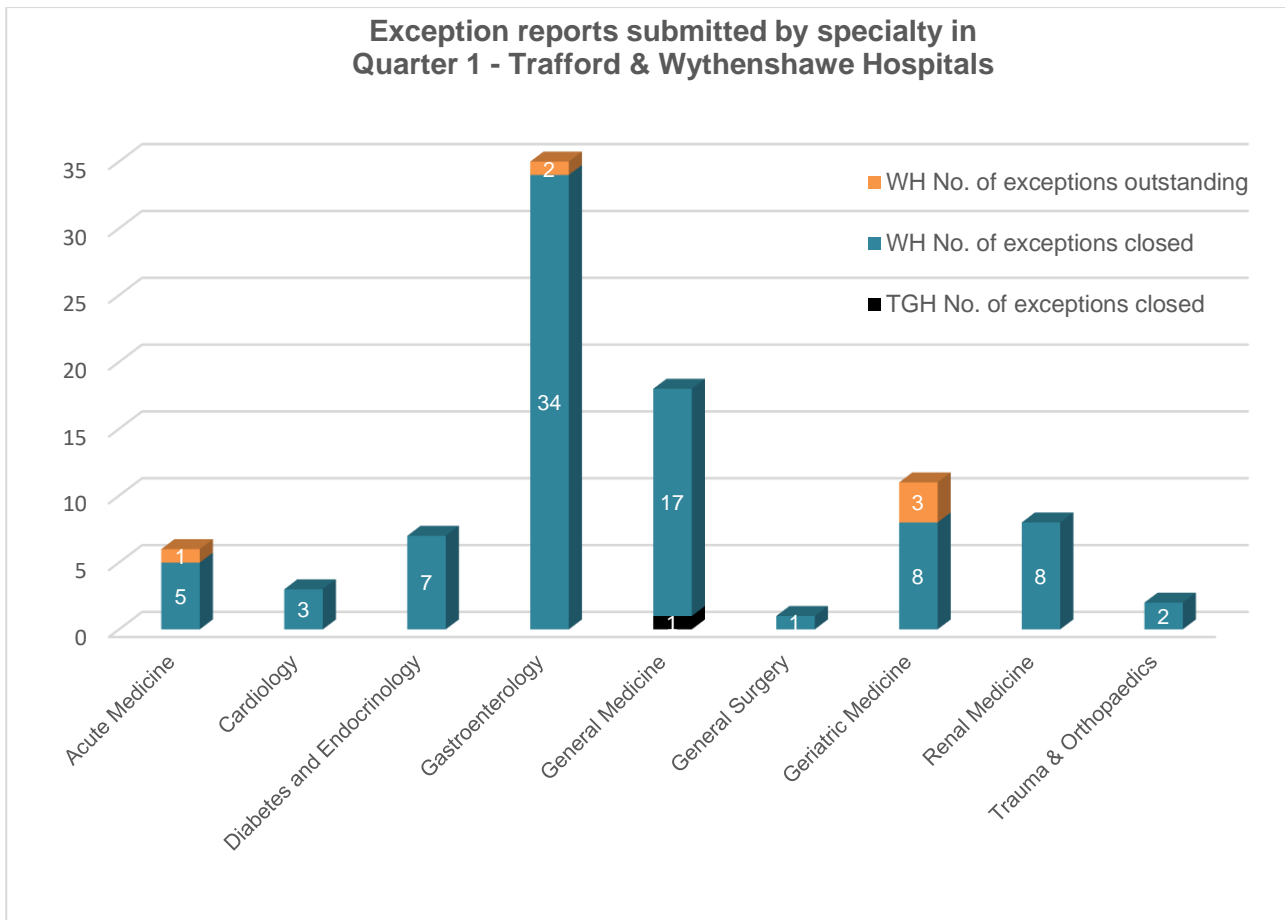
3.1.4 Eight exception reports were noted as 'immediate safety concerns' by the reporting doctors, all related to gaps on the rota. Seven were in cardiology and one in general surgery. Fortunately, none of these incidents were found to put patients or junior doctors at immediate risk, with the concerns 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.

