

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

Report of:	Miss Toli Onon - Joint Group Medical Director	
Paper prepared by:	Karen Fentem, Guardian of Safe Working	
Date of paper:	20 July 2021	
Subject:	Quarterly report from Guardian of Safe Working (Quarter 1, April - June 2021)	
Purpose of Report:	<p>Indicate which by ✓ (tick as applicable-please do not remove text)</p> <ul style="list-style-type: none"> • Information to note • Support • Accept • Resolution • Approval • Ratify ✓ 	
Consideration of Risk against Key Priorities	Staff satisfaction and reputation of the Trust	
Recommendations	That the HR Scrutiny Committee notes the content of this report	
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Report from the Guardian of Safe Working Period April - June 2021

1. Background

The 2016 Terms and Conditions of Service (TCS) for Junior Doctors and Dentists in Training introduced the role of the Guardian of Safe Working (GoSW). The GoSW's primary responsibility is to act as the champion of safe working hours for doctors in training and provide assurance to the Trust that doctors are safely rostered and that their working hours are compliant with the 2016 TCS.

As part of the above, the GoSW is required to submit quarterly reports to the Board, with the aim of providing context and assurance around safe working hours for MFT Doctors in Training (also referred to as 'Trainees' and 'Junior Doctors'). This report relates to Quarter 1 (1 April to 30 June 2021).

On 1 April 2021, North Manchester General Hospital (NMGH) joined the MFT Group and data from NMGH has been incorporated into this report. The transferring junior doctors were welcomed to the Trust by the GoSW and it was confirmed that the process for exception reporting, via the Doctors Rostering System (DRS4), would remain the same until the Allocate HealthMedics software was implemented by the HR Workforce Systems Team.

The number of exception reports received and closed for the period July 2018 – June 2021 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Quarter 1 against the same quarter in 2019, 2020 and 2021 is shown in Appendix 2.

2. High Level Data (as at 19 July 2021)

Number of established training posts:	
• North Manchester General Hospital	208
• Oxford Road Campus	594
• Wythenshawe, Trafford, Withington and Altrincham	294
Total number of established training posts	1096
Total number of doctors/dentists in training on 2016 TCS	1039
Total number of locally employed junior doctors	22
Number of exception reports raised in this quarter	58
Amount of time available for the Guardian to do the role per week	26 hrs
Admin support provided to the Guardian per week	22.5 hrs
Amount of job planned time for educational supervisors	0.25 PA

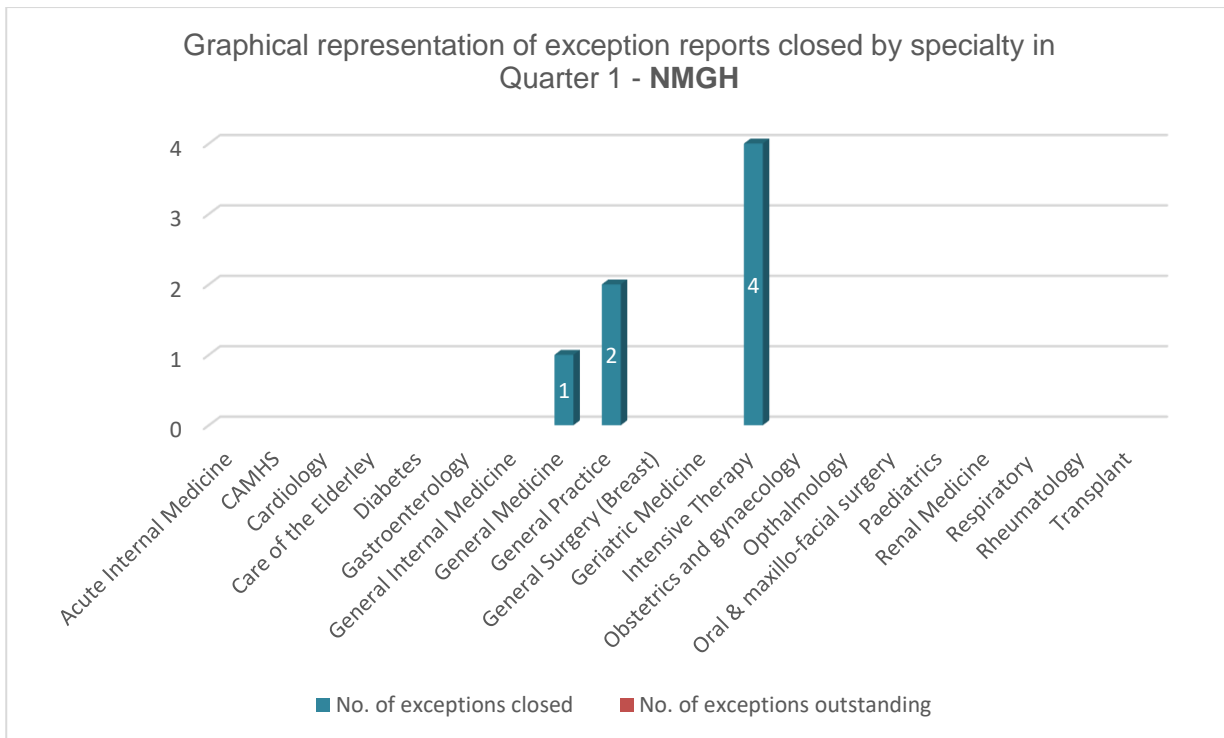
3. Exception Reports – Quarter 1 (April – June 2021)

Please note the data presented in this report was extracted from the exception reporting systems: Allocate HealthMedics System for ORC and WTWA; and the Doctors Rostering System for NMGH on 19 July 2021.

