

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

HUMAN RESOURCES SCRUTINY COMMITTEE

Report of:	Miss Toli Onon, Joint Group Medical Director
Paper prepared by:	Karen Fentem, Guardian of Safe Working
Date of paper:	December 2022
Subject:	Quarterly Report from the Guardian of Safe Working (Quarter 2, July - Sept 2022)
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	<p>Building an organisation that:</p> <ul style="list-style-type: none"> • excels in quality, safety, patient experience, research innovation and teaching • Attracts, develops, and retains great people
Recommendations:	The HR Scrutiny Committee is asked to note the content of this report
Contact:	<p><u>Name:</u> Karen Fentem, Guardian of Safe Working <u>Tel:</u> 07974 609040</p>

Report from the Guardian of Safe Working

Period July to September 2022

1. Introduction

This is the second 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 2020 – September 2022 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Q2 against the same quarter in 2020 and 2021 is shown in Appendix 2.

2. High Level Data @ 19 October 2022

Number of established training posts:	
• North Manchester General Hospital (NMGH)	242
• Oxford Road Campus (ORC)	603
• Wythenshawe, Trafford, Withington, and Altrincham (WTWA)	378
Total number of established training posts	1223
Total number of doctors/dentists in training on 2016 TCS	1183
Total number of Less than Full-Time doctors/dentists in training	266
Total number of locally employed junior doctors (LED)	502
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 2 (July to Sept 2022)

Please note the data presented in this report was extracted on 19 October 2022 from the exception reporting system, Allocate HealthMedics. For each subsection 3.1 to 3.9 below, the data are presented with a short explanation to provide context, interpretation, and conclusions. The overall summary is presented in section 5.

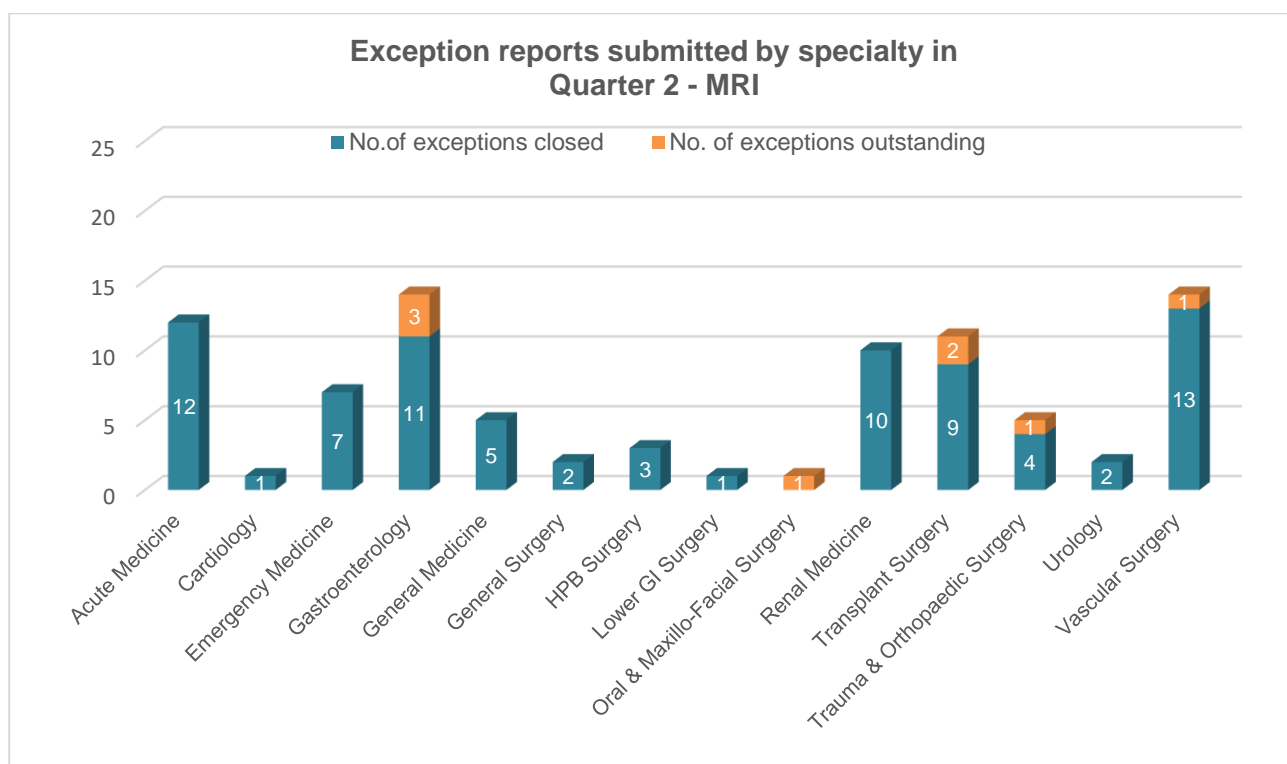
Total number of exception reports received				460
Number reported as an immediate safety concern				29
Number relating to:	Hours of working	389	Educational opportunities	19
	Pattern of work	24	Service support available to the doctor	28
Total number work schedule reviews				28

3.1 Exception Reports – Quarter 2 (July to Sept 2022)

Specialty	No. of exceptions raised in Quarter 2							No. closed	No. of exceptions outstanding ¹
	MREH	MRI	NMGH	RMCH	SMH	TGH	WH		
Accident and Emergency	-	7	-	-	-	-	4	7	4
Acute Internal Medicine	-	12	-	-	-	-	-	12	-
Anaesthetics	-	-	-	-	-	1	4	5	-
Child & Adolescent Mental Health Services (CAMHS)	-	-	-	7	-	-	-	7	-
Cardiology	-	1	-	-	-	-	-	1	-
Colorectal Surgery	-	-	-	-	-	-	5	5	-
Endocrinology & Diabetes	-	-	1	-	-	-	6	7	-
Gastroenterology	-	14	-	-	-	-	38	48	4
General Medicine	-	5	31	-	-	-	34	67	3
General Psychiatry	-	-	-	-	-	2	-	2	-
General Surgery	-	2	1	-	-	-	-	2	1
Geriatric Medicine	-	-	9	-	-	1	28	32	6
HPB Surgery	-	3	-	-	-	-	-	3	-
Intensive Care Medicine	-	-	1	-	-	-	-	-	1
Infectious Diseases	-	-	19	-	-	-	-	17	2
Lower GI Surgery	-	1	-	-	-	-	1	2	-
Obstetrics and Gynaecology	-	-	3	-	6	-	2	10	1
Ophthalmology	41	-	-	-	-	-	-	31	10
Oral & Maxillo-Facial Surgery	-	1	2	-	-	-	-	1	2
Otolaryngology (ENT)	-	-	-	18	-	-	-	18	-
Paediatric Surgery	-	-	-	1	-	-	-	1	-
Paediatrics	-	-	6	10	-	-	-	15	1
Palliative Medicine	-	-	2	-	-	-	-	2	-
Plastic Surgery	-	-	-	-	-	-	4	3	1
Renal Medicine	-	10	-	-	-	-	1	11	-
Respiratory Medicine	-	2	10	-	-	-	29	38	3
Stroke Medicine	-	-	-	-	-	5	-	5	-
Transplant Surgery	-	11	-	-	-	-	-	9	2
Trauma & Orthopaedic Surgery	-	5	4	-	-	-	-	7	2
Upper GI Surgery	-	-	-	-	-	-	8	8	-
Urology	-	2	25	-	-	-	-	22	5
Vascular Surgery	-	14	-	-	-	-	-	13	1
Grand Total	41	90	114	36	6	9	164	411	49

Hospital	Number of ERs	Number of training posts	Average number of ERs per training post
MREH	41	26	1.6
MRI	90	323	0.3
NMGH	114	242	0.5
RMCH	36	134	0.3
SMH	6	65	0.1
TGH	9	28	0.3
WH	164	348	0.5

3.1.1 From the table above it can be seen that the average number of exception reports (ERs) per training post ranged from 1.6 at Manchester Royal Eye Hospital (MREH) to 0.1 at St Mary's Hospital (SMH), with an average across all sites of 0.4. It should also be noted that no ERs were received in this Quarter in University Dental Hospital Manchester (UDHM) or Withington Hospital, but this is not unusual due to the low number of junior doctors at Withington Hospital and the nature of the training programme in the Dental Hospital where the majority of time is spent in dental practices.

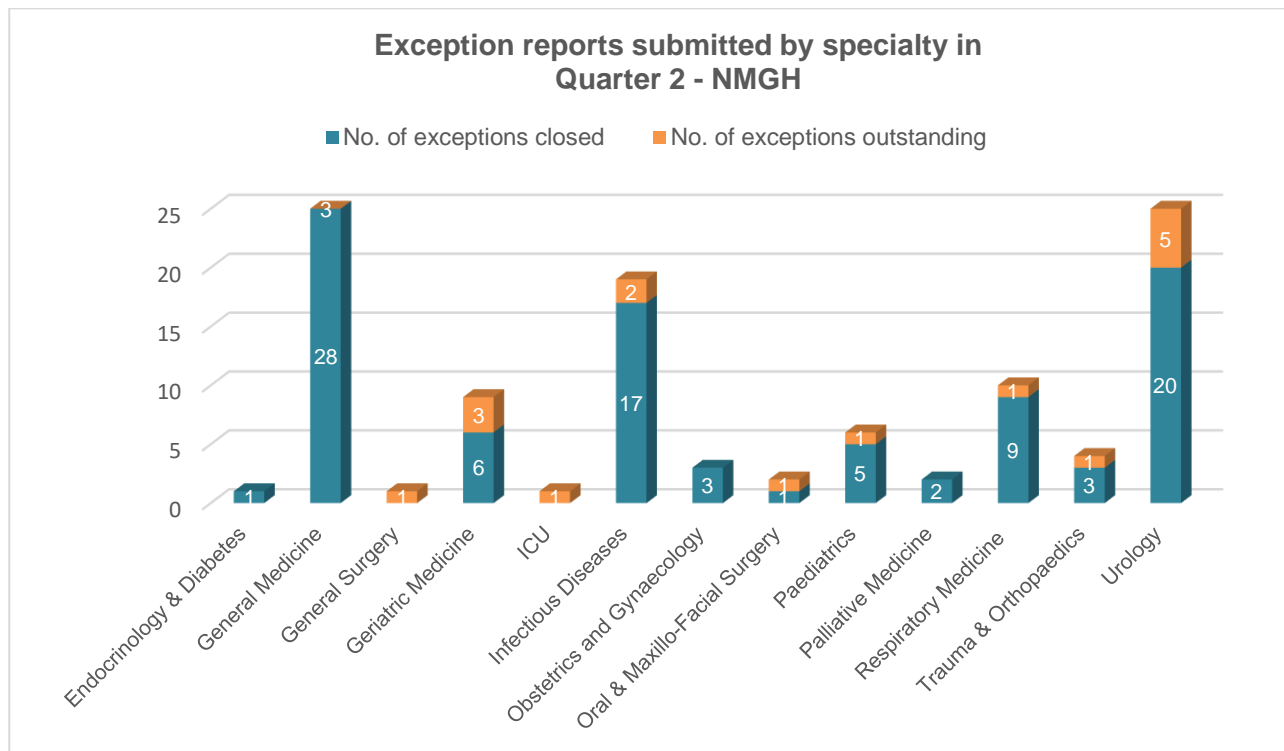


3.1.2 Ninety reports (eight of which were pending initial review), were received in Q2 at Manchester Royal Infirmary (MRI), with the majority in five specialties: vascular surgery, acute medicine, gastroenterology, renal medicine and transplant surgery. The primary reasons for exception reporting were high workload (n=51) and low staffing levels (n=18), resulting in the doctors working additional hours. Reporting levels in these specialties, apart from transplant surgery, have been consistently high over recent months and the post graduate medical education team are working with the respective department leadership teams to address the workload/staffing challenges.