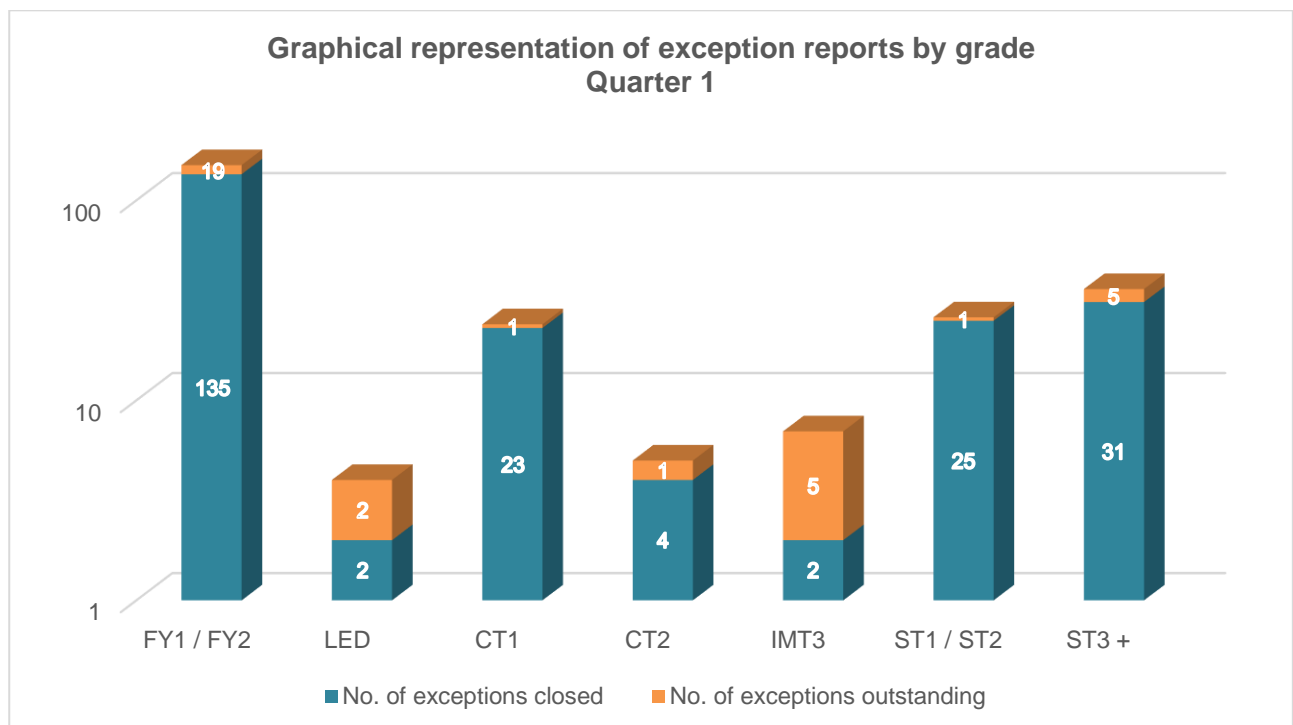
3.2 Exception Reports by Specialty by Year					
Specialty	Average no. of exception reports in Quarter 1	No. of exception reports submitted in Quarter 1			Trend against average for this Quarter
		2020/21	2021/22	2022/23	
Accident and emergency	-	-	-	1	Upward
Acute Medicine	8	-	2	22	Upward
Cardiology	7	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.

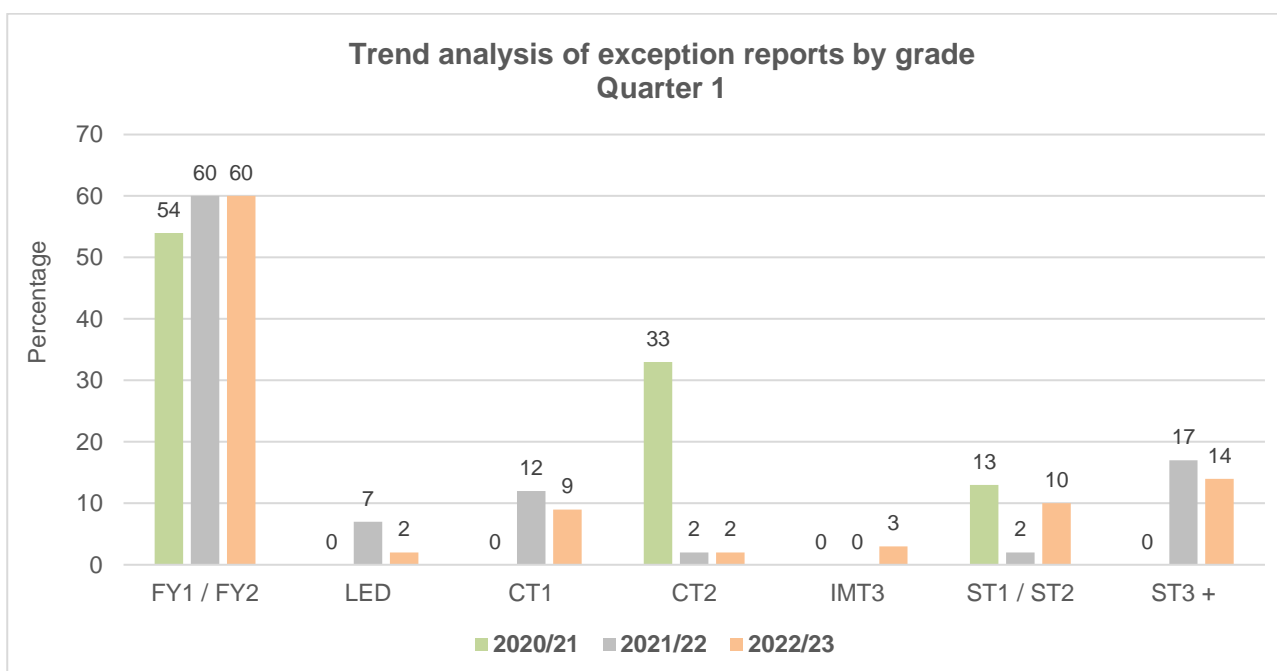
3.3 Exception Reports by Grade			
Grade	No. of exceptions raised in this quarter	No. of exceptions closed	No. of exceptions outstanding
FY1 / FY2	154	135	19
LED	4	2	2
CT1	24	23	1
CT2	5	4	1
IMT3	7	2	5
ST1 / ST2	26	25	1
ST3 +	36	31	5
Total	256	222	34



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

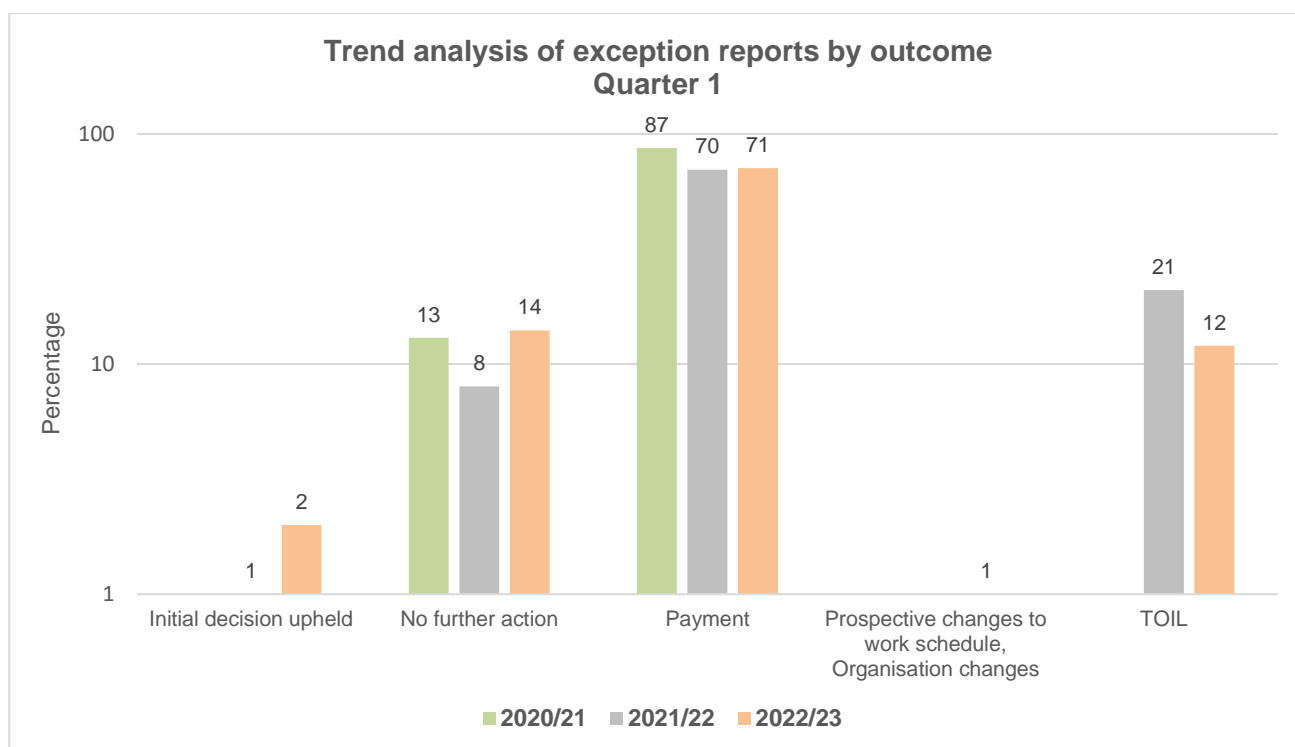
3.6 Work Schedule Reviews

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	

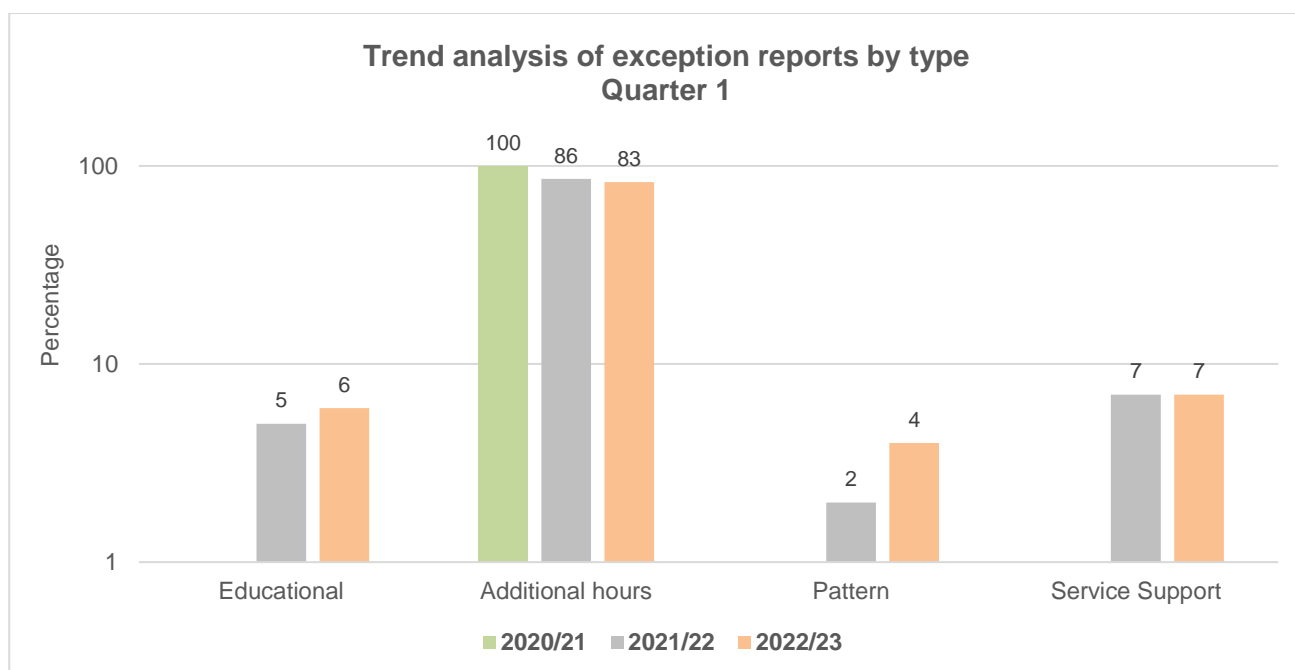


3.7.1 In 71% of cases, payment for the additional hours worked has been agreed, with no further action being taken in 14% of cases, and 12% being granted time off in lieu. In most cases where 'no further action' is the outcome for the individual doctor, their concerns are escalated to the rota coordinator 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	