3.1.3 The introduction of HIVE accounted for six exception reports across six different specialties.

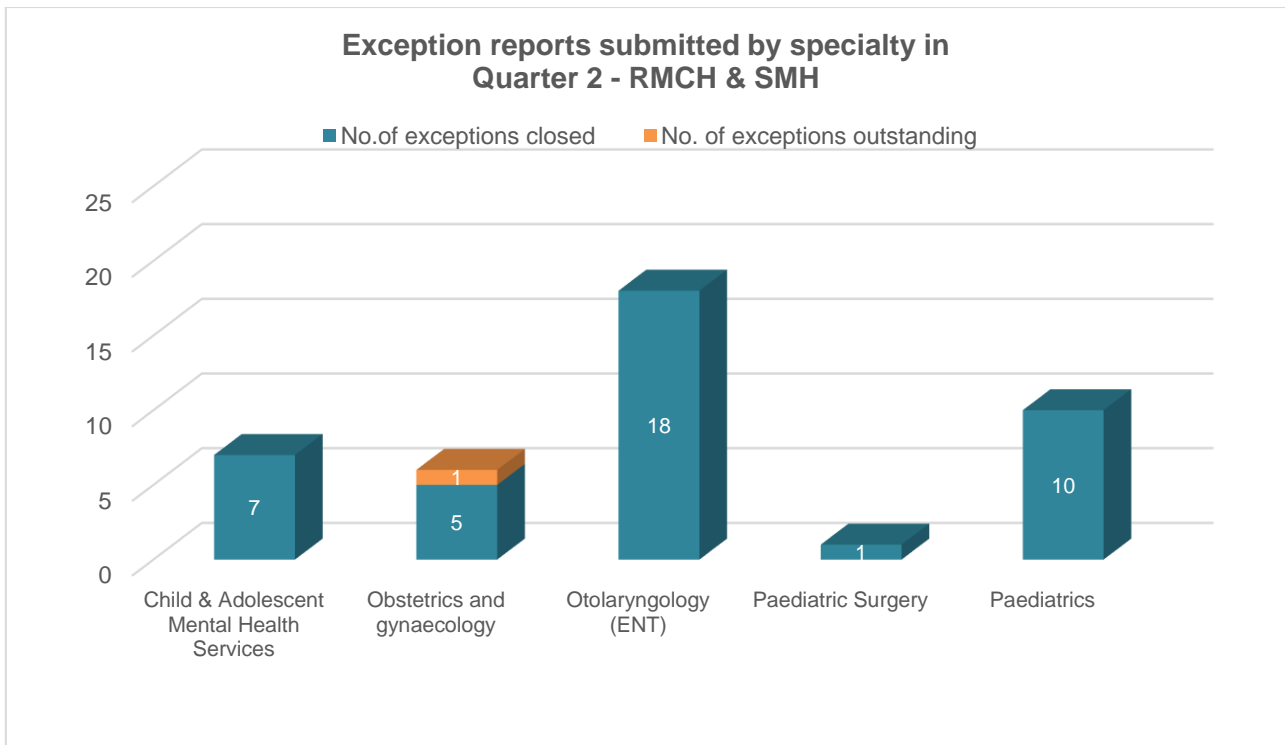
¹ Exception reports should be reviewed by the Educational Supervisor within 7 days of submission; where these timescales are not met the GoSW will send a reminder to the Educational Supervisor. Any exception reports that remain outstanding will be escalated to the relevant Clinical Director as detailed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

3.1.4 One ER was recorded as an 'immediate safety concern' by the reporting doctor in acute medicine because of a delay in transporting an IV drug from pharmacy to the ward which delayed the discharge for a patient. The clinical lead at the time was made aware and an exception report was submitted within 24 hours.

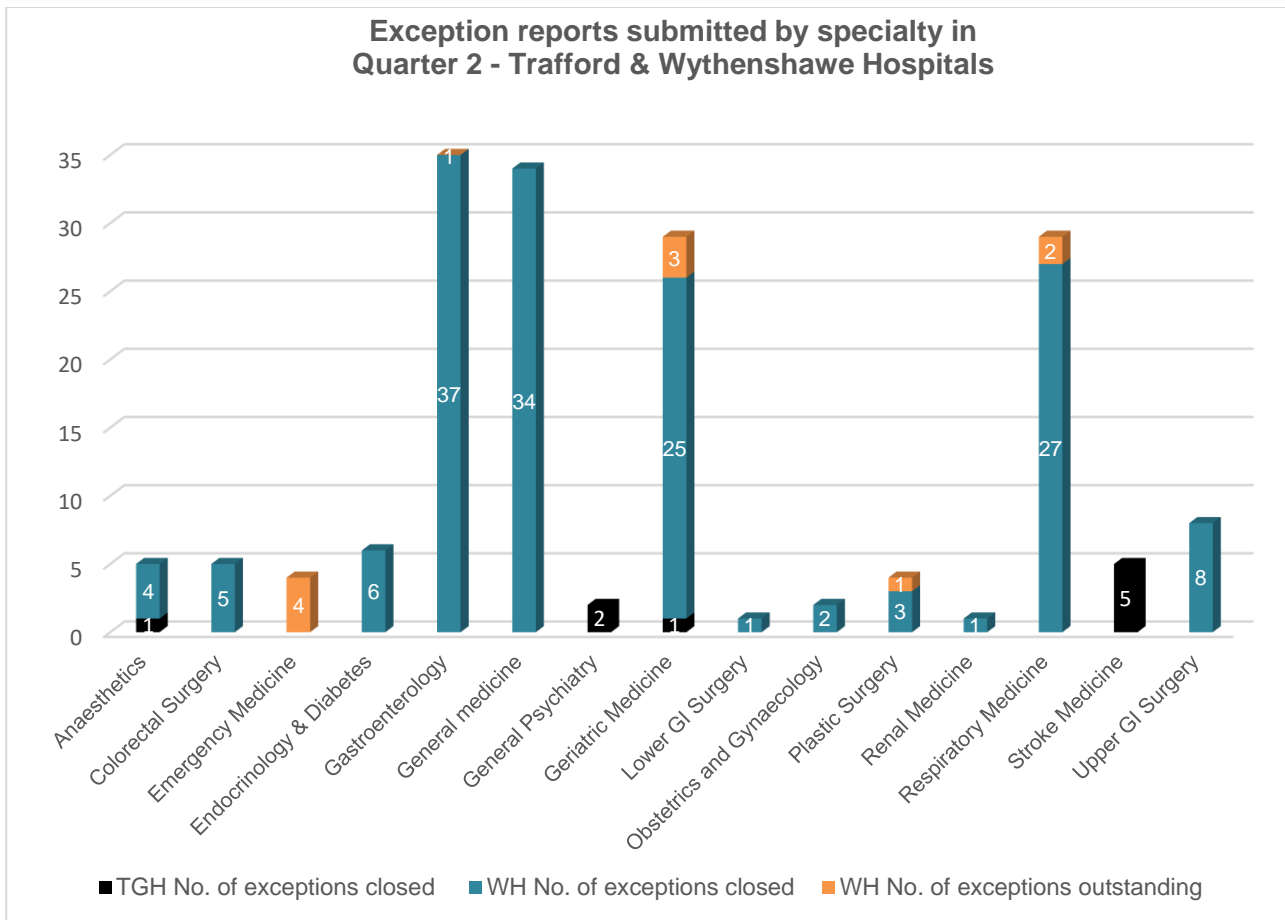


3.1.5 The number of ERs submitted at North Manchester General Hospital (NMGH) has once again increased this Quarter, from 75 reports in Q1 to 114 in Q2 (19 of which were pending initial review). The majority of exception reports were in general medicine, urology and infectious diseases, with workload (n=50) and staffing levels (n=40) cited as the main reasons, along with HIVE and rota issues, all of which resulted in doctors working additional hours.

3.1.6 Twelve ERs were noted as 'immediate safety concerns'. Eleven of these related to staffing gaps with one report incorrectly coded. On eight occasions doctors working overnight in general medicine were required to carry two bleeps throughout their shift. The concerns were raised in handover at the start of the shift and incident reports were also submitted. The educational supervisors, having reviewed the ERs, found no evidence that patient safety had been compromised, however, it was acknowledged that doctors had been put under undue pressure and there was a risk to safety. The concerns about doctors carrying two bleeps have been escalated to the Group Director of Postgraduate Medical Education and will be raised at the next Medical Directors Workforce Board.



- 3.1.7 In Q2, 29 ERs were received in Royal Manchester Children’s Hospital (RMCH) at Oxford Road, 18 in otolaryngology (ENT), 10 in paediatric medicine and one in paediatric surgery. The majority of exception reports were related to workload (n=14) and staffing levels (n=14). The high number of ERs submitted in RMCH throughout the past year resulted in full scale redesign of the Hospital 24 rota and this was implemented in September 2022. The GoSW will monitor ERs submitted on the new rota to ensure it has addressed the long term staffing gaps. The ENT on-call rota is currently being reviewed as the volume of work is prohibiting doctors from attending clinic and hence they are missing out on educational/learning opportunities.
- 3.1.8 Two reports, one in CAMHS and the other in paediatric medicine were noted as ‘immediate safety concerns’. In paediatric medicine there was a gap on the night shift and this resulted in the doctor carrying two bleeps from 1am and not being able to take a break. In CAMHS the doctor was unable to get five hours continuous rest whilst non resident on-call and therefore they were unable to attend their clinic the following morning.
- 3.1.9 Seven exception reports were received in CAMHS on the non resident on-call rota, where doctors were unable to get the contractual five hours continuous rest due to the volume of calls taken. In response to this, a diary monitoring exercise is being undertaken in the department to get a better understanding of the type of calls being taken and from which hospitals (the on-call rota covers tertiary hospitals across the North West).
- 3.1.10 St Mary’s Hospital (SMH) received six exception reports in this Quarter, three related to workload, one for low staffing levels, and two where the doctor stayed late to assist in theatre. Reporting levels at SMH continue to be low and in table 3.1 above it can be seen that the average number of exception reports per training post for the hospital is 0.1, the lowest 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) met with members of the SMH leadership team in July to explore this further and are providing support to redesign the middle grade rota. Alongside this, the GoSW is raising awareness of exception reporting with drop-in sessions and a poster campaign.



3.1.11 One hundred and sixty four ERs were received at Wythenshawe Hospital (WH) in Q2 (11 of which are pending initial review). The majority of reports were in four specialties: gastroenterology, general medicine, geriatric medicine and respiratory medicine. The primary reasons for exception reporting were high workload (n=80) and low staffing levels (n=72), resulting in the doctors working additional hours. Reporting levels in gastroenterology, general medicine and geriatric 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 specialties.

3.1.12 Eleven ERs (five in geriatric medicine, two in upper GI surgery, one in gastroenterology, general medicine, and obstetrics and gynaecology) 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.

3.1.13 Nine ERs were received at Trafford General Hospital (TGH), a positive increase from one in the previous quarter. The breakdown of ERs by specialty was stroke medicine (n=5), general psychiatry (n=2), geriatric medicine (n=1) and anaesthetics (n=1). The reasons for the ERs were staffing (n=4), rota issue (n=3), and workload (n=2).

3.2 Exception Reports by Specialty by Year					
Specialty	Average no. of exception reports in Quarter 2	No. of exception reports submitted in Quarter 2			Trend against average for this Quarter
		2020/21	2021/22	2022/23	
Accident and Emergency	4	-	1	11	Upward
Acute Internal Medicine	4	-	-	12	Upward
Anaesthetics	3	-	3	5	Upward
CAMHS	2	-	-	7	Upward
Cardiology	2	-	4	1	Downward
Colorectal Surgery	4	6	-	5	Upward
Endocrinology & Diabetes	6	1	9	7	Upward
Gastroenterology	24	13	6	52	Upward
General Medicine	24	-	2	70	Upward
General Psychiatry	1	-	-	2	Upward
General Surgery	5	-	11	3	Downward
Geriatric Medicine	17	10	2	38	Upward
HPB Surgery	3	7	-	3	Aligned
Intensive Care Medicine	-	-	-	1	Upward
Infectious Diseases	6	-	-	19	Upward
Lower GI Surgery	1	-	-	2	Upward
Obstetrics and Gynaecology	4	-	1	11	Upward
Ophthalmology	14	-	2	41	Upward
Oral & Maxillo-Facial Surgery	1	-	1	3	Upward
Otolaryngology (ENT)	6	-	-	18	Upward
Paediatric Surgery	-	-	-	1	Upward
Paediatrics	7	-	5	16	Upward
Palliative Medicine	1	-	-	2	Upward
Plastic Surgery	1	-	-	4	Upward
Renal Medicine	6	4	3	11	Upward
Respiratory Medicine	16	3	5	41	Upward
Stroke Medicine	3	2	1	5	Upward
Transplant Surgery	5	1	2	11	Upward
Trauma & Orthopaedic Surgery	5	-	5	9	Upward
Upper GI Surgery	3	-	-	8	Upward
Urology	9	-	-	27	Upward
Vascular Surgery	8	4	7	14	Upward
Total		61	96	460	

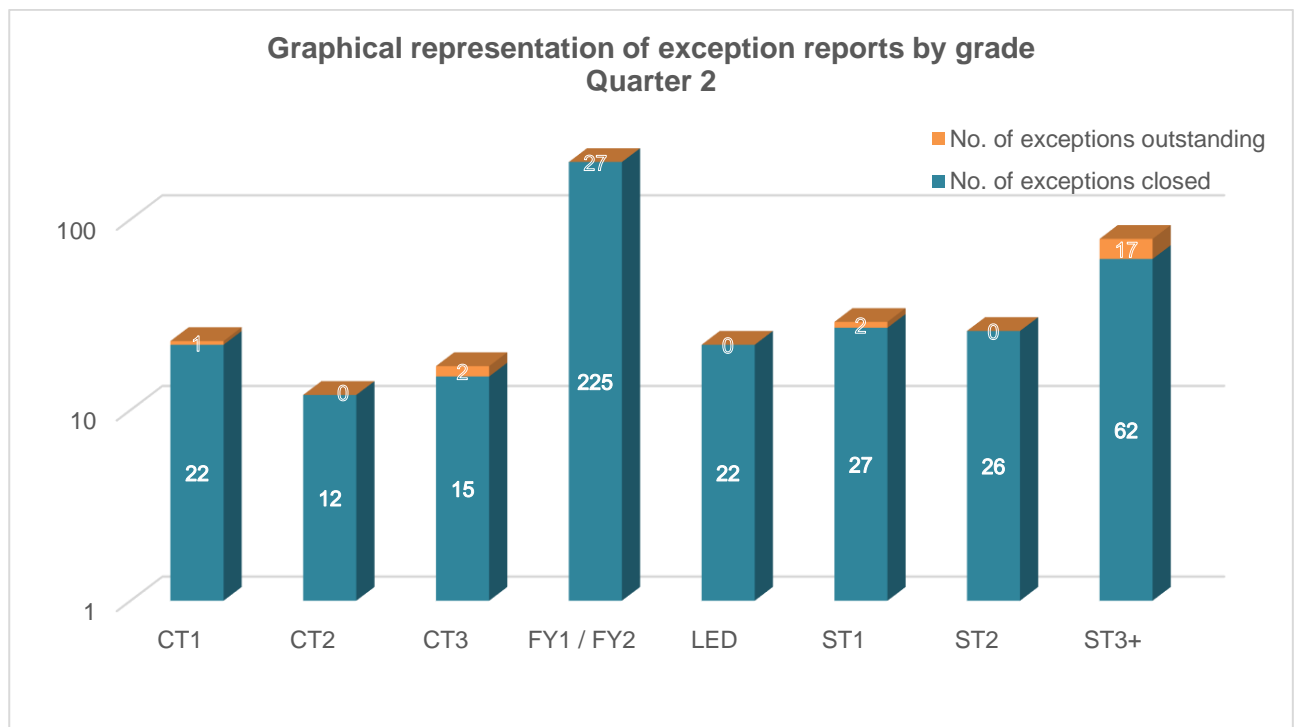
3.2.1 Q2 has seen an 80% increase in the overall number of exception reports received, from a total of 256 in Q1 to 460, this further builds upon the 49% increase seen between Q4 and Q1. Therefore, it is not surprising that 29 out of the 32 specialties received higher than average numbers of exception reports this Quarter, with one specialty aligned to the average and two just below

average. It should also be noted that the number of reports in the same quarter in 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 52. Reporting levels were above average every month this Quarter (105 in July, 174 in August and 181 in September) with the highest number of ERs received in one month in September.

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

- increased awareness of how, when and why doctors should exception report
- increased workload pressures in certain specialties
- more locally employed doctors now have the right to report.

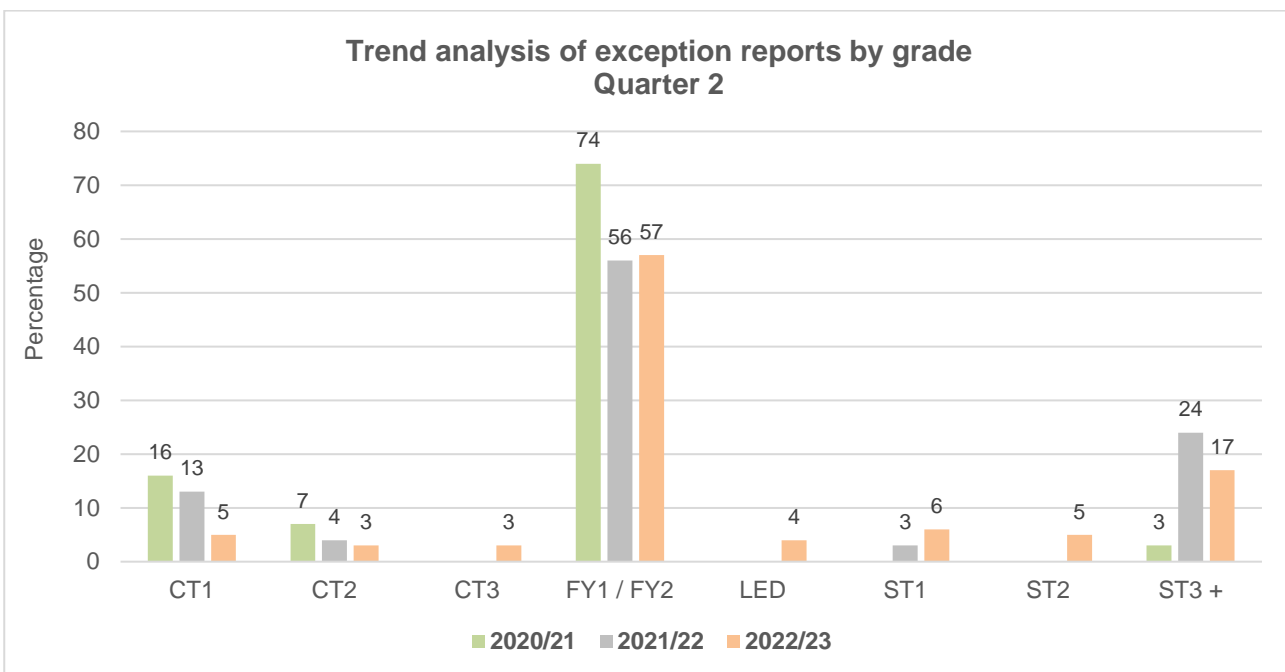
3.3 Exception Reports by Grade			
Grade	No. of exceptions raised in this quarter	No. of exceptions closed	No. of exceptions outstanding
CT1	23	22	1
CT2	12	12	-
CT3	17	15	2
FY1 / FY2	262	225	27
LED	22	22	-
ST1	29	27	2
ST2	26	26	-
ST3+	79	62	17
Total	460	411	49



3.3.1 The timeliness within which exception reports have been closed has improved slightly during this Quarter. 49 ERs (11%) were outstanding at the time of this report, compared with 34 ERs (13%) in Q1.