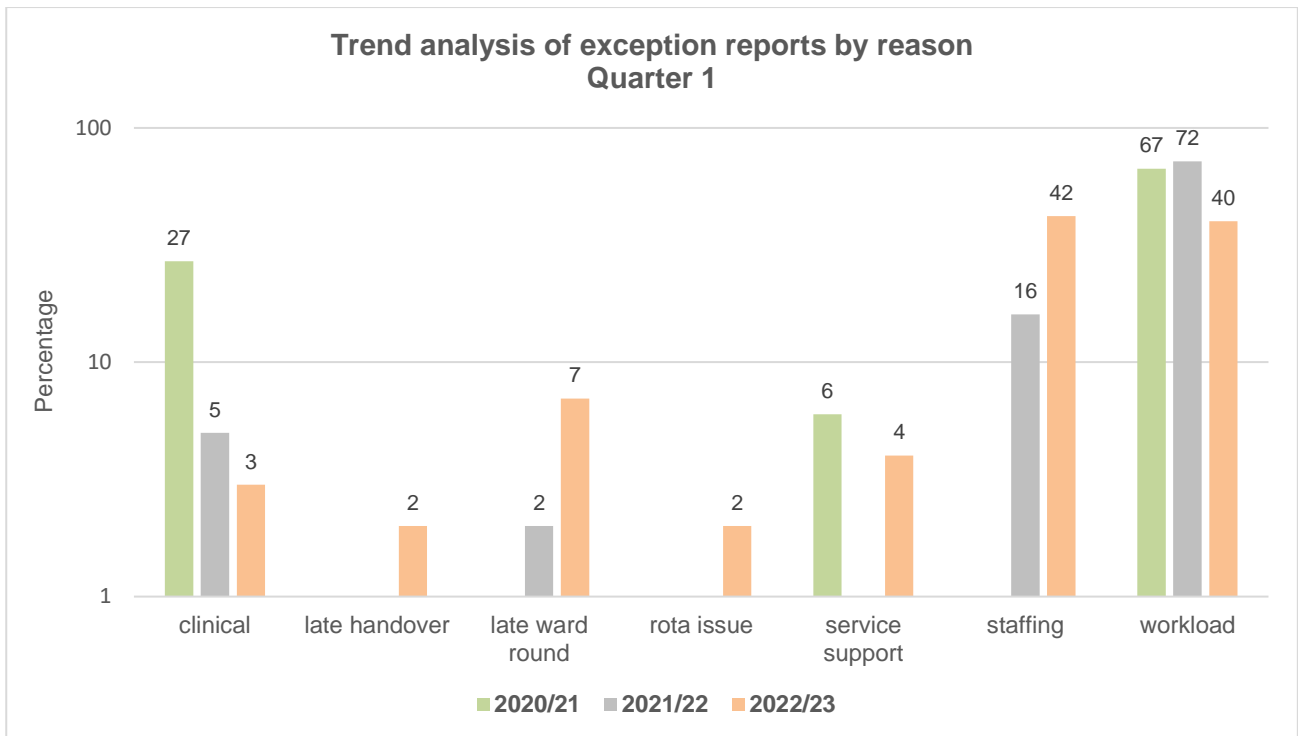
² Includes: IT outage at NMGH, no phlebotomy cover, locum cover not found and bleep not working



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)

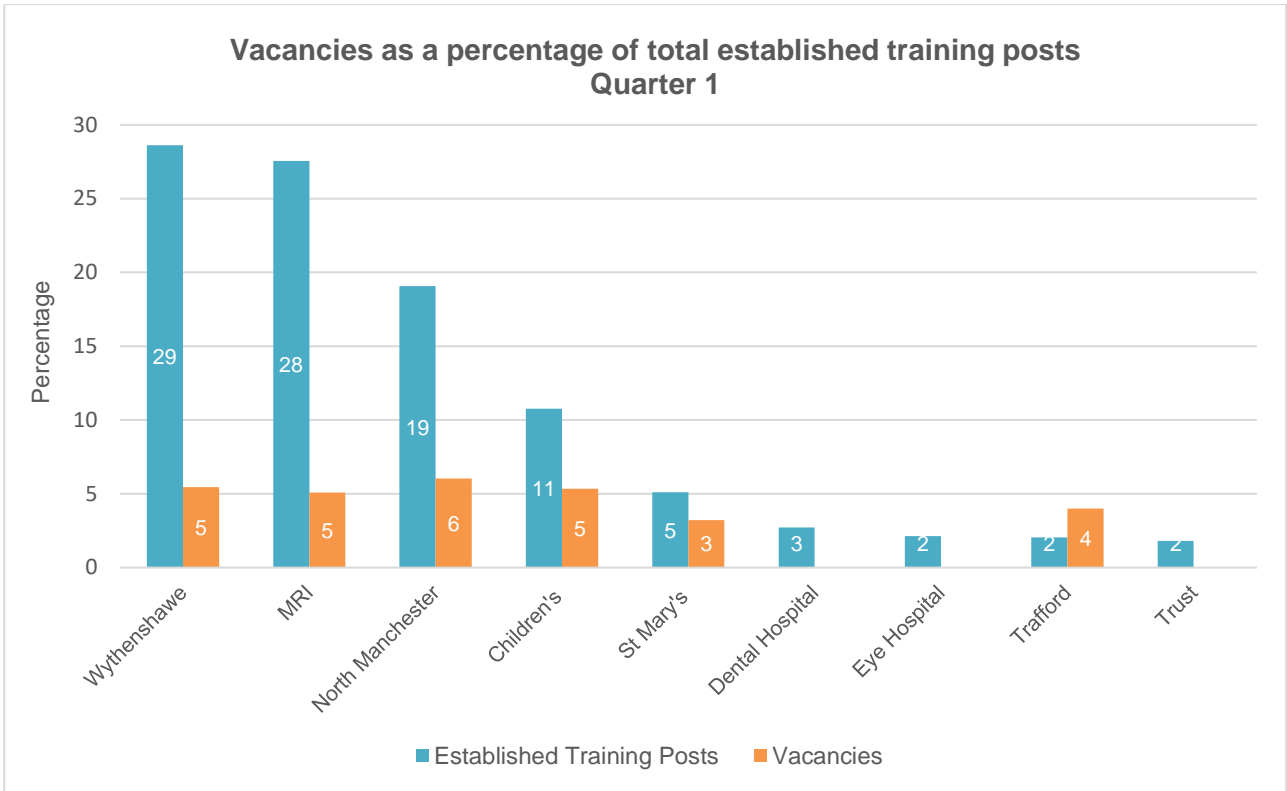
Please note that the data below relates only to doctors in training and as such only provides part of the vacancy picture across the Trust. Use of the Allocate software for rosters across MFT will also enable the number of vacancies for non-training grade doctors to be captured and included in this report 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			