3.4 Exception Reports by Grade by Year

Grade	No. of exception reports submitted in Quarter 2					
	2020/21		2021/22		2022/23	
CT1	10	16%	12	13%	23	5%
CT2	4	7%	4	4%	12	3%
CT3	-	-	-	-	17	3%
FY1 / FY2	45	74%	54	56%	262	57%
LED	-	-	-	-	22	4%
ST1	-	-	3	3%	29	6%
ST2	-	-	-	-	26	5%
ST3+	2	3%	23	24%	79	17%
Total	61		96		460	



3.4.1 In line with previous GoSW reports, most ERs (57%) were submitted by foundation doctors. It is encouraging to see that the number of ERs received from CT1, ST1/ST2 and ST3+ has increased compared to Q1.

3.4.2 Five hundred and two LED now have the right to exception report, however, the upgrade to the Allocate system to include a separate LED grade option is still awaited and therefore the number of LED ERs may be under-reported as they are included in the ST2/ST3+ grade categories.

3.5 Exception Reports by Rota									
Rota	No. of exceptions raised in Quarter 2							No. closed	No. of exceptions outstanding
	MREH	MRI	NMGH	RMCH	SMH	TGH	WH		
Clinical Fellow (LED)		2						2	-
FY2/JCF		6						6	-
Gen Med Junior Trainee		3						3	-
LTFT MRI General Medicine Junior (A)		6						6	-
MRI & Wythenshawe, OMFS, Senior		1						-	1
MRI General Medicine Junior (A)		4						4	-
MRI General Medicine F1		13						10	3
MRI General Medicine F1 – 2021		3						3	-
MRI General Medicine IMT3/SCF		5						5	-
MRI General Surgery FY1		33						30	3
MRI Renal Medicine Hybrid 2021		8						8	-
MRI, Cardiology, Junior		1						1	-
MRI, Respiratory, FY2		1						1	-
New (15) MRI General Surgery Senior (ST3+) 2022		1						1	-
Transplant Surgery		2						1	1
NMGH Clinical Fellow 1 (aka additional CF Gen Med)			3					2	1
NMGH Clinical Fellow 1 Gen Med			8					8	-
NMGH Gen Med FY1 Whole Site Aug 2021			9					9	-
NMGH Gen Med FY1 Whole Site Aug 2022			43					31	12
NMGH Gen Med RM02 Aug 21			15					15	-
NMGH General Surgery Junior Feb 22			1					-	1
NMGH IMT3 Aug 21			6					6	-
NMGH Infectious Diseases Senior Aug 21			14					12	2
NMGH Obs & Gynae Senior Rota Aug 2022			3					3	-
NMGH Paediatrics Junior 2022			3					2	1

3.5 Exception Reports by Rota									
Rota	No. of exceptions raised in Quarter 2							No. closed	No. of exceptions outstanding
	MREH	MRI	NMGH	RMCH	SMH	TGH	WH		
KK 60% NMGH IMT3 Apr 22 (from Aug 21)			4					4	-
LTFT 60% NMGH Gen Med RM01 Aug 22			2					2	-
80% NMGH IMT3 Aug 21			2					-	2
August 2022 - OMFS NMGH ST3+			1					1	-
Ophthalmology 3rd on call (Acute Services)	8							2	7
Ophthalmology FY2	1							2	-
REH Ophthalmology, 1st OC 2022	22							20	2
REH Ophthalmology, 2nd OC 2022	10							9	1
RMCH CAMHS Core Training 2021				1				1	-
(10 Slot) RMCH, CAMHS Senior 2022				2				2	-
RMCH Paediatric Surgery Senior - 2021				1				1	-
RMCH Tertiary Paediatrics ST1-3 2020				10				10	-
MRI/RMCH Otolaryngology ENT ST3+ 2021				18				18	-
RMCH, CAMHS Senior 2021				4				4	-
St Marys, O&G, Junior – 2021					3			2	1
Obs & Gynae Junior Rota Feb 2022					3			3	-
TGH Anaes Fellows Rota						1		1	-
TGH Gen Med FY1						1		1	-
Trafford & Psychiatry General Medicine FY1 – 2021						2		2	-
Trafford RMO Junior						1		1	-
WTWA Trafford Gen Med FY1 - August						2		2	-
WTWA Cardio & Resp Fy1							4	4	-
Gen Med FY1		1					1	1	1
WTWA Gen Med CF							2	2	-
WTWA Gen Med FY1							18	15	3

3.5 Exception Reports by Rota									
Rota	No. of exceptions raised in Quarter 2							No. closed	No. of exceptions outstanding
	MREH	MRI	NMGH	RMCH	SMH	TGH	WH		
WTWA Gen Med FY1 Aug 2021						2	18	20	-
WTWA Gen Med IMT3							1	1	-
WTWA Gen Med JCF (LED)							6	6	-
WTWA Gen Med Junior Trainee							7	6	1
WTWA Gen Surg Fy1							14	14	-
WTWA Gen Surg Jnr							1	1	-
WTWA General Medicine Senior Aug 2022							1	1	-
WTWA Med Gen CF							6	6	-
WTWA O&G Junior - 2021							2	2	-
WTWA Plastic Surg Jnr							4	3	1
WTWA Resp Med Snr August 22							7	6	1
LTFT 80% Wythenshawe Gen Med Junior 2022							4	4	-
LTFT 80% Wythenshawe Gen Med Junior 2022							1	1	-
LTFT 80% WTWA Anaes Obs ST2							3	3	-
LTFT 80% WTWA Anaes Obs St3-8							1	1	-
WTWA Wythenshawe Gen Med Junior							45	45	-
Wythenshawe Emergency Medicine Senior (ST4+)							4	-	4
Wythenshawe Gen Med Junior 2022							14	14	-
Grand Total	41	90	114	36	6	9	164	411	49

3.5.1 The highest number of exception reports (n=45) were received on the WTWA Wythenshawe general medicine junior rota for high workload and low staffing levels, this is the same as in Q1. The trainees were working in the following sub-specialties:

- endocrinology & diabetes 5
- gastroenterology 20
- general medicine 9
- geriatric medicine 14
- respiratory medicine 1

3.5.2 Forty-three exception reports were submitted on the NMGH gen med FY1 whole site Aug 2022 rota, the majority were for high workload (n=30) with trainees working in the following sub-specialties:

- endocrinology & diabetes 1
- general medicine 4
- geriatric medicine 3
- ICU 1
- oral & maxillo-facial surgery 1
- paediatrics 2
- respiratory medicine 4
- T&O surgery 4
- urology 23

3.5.3 Thirty-three reports were submitted on the MRI general surgery FY1 rota, the majority (n=23) were for high workload. The trainees were working in the following sub-specialties:

- general surgery 1
- HPB surgery 3
- lower GI surgery 1
- transplant surgery 9
- T&O surgery 5
- vascular surgery 14

3.5.4 Twenty-two ERs were submitted on the REH ophthalmology, 1st OC 2022 rota, with 10 on the 2nd OC 2022 rota and a further eight on the 3rd OC rota. These all related to workload pressures in the Emergency Eye Department, resulting in junior doctors staying late on site and then not getting adequate rest throughout the 24 hour on-call shift.

3.6 Work Schedule Reviews

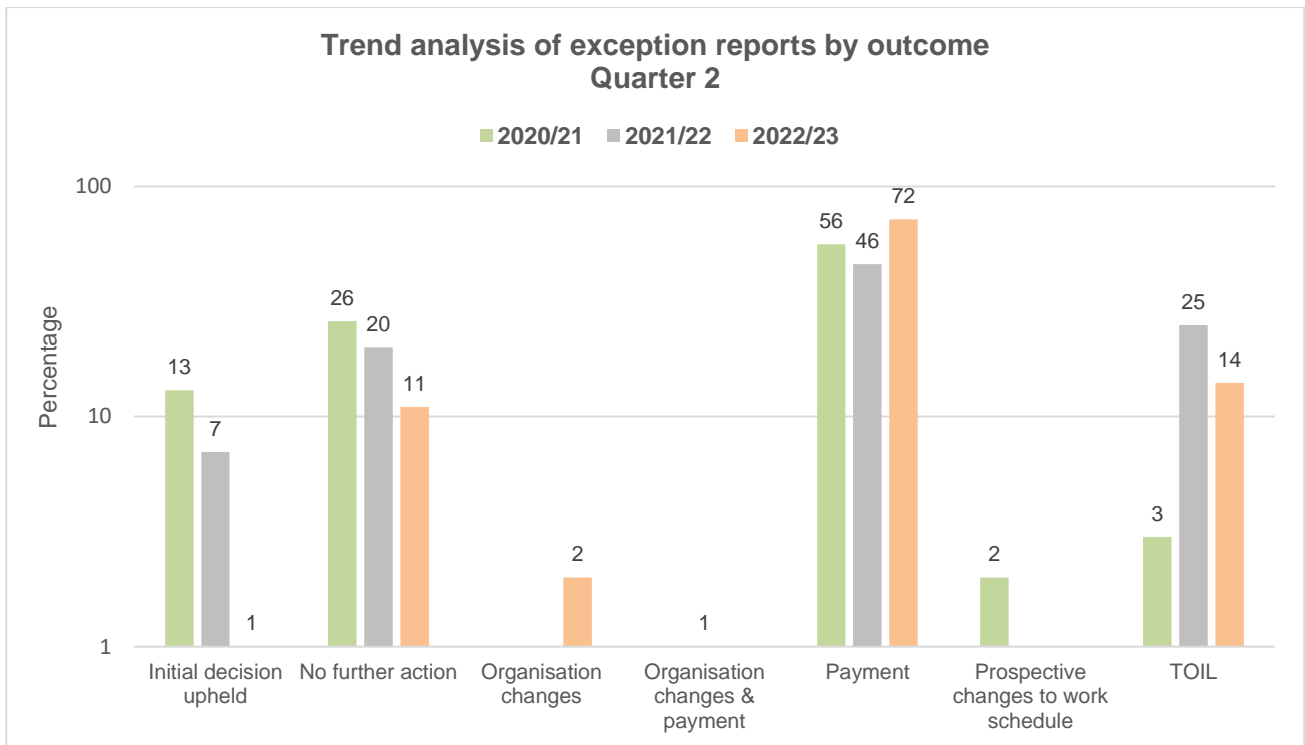
3.6.1 A work schedule review is undertaken when either a doctor is dissatisfied with the outcome of the initial review, or the concerns raised require an individual's (or all the trainees working on a rota) work schedule to be reviewed. The work schedule review process incorporates three levels of escalation and all 28 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
Ophthalmology 3rd on call (Acute Services)	MREH	Ophthalmology	ST9 x1	Workload in EED	Organisation changes & payment
REH Ophthalmology, 2nd OC 2022	MREH	Ophthalmology	ST5 x1 ST7 x2	Workload in EED	Organisation changes & payment
MRI General Medicine F1	MRI	Renal x1 Urology x1 Gastroenterology x3	FY1 x5	Workload	Organisation changes x1 payment x5