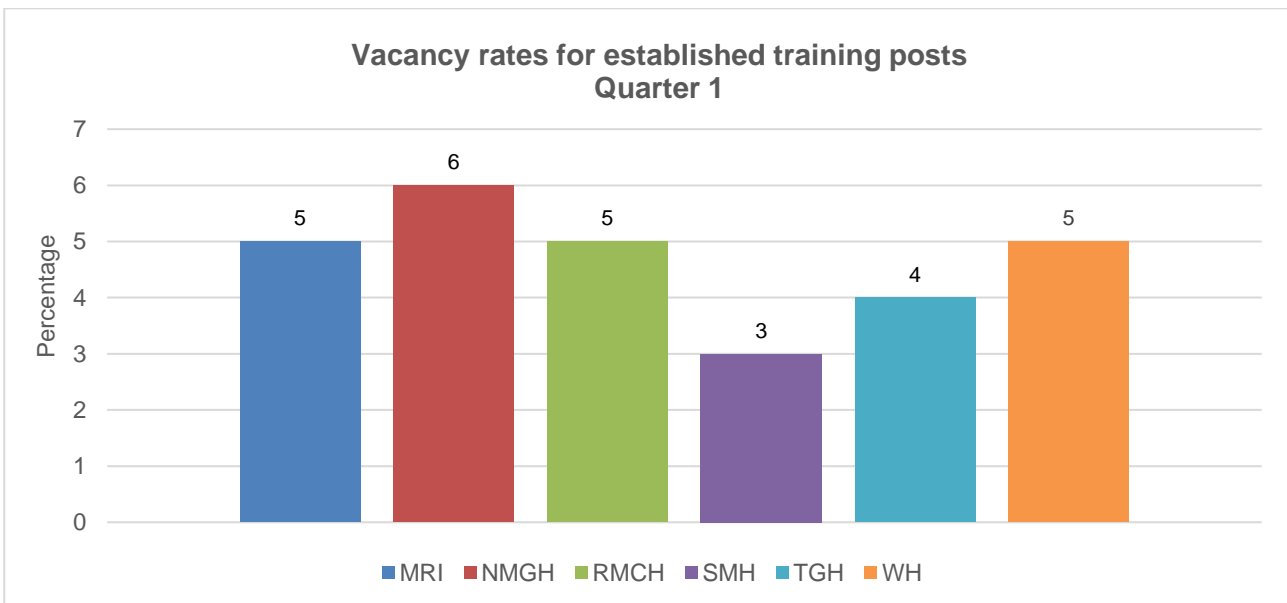
4.2 ORC Establishment & Vacancies (cont'd)	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies		
										Apr	May	Jun
MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (ROA01)	2						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.

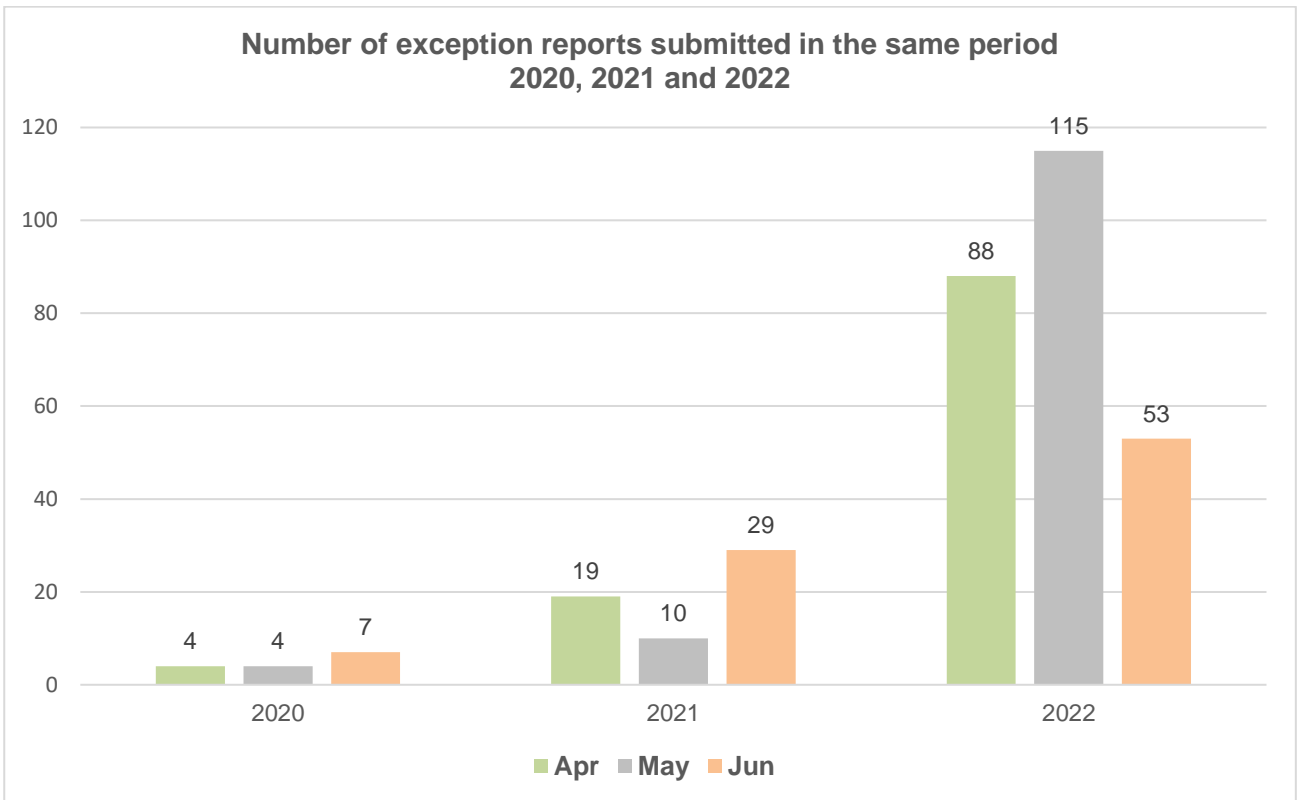
5.8 The Junior Doctors' Forum met once in Q1, with a presentation about HIVE the main agenda item. Work on the trainee exception reporting survey action plan (Appendix 5) has continued with GoSW presentations the Quarter to LED; CSS and NMGH clinical leaders' groups. All actions are on track or have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

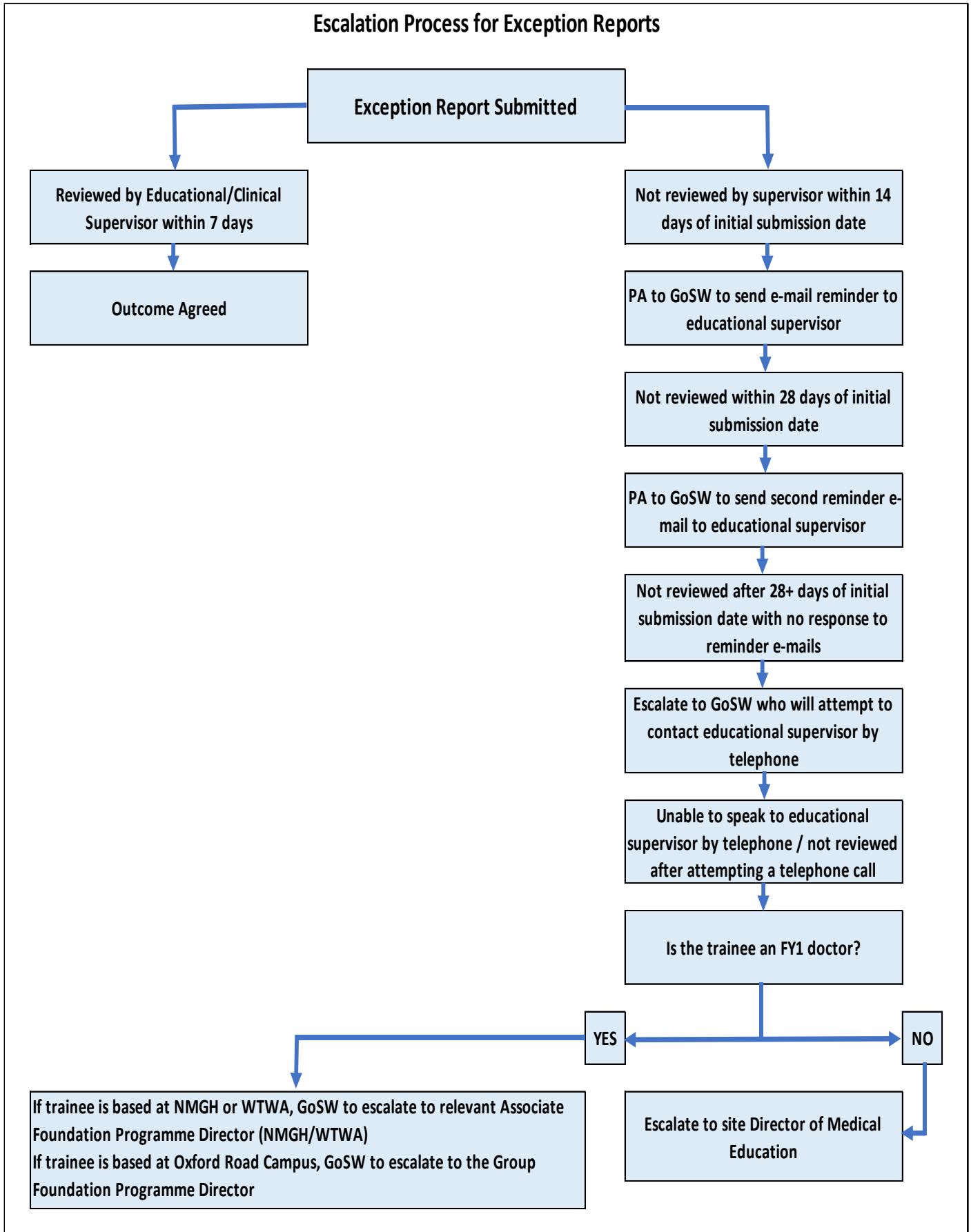
Total number of exception reports submitted each month (Period January 2019 – June 2022)