Rota	Hospital / MCS	Specialty	Grade(s)	Reason(s)	Outcome
MRI General Medicine IMT3/SCF	MRI	Acute Medicine	IMT3 x1	Workload	Payment
NMGH Gen Med FY1 Whole Site Aug 2022	NMGH	Acute Medicine	FY1 x1	Low staffing levels, carried bleed all day	Pending
NMGH Paediatrics Junior 2022	NMGH	Paediatrics	ST2 x2	Cover for staff shortages (no registrar)	Initial decision upheld (no further action)
MRI/RMCH Otolaryngology ENT ST3+ 2021	RMCH	Otolaryngology (ENT)	ST5 x8	Absence from clinic due to on-call workload	Organisation changes
RMCH Tertiary Paediatrics ST1-3 2020	RMCH	Paediatrics	ST2 x1	Medical team covered for surgical team overnight	Initial decision upheld (no further action)
TGH Anaes Fellows Rota	TGH	Anaesthetics	ST6 x1	Queried work schedule and number of on-calls	Initial decision upheld (no further action)
WTWA Gen Med FY1 Aug 2021	WH	Stroke Medicine Geriatric Medicine	FY1 x2	Staffing levels & workload	Payment
WTWA O&G Junior - 2021	WH	Obstetrics and Gynaecology	ST1 x2	Staffing levels, only 1 SHO in all maternity unit	Organisation changes
WTWA Wythenshawe Gen Med Junior	WH	Geriatric Medicine	FY1 x1	Staffing levels, only 1 FY1 and PA on ward	Organisation changes

3.7 Exception Reports by Outcome by Year

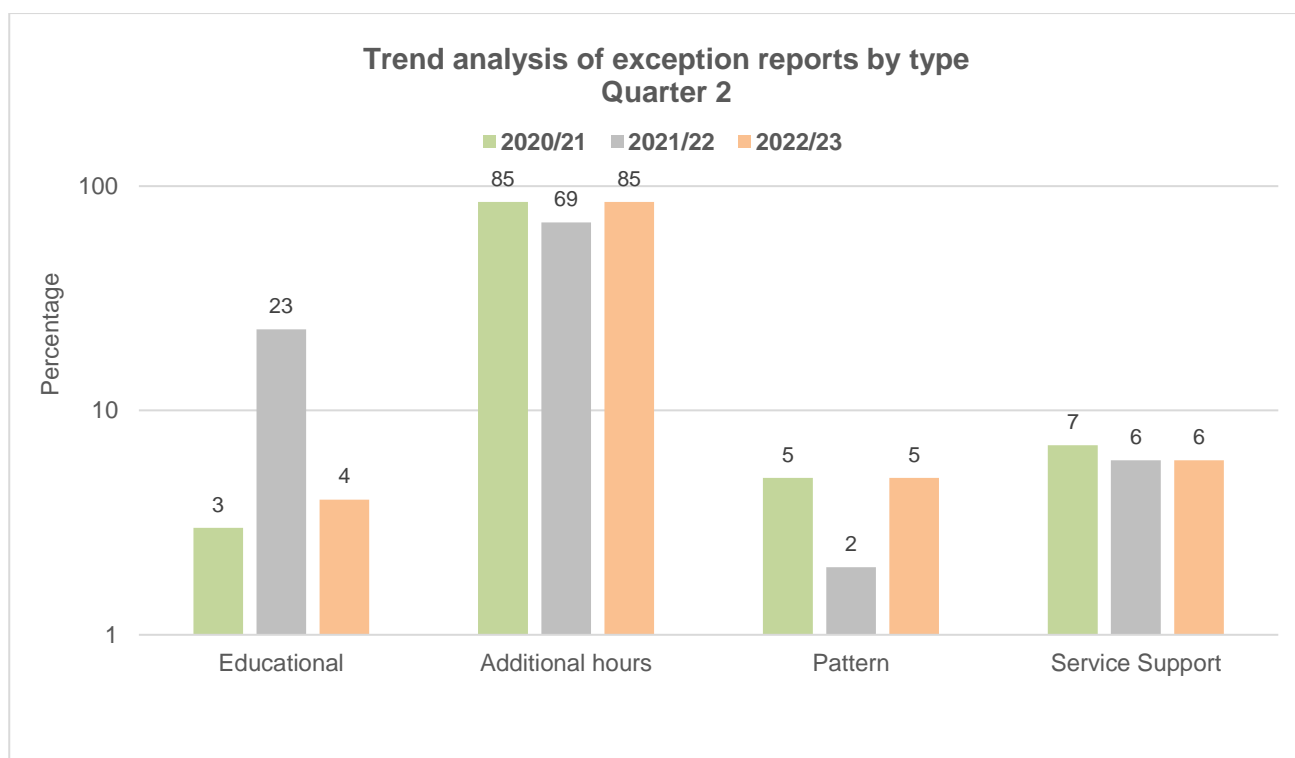
Outcomes	No. of exception reports closed in Quarter 2					
	2020/21		2021/22		2022/23	
Initial decision upheld	8	13%	7	7%	6	1%
No further action	16	26%	20	20%	46	11%
Organisation changes	-	-	-	-	9	2%
Organisation changes & payment	-	-	1	1%	1	-
Payment	34	56%	46	46%	296	72%
Prospective changes to work schedule	1	2%	-	-	-	-
TOIL	2	3%	25	25%	53	14%
Total	61		99		411	



3.7.1 In 72% of cases, payment for the additional hours worked has been agreed, with 14% granted time off in lieu and no further action taken in 11% of cases. 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 the rota to be redesigned.

3.8 Exception Reports by Type by Year						
Type	No. of exception reports submitted in Quarter 1					
	2020/21		2021/22		2022/23	
Educational	2	3%	22	23%	19	4%
Additional hours	52	85%	66	69%	389	85%
Pattern	3	5%	2	2%	24	5%
Service Support ²	4	7%	6	6%	28	6%
Total	61		96		460	

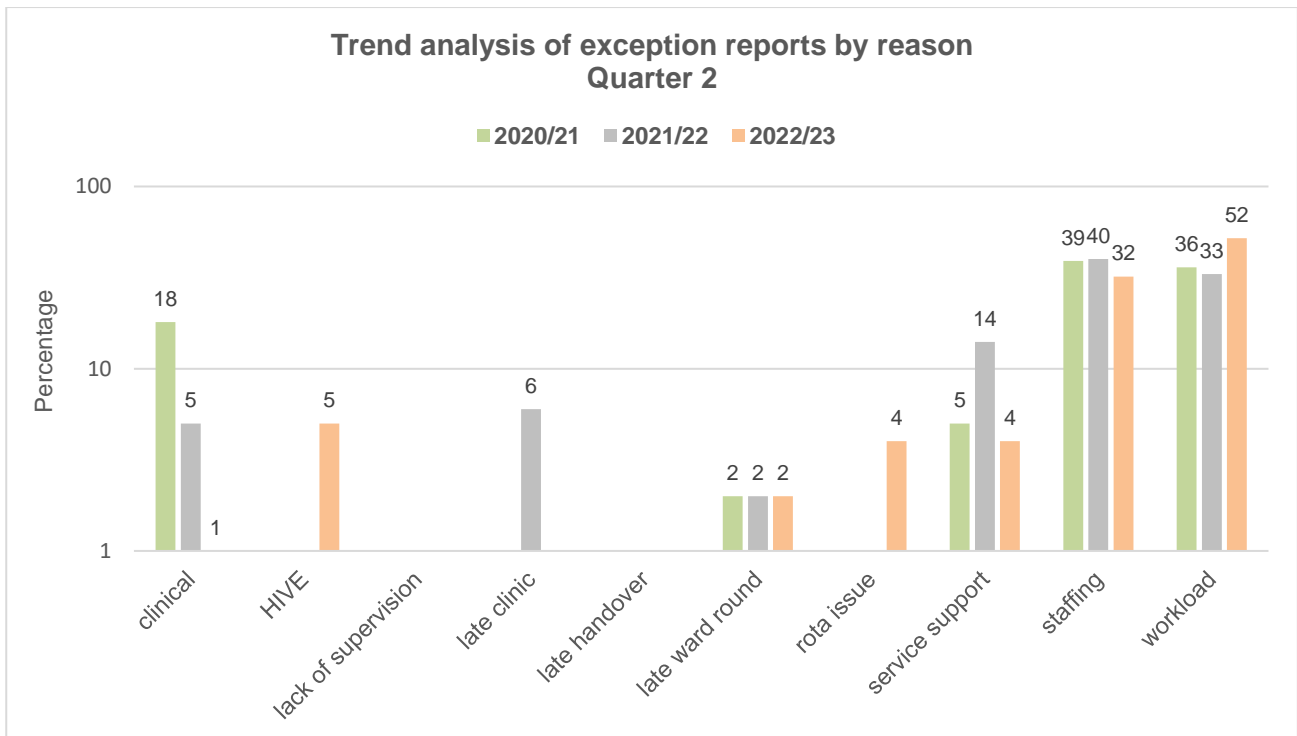
² Includes: locum cover not found, carrying two bleeps, theatre lists over-running



3.8.1 Consistently over the past three years the main reason for exception reporting has been trainees working above their contracted hours due to high workload and/or low staffing levels.