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

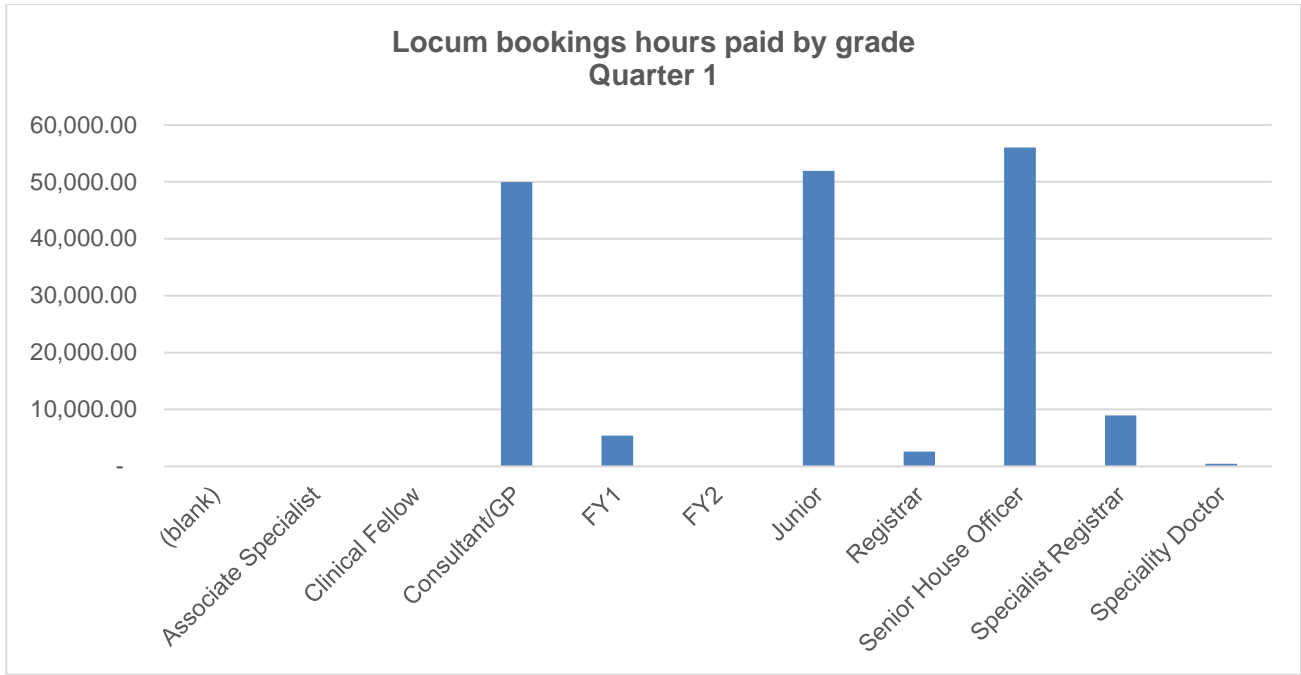
Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
NMGH - Emergency Medicine - Medical Rota	212	144	2,068	1,382
NMGH - Endocrinology and Diabetes	75	74	750	614
NMGH - Gastroenterology	27	26	213	220
NMGH - General Integrated Medicine - Medical Rota	185	160	1,622	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