3.8.2 There were 19 ERs submitted for educational reasons this Quarter. These were split across MREH (n=1), MRI (n=4), NMGH (n=3), RMCH (n=7), TGH (n=2) and WH (n=2). Four reports were submitted from foundation doctors who were unable to take their 2 hours per week contractual self-development time. Fifteen reports were for missed educational opportunities either because teaching fell on a zero hours day or high workload resulted in doctors not being able to attend scheduled teaching or attend clinics.

3.9 Reasons for Exception Reports by Year						
Reason	No. of exception reports submitted in Quarter 1					
	2020/21		2021/22		2022/23	
clinical	11	18%	5	5%	6	1%
HIVE	-	-	-	-	21	5%
lack of supervision	-	-	-	-	-	-
late clinic	-	-	6	6%	-	-
late handover	-	-	-	-	-	-
late ward round	1	2%	2	2%	10	2%
rota issue	-	-	-	-	19	4%
service support	3	5%	13	14%	18	4%
staffing	24	39%	38	40%	147	32%
workload	22	36%	32	33%	239	52%
Total	61		96		460	



3.9.1 In this Quarter, the primary reasons noted for exception reports were high workload (52%), and low staffing levels (32%).

3.9.2 The introduction of HIVE in early September resulted in 21 ERs being submitted, split across NMGH (n=9), MRI (n=6), MREH (n=3), WH (n=2) and RMCH (n=1). The reasons cited were that the doctor had either been required to work additional hours on their shift or undertake training outside their rostered hours.

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 26 fines were levied:

- Eight in child and adolescent mental health services, where doctors were unable to take 5 hours continuous rest whilst working non-resident on-call
- One fine in oral & maxilla-facial surgery where the doctor was unable to take 5 hours continuous rest whilst working non-resident on-call
- 17 in ophthalmology where doctors were either unable to take 5 hours continuous rest whilst working non-resident on-call, or unable to take 8 hours total rest in a 24-hour period.
- The total fines levied were £18,886 of which £7,083 was paid to the doctor with £11,803 credited to the GoSW fund.

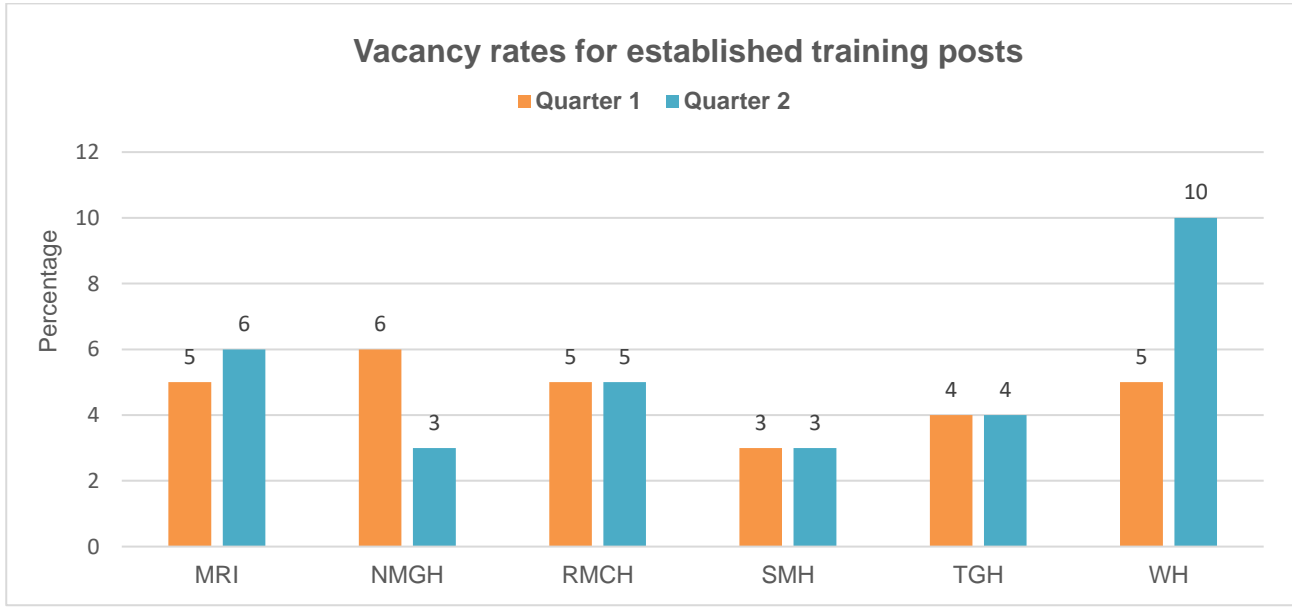
3.10.6 The GoSW fund currently stands at £11,993.

4. Establishment Figures and Vacancies (Quarter 2)

- 4.1 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 2022.
- 4.2 The establishment data (Appendix 4) has been updated for this quarter using Health Education England’s Training Information System (TIS) for all training posts which are funded under the Learning Development Agreement, with the addition of the Trust’s Foundation training posts. The number of funded training posts has increased by 7 (from 1,216 to 1,223) this Quarter. Also included in table 4.6 is the number of less than full-time (LTFT) trainees.

4.3 Vacancy Rate against Establishment

	MRI	NMGH	RMCH	SMH	TGH	WH	Trust Average
Quarter 1	5%	6%	5%	3%	4%	5%	5%
Quarter 2	6%	3%	5%	3%	4%	10%	4%
Quarter 3							
Quarter 4							



4.3.1 The vacancy rate for established training posts has decreased from an average of 5% for the Group in Q1 to 4% in Q2. The vacancy rates at RMCH, SMH and TGH have remained constant, with a 3% decrease at NMGH and a 1% increase at MRI. The most marked increase is at WH, from 5% (Q1) to 10% (Q2), and this is the highest vacancy rate reported for several years. The number of vacant posts at WH peaked at 19 in July, however, it is reassuring to note that this improved after August rotation with seven vacant posts reported in September.

4.3.2 MRI is carrying most vacancies (n=19) with three vacancies in both cardiothoracic and vascular surgery specialties. NMGH, RMCH and WH have five, six and seven vacancies respectively, with multiple vacancies in core anaesthetics training, internal medicine, paediatric neurosurgery, and paediatric surgery.

4.4 Appendix 5 provides full details of the number of locum shifts/hours requested and paid for by hospital, grade and reason during Q2.

4.5 The total use of locums (as measured in hours paid) has decreased by c.14,400 hours from 175,423 in Q1 to 160,982 in Q2. NMGH used most locum hours 70,481 (44%), followed by MRI 28,479 hours (18%) and WH 26,064 hours (16%). The reasons for using locums remained constant from Q1 to Q2. It was recorded that 'vacancy' accounted for 85% of locum bookings; 'workload increases' accounted for 4%; and 'emergency department support shift' accounted for 4%. 45% of locum bookings in this Quarter were for junior/FY1 grades.

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

Hospital / MCS	Establishment	No. LTFT trainees	Percentage LTFT
North Manchester General Hospital	242	30	12%
Manchester University Foundation Trust	22	13	59%
Manchester Royal Eye Hospital	26	4	15%
Manchester Royal Infirmary	323	52	16%
Royal Manchester Children's Hospital	134	56	42%
St Mary's Hospital	65	27	42%
Trafford General Hospital	28	4	14%
University Dental Hospital of Manchester	33	2	6%
Withington Community Hospital	2	-	-
Wythenshawe Hospital	348	78	22%
MFT Group Total	1223	266	22%

4.6.1 There has been a 3% increase in the number of training posts (n=266) currently filled by LTFT trainees (working from between 50% and 80% of a full time equivalent) since Q1. This creates issues with gaps on rotas and increases the need for locum cover. The position is particularly challenging in CAMHS, SMH and RMCH where LTFT trainees account for 59%, 42%, and 42% of all trainees respectively.

5. Overall Summary for Quarter 2

5.1 Quarter 2 has seen a total of 460 ERs submitted by 147 doctors, which is an increase of 204 reports (80%) from Q4. This is the highest number of ERs recorded at the Trust in any quarter since the introduction of exception reporting in 2017. Whilst this is encouraging and evidences that junior doctors know how and when to exception report, it should be noted that only 12% of the junior doctor cohort are actively using exception reporting to raise their concerns.

5.2 This significant increase in reporting levels could be attributed to several factors, including: an increased awareness of how and when to exception report; greater number of junior doctors/LED

eligible to report; increased workload pressures; the relentless challenge of COVID19 over the past two years; national dissatisfaction with current rates of pay; and the increased cost of living.

- 5.3 The trend analysis of exception reports by speciality from 2020 to 2022, shows that all bar three specialties were above average in Q2. Twenty-eight exception reports were escalated to a level 1 work schedule review and 26 fines were levied. From the exception reporting data alone, it appears that junior doctors experienced most workload pressure in the following specialties:
- MREH: ophthalmology (on-call)
 - MRI: vascular surgery, gastroenterology, acute medicine and transplant surgery
 - NMGH: infectious diseases, urology and general medicine
 - RMCH: otalaryngology (ENT)
 - WH: gastroenterology, general medicine, geriatric medicine and respiratory medicine
- 5.4 There has been an exponential rise in the number of ERs submitted this Quarter in MREH, from zero in July, to 13 in August, and 28 in September. All the reports are related to workload and the need to stay late when working in the Emergency Eye Department. Unfortunately, on 26 occasions the rota rules were breached because doctors were unable to meet their rest requirements, and this resulted in GoSW fines being levied against the department. The department senior leadership team has responded quickly to these concerns, and they are actively considering organisational and rota changes to address the workload/capacity issues. The GoSW and the Associate Director of Medical Education (Workforce) will continue to monitor ERs in Ophthalmology and provide support to the leadership team.
- 5.5 The primary reason for exception reporting is where trainees are required to work beyond their contracted hours, because of high workload and/or low staffing levels. This correlates with the bank and agency data where 85% of locum shifts worked are to cover vacancies, however on average 26% of these rota gaps remained unfilled and this is compounded by the fact that 22% of all training posts are now filled by LTFT trainees. Hospitals need to ensure workforce capacity and service demands are aligned and proactively recruit or redesign rotas/services to address any shortfalls.
- 5.6 In line with previous reports, most exception reports (57%) were from foundation doctors. As noted last quarter, 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. This has been escalated to the Allocate account manager for MFT and discussed with colleagues at NHS Employers.
- 5.7 The GoSW is a member of the recently constituted Postgraduate Medical Education Quality Assurance Steering Group and the challenges identified via exception reporting have informed the schedule of internal and external quality visits being planned. Exception reporting data will be provided ahead of these visits. The GoSW also attends hospital Medical Education Committees and the Medical Directors Workforce Board to highlight issues from ERs, for their consideration and action.
- 5.8 In July, educational and clinical supervisors were invited to complete a survey about how confident they were in responding to ERs and what additional learning resources they wanted. There was a 20% response rate, with 40% of respondents stating they were confident to respond to ERs; however, 60% stated they were either “not very” or “not” confident. To address this, the GoSW has delivered some on-line workshops, is developing an e-learning module having successfully bid for funding from the HEE Covid Recovery fund and is producing a hints and tips guide.

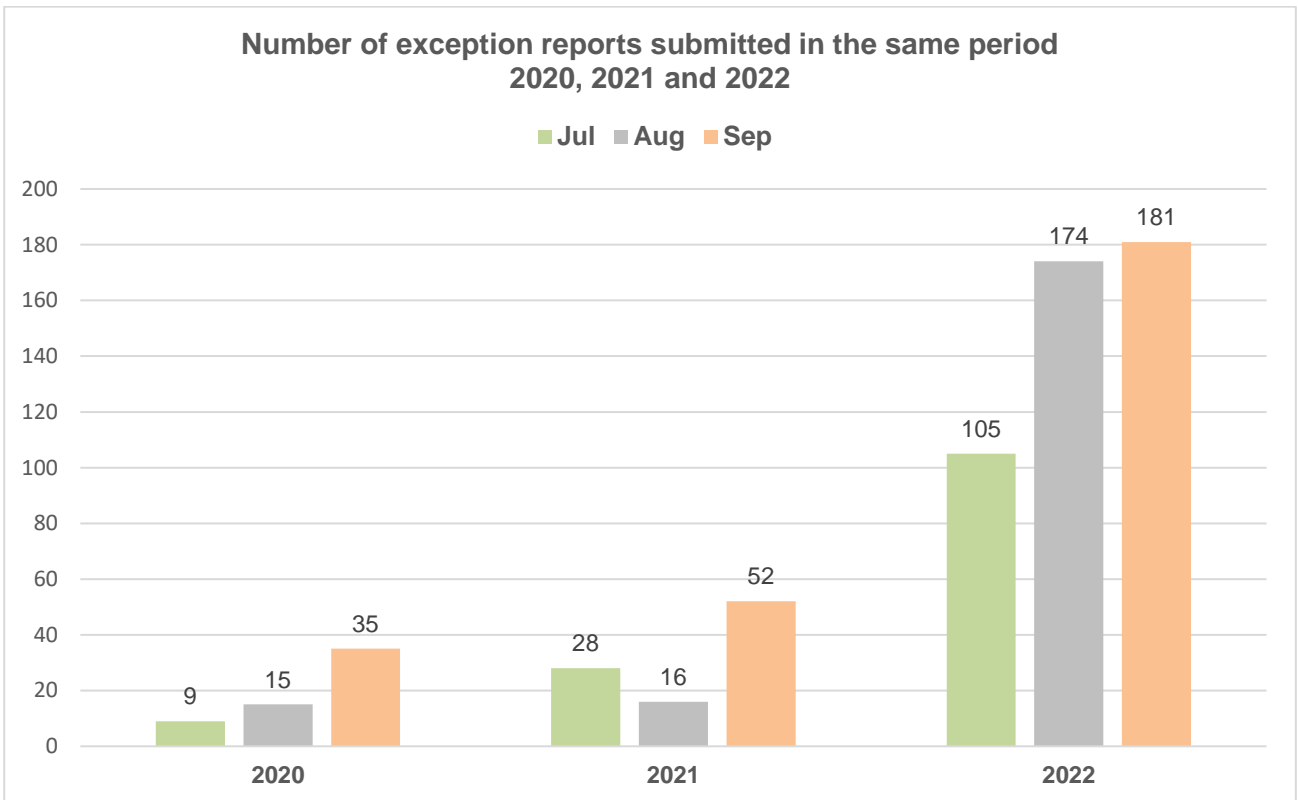
- 5.9 Work on the trainee exception reporting survey action plan has continued with GoSW presentations this Quarter to clinical leaders' groups at TGH, attendance at five induction sessions, foundation teaching, four joint drop-in sessions with the Freedom to Speak Up Guardian and an on-line exception reporting workshop for educational and clinical supervisors. All actions are on track, or have been completed, ahead of the follow-up trainee survey in November 2022.
- 5.10 The Junior Doctors' Forum met once in Q2, however, some hospitals/MCS did not have a junior doctor representative in attendance because the appointment of Chief Registrars has been slightly delayed this year. Agenda items included: follow-up queries related to HIVE implementation; the results of the educators' survey were shared and an improvement action plan agreed; and the draft plan for the trainee conference on 25 November was discussed.

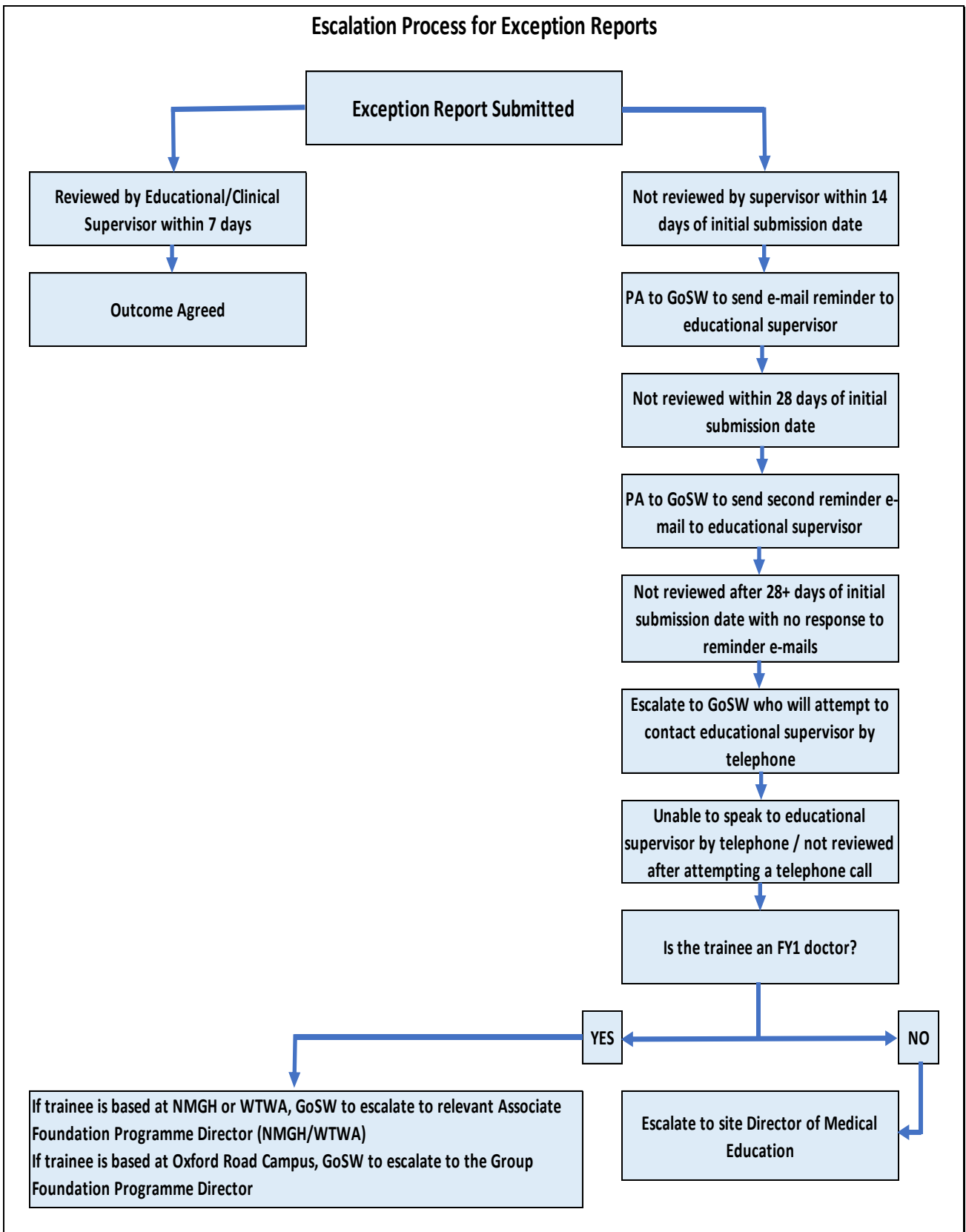
Total number of exception reports submitted each month (Period Jan 2020 – September 2022)

Month	Total number of exception reports raised	Total number of exception reports closed at time of report
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	115
June 2022	53	53
July 2022	105	103
August 2022	174	171
September 2022	181	137
Total	1702	1653

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

Date	Jul 2020	Jul 2021	Jul 2022	Aug 2020	Aug 2021	Aug 2022	Sep 2020	Sep 2021	Sep 2022
Number of Exception Reports	9	28	105	15	16	174	35	52	181