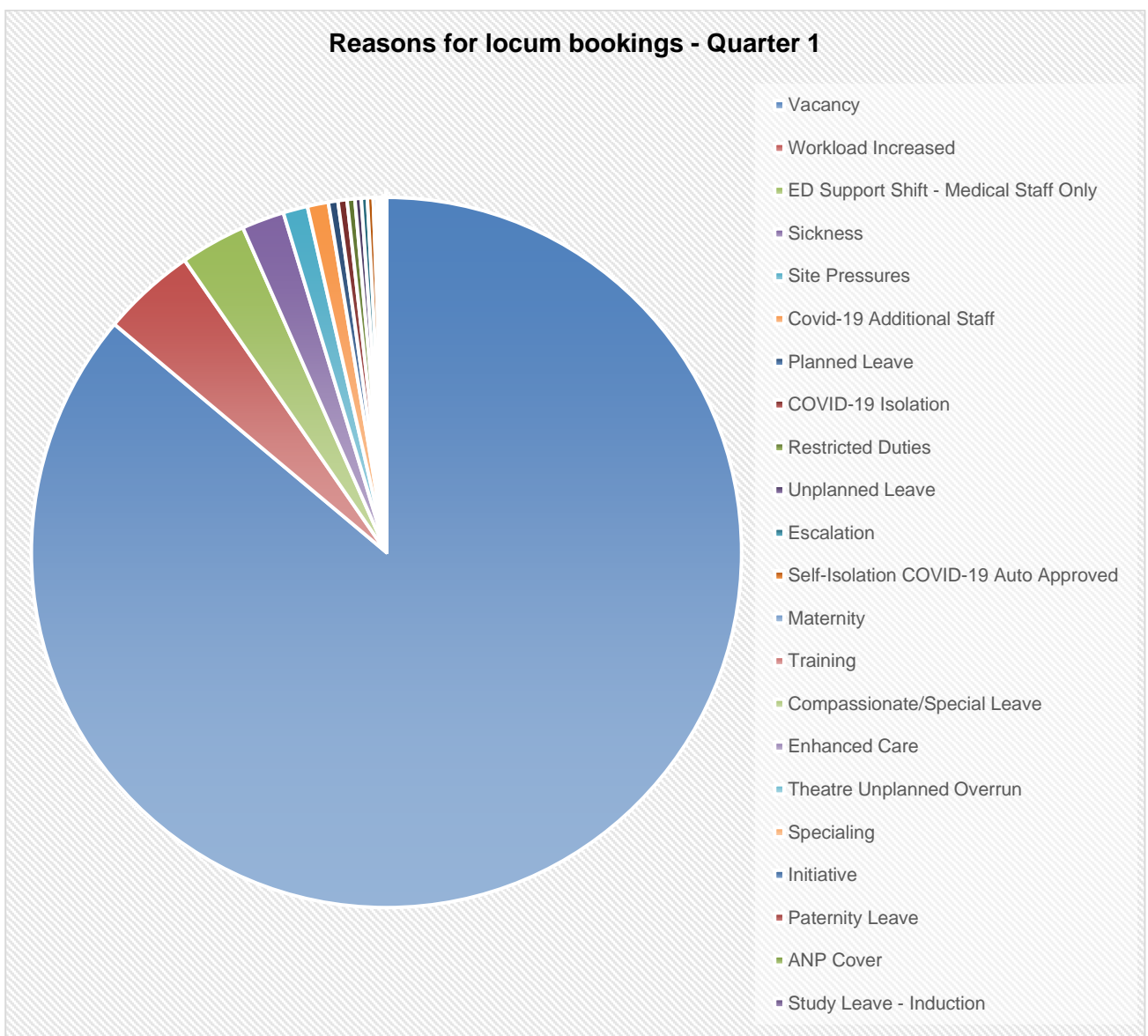
Locum Bookings (Bank & Agency) by Specialty				
Specialty	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
WTWA & MRI - Max Fax - Junior Rota	50	50	437	437
WTWA & MRI - Max Fax - Senior & Consultant Rota	90	76	1,258	1,049
WTWA & RMCH - Burns & Plastics - Consultant 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

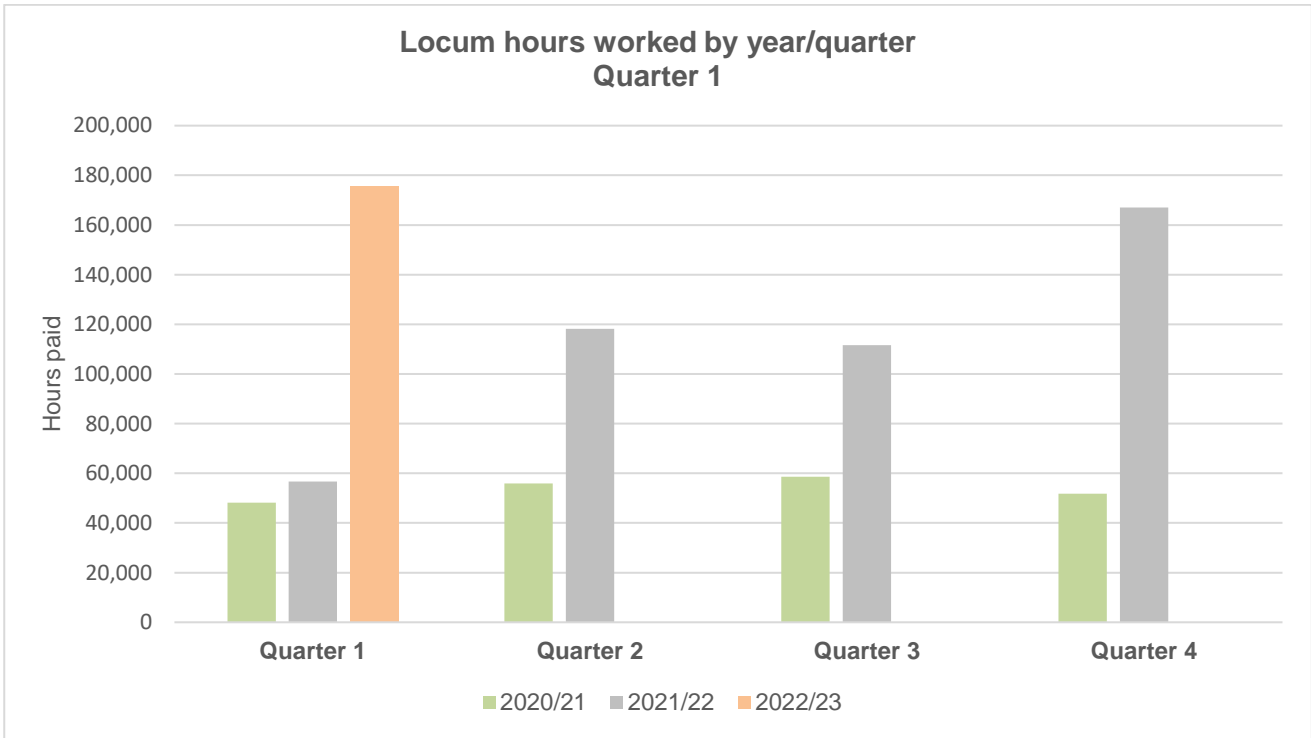


Locum Bookings (Bank & Agency) by Reason				
Reason	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
ANP Cover	8	2	16	16
Compassionate/Special Leave	29	27	214	210
Covid Recovery	1	-	-	-
Covid-19 Additional Staff	226	211	1,799	1,675
COVID-19 Isolation	132	82	1,203	721
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