APPENDIX 4

Established Training Posts by Hospital / 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		
									Jul	Aug	Sep
North Manchester General Hospital (R0A66)	4	3	42	36	30	68	59	242	14	5	5
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		1	1
Cardiology	1					1		2			
Clinical Radiology						8	1	9	1		
Core anaesthetics training							8	8	1		
Core surgical training							8	8	4	2	2
Dental Core Training							7	7			
Emergency Medicine					6	2		8			
Endocrinology and Diabetes Mellitus						1		1			
Foundation			42	36				60			
Gastroenterology						2	2	2	1	1	
General (internal) Medicine					4			4			
General Surgery						2		2	2		
Genito-urinary Medicine						1		1			
Geriatric Medicine						2		2	1		
Infectious Diseases							11	12			
Intensive Care Medicine						4		4		1	2
Internal Medicine Stage One							25	25	1		
Obstetrics and gynaecology	1				7	10	4	22	1		
Oral and maxillofacial surgery						4		4			
Paediatrics					13	3	3	19	1		
Public Health Medicine						1		1			
Respiratory Medicine		1				4		5	1		
Rheumatology	1	2				1		4			
Trauma and Orthopaedic Surgery						2		2			
Manchester Royal Eye Hospital (R0A04)	4	1		2		17	2	26	0	0	0
Foundation				2				2			
Ophthalmology	4	1				17	2	24			
Manchester Royal Infirmary (R0A02)	7	10	39	23	13	147	84	323	18	19	19
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		
Acute Care Common Stem - Internal Medicine							4	4			
Acute internal medicine					1	2		3	1	1	1
Anaesthetics		1				23		24			
Audio Vestibular Medicine						2		2			
Cardiology	1	1				7		9			
Cardiothoracic surgery						3		3	3	3	3
Chemical Pathology						1		1			
Clinical Radiology						11	3	14	1	1	1
Core anaesthetics training							9	9			
Core medical Training	1							1			
Core surgical training							15	15	2	1	1
Dental Core Training							7	7			
Emergency Medicine		1			3	7		11		1	
Endocrinology and Diabetes Mellitus		1			1	3		5			
Foundation			39	23				57			
Gastroenterology		1				4		5			
General Surgery						10		10	2	2	2
Genito-urinary Medicine						4		4	1		
Geriatric Medicine					4	2		6			
Haematology						6		6			
Histopathology						5	8	13	1	1	1
Immunology						1		1	1		
Intensive Care Medicine						18		18		1	2
Internal Medicine Stage One	3						27	30	1	1	
Medical Microbiology						4		4			1
Nuclear Medicine						2		2			
Oral and maxillofacial surgery						4		4	2	2	2
Otolaryngology						3		3			
Paediatric emergency medicine					2			2			
Paediatrics					1			1			
Renal Medicine	1	1				9		11	1	1	1
Respiratory Medicine					1	2		3			
Rheumatology		2				4		6		1	1
Trauma and Orthopaedic Surgery						2		2			
Urology						2		2	1		
Vascular Surgery		2				6		8		3	3

Established Training Posts by Hospital / 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		
									Jul	Aug	Sep
MANCHESTER UNIVERSITY HOSPITAL NHS FT (HQ) (R0A01)	2					11	9	22	0	0	0
Child and adolescent psychiatry	1					11		12			
Core psychiatry training	1						9	10			
ROYAL MANCHESTER CHILDREN'S HOSPITAL (R0A03)	3	2		5	6	88	30	134	7	6	6
Anaesthetics						16		16			
Chemical Pathology						1		1			
Clinical Radiology						4		4			
Core surgical training							3	3			
Emergency Medicine	1				2	11		14			
Foundation				5				4			
Haematology						3		3			
Neurosurgery						2		2	1	2	2
Otolaryngology						1		1			
Paediatric and Perinatal Pathology		1				2		3	1	1	1
Paediatric emergency medicine						1		1			
Paediatric Surgery						8		8	1	3	3
Paediatrics	2	1			4	33	27	67	4		
Plastic Surgery						1		1			
Trauma and Orthopaedic Surgery						5		5			
ST MARY'S HOSPITAL (R0A05)	4	8		3	11	26	13	65	2	2	2
Clinical Genetics	2	1				5		8	1	1	1
Foundation				3				2			
Obstetrics and gynaecology	1	7			11	15	6	40		1	1
Paediatrics	1					6	7	14	1		
University Dental Hospital of Manchester (R0A06)	6	3				14	10	33	0	0	0
Dental Core Training	1						10	11			
Dental Public Health	1							1			
Oral Medicine						1		1			
Oral Pathology	1							1			
Oral Surgery	1	1				1		3			
Orthodontics						1		1			
Paediatric Dentistry		1				5		6			
Prosthodontics		1						1			
Restorative Dentistry	1					6		7			
Special Care Dentistry	1							1			
TRAFFORD GENERAL HOSPITAL (R0A09)	3		9		2	10	4	28	1	1	1
Acute internal medicine						2		2			
Emergency Medicine					1			1			
Endocrinology and Diabetes Mellitus						1		1			
Foundation			9					6			
General (internal) Medicine	1				1			2			
Geriatric Medicine						2		2			
Internal Medicine Stage One	2						4	6			
Rehabilitation Medicine						2		2		1	1
Respiratory Medicine						1		1	1		
Rheumatology						1		1			
Trauma and Orthopaedic Surgery						1		1			
WITHINGTON COMMUNITY HOSPITAL (R0A08)						2		2	0	0	0
Genito-urinary Medicine						1		1			
Rehabilitation Medicine						1		1			

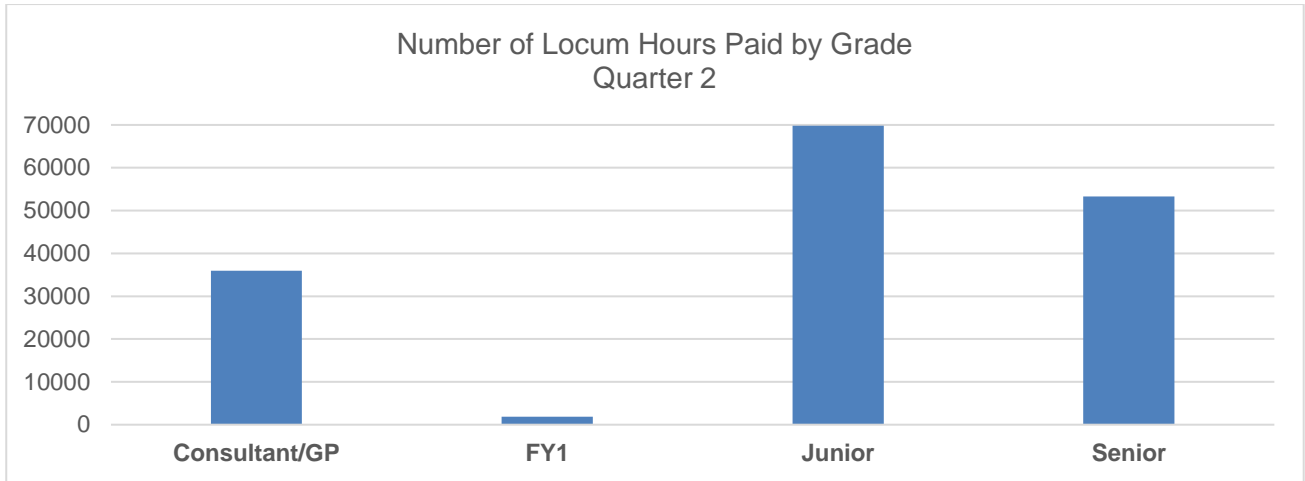
Established Training Posts by Hospital / Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (CT/ST 1/2)	Grand Total	Vacancies		
									Jul	Aug	Sep
WYTHENSHAW HOSPITAL (ROA07)	12	9	42	27	25	151	82	348	19	8	7
Acute Care Common Stem - Anaesthetics							1	1			
Acute Care Common Stem - Emergency Medicine					1		3	4			
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			
Anaesthetics	2					23		25			
Cardiology		1				6		7			
Cardiothoracic surgery						5		5	1	1	1
Chemical Pathology						1		1			
Clinical Radiology						10	2	12	1		
Core anaesthetics training							10	10			
Core surgical training							16	16	3		
Dental Core Training							5	5			
Emergency Medicine	1				5	9		15			
Endocrinology and Diabetes Mellitus					2	1		3			
Foundation			42	27				46			
Gastroenterology						3		3			
General (internal) Medicine	2							2			
General Surgery						7		7	3		
Geriatric Medicine					7	4		11			
Histopathology						4		4	1	1	1
Intensive Care Medicine						20		20	3	2	1
Internal Medicine Stage One	6						35	41	2	1	
Medical Microbiology						1		1		1	1
Obstetrics and gynaecology					5	8	3	16			
Oral and maxillofacial surgery						2		2			1
Orthodontics						3		3			
Otolaryngology						2		2	1		
Paediatrics	1				5	7	3	16			
Plastic Surgery		2				14		16	3	1	1
Renal Medicine						1		1			
Respiratory Medicine		3				8		11	1		
Rheumatology		2				2		4			
Trauma and Orthopaedic Surgery						4		4			
Urology		1				2		3		1	1
Grand Total	45	36	132	96	87	534	293	1223	61	41	40

Locum Bookings (Period 01/07/22 – 30/09/22)

Please note that the data relates to all grades of doctor not just trainees.

Locum Bookings (Bank & Agency) by Hospital / Managed Clinical Service				
Hospital / MCS	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
CSS	789	633	7,432	5,959
MLCO	132	131	1,083	1,075
MRI	4,008	3,243	35,507	28,479
MRI & TGH	385	299	3,743	2,953
MRI & WH	36	33	548	485
MRI, RMCH & SRFT	52	40	506	382
NMGH	10,164	7,545	97,192	70,481
REH	509	290	4,292	2,429
RMCH	1,296	973	12,805	9,721
SMH	620	426	5,648	3,876
TGH	620	485	5,793	4,722
UDHM	213	196	2,098	1,907
WTWA	4,513	3,089	37,981	26,064
WTWA & MRI	117	113	1,371	1,314
WTWA & RMCH	126	116	1,211	1,136
Grand Total	23,580	17,612	217,210	160,982

Locum Bookings (Bank & Agency) by Grade				
Grade	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
Consultant/GP	4,122	4,113	36,031	35,961
FY1	233	233	1,881	1,881
Junior	8,035	7,896	70,937	69,811
Senior	5,395	5,370	53,593	53,329
(blank)	5,795	0	54,769	0
Grand Total	23,580	17,612	217,210	160,982



Locum Bookings (Bank & Agency) by Reason				
Reason	No. of shifts requested	No. of shifts paid	No. of hours requested	No. of hours paid
Covid-19 Additional Staff	288	251	2,293	2,009
COVID-19 Isolation	92	37	872	344
ED Support Shift - Medical Staff Only	994	664	9,122	6,004
Enhanced Care	31	29	208	197
Escalation	69	63	840	764
HIVE	275	244	2,012	1,794
Initiative	47	47	381	381
Maternity	37	23	374	249
Planned Leave	61	48	630	512
Sickness	479	330	4,984	3,539
Specialing	11	10	95	86
Theatre Unplanned Overrun	4	3	22	17
Training	144	117	1,248	1,014
Unplanned Leave	48	29	551	351
Vacancy	20,044	14,955	185,771	137,595
Vaccine Delivery - Covid	3	2	23	18
Workload Increased	953	760	7,786	6,109
Grand Total	23,580	17,612	217,210	160,982
Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested)	74%			

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	160,982
Quarter 3	58,550	111,633	
Quarter 4	51,743	167,055	