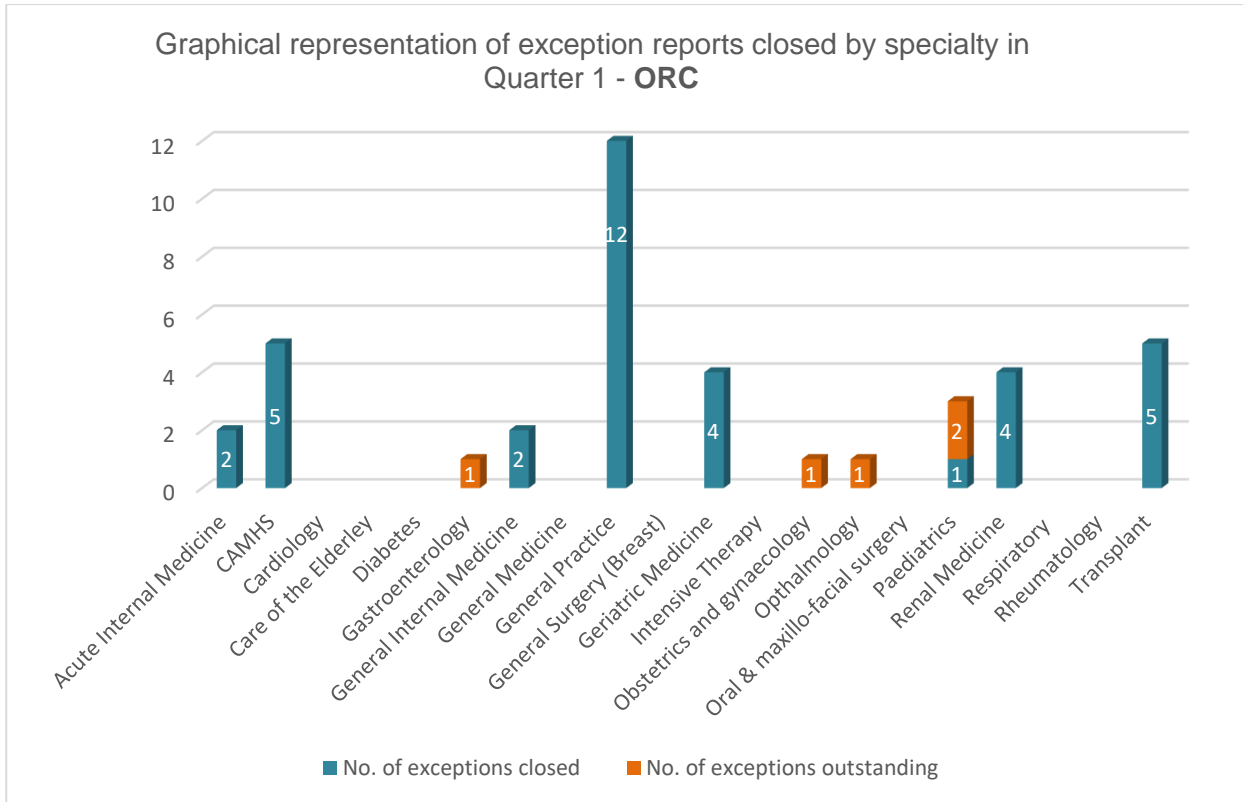
For each subsection 3.1 to 3.9, the data are presented with a short explanation to provide context, interpretation, and conclusions. The overall summary is presented in section 6.

3.1 Exception Reports by Specialty						
Specialty	No. of exceptions raised in Quarter 1			No. of exceptions carried over from Quarter 4	No. of exceptions closed	No. of exceptions outstanding ¹
	NMGH	ORC	WTWA			
Acute Internal Medicine		2			2	
CAMHS		5			5	
Cardiology			3	1	4	
Care of the Elderly			3	2	5	
Diabetes			3		3	
Gastroenterology		1	7		7	1
General Internal Medicine				2	2	
General Medicine	1				1	
General Practice	2	12			14	
General Surgery (Breast)				1	1	
Geriatric Medicine				4	4	
Intensive Therapy	4				4	
Obstetrics and gynaecology		1				1
Ophthalmology		1				1
Oral & maxillo-facial surgery			1		1	
Paediatrics		3			1	2
Renal Medicine		1		3	4	
Respiratory			2	1	3	
Rheumatology			1			1
Transplant		5			5	
Total	7	31	20	14	66	6

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



- 3.1.1 A total of seven exception reports were submitted in Quarter 1 by trainees at NMGH. Four exceptions were raised in Intensive Therapy by a Clinical Fellow (locally employed junior doctor) for high workload resulting in late finishes and not being able to take breaks. This was escalated to the consultant on the ward at the time and no further exception reports have been received. The doctor was given time off in lieu.
- 3.1.2 Two exception reports were received from an FY2 doctor in General Practice. One related to working additional time due to a high workload and the other noted that the two hours self development time, that all foundation doctors should receive, was not included in their rota. The GoSW escalated this to the Assistant Directorate Manager for General and Specialist Medicine for the rota to be amended.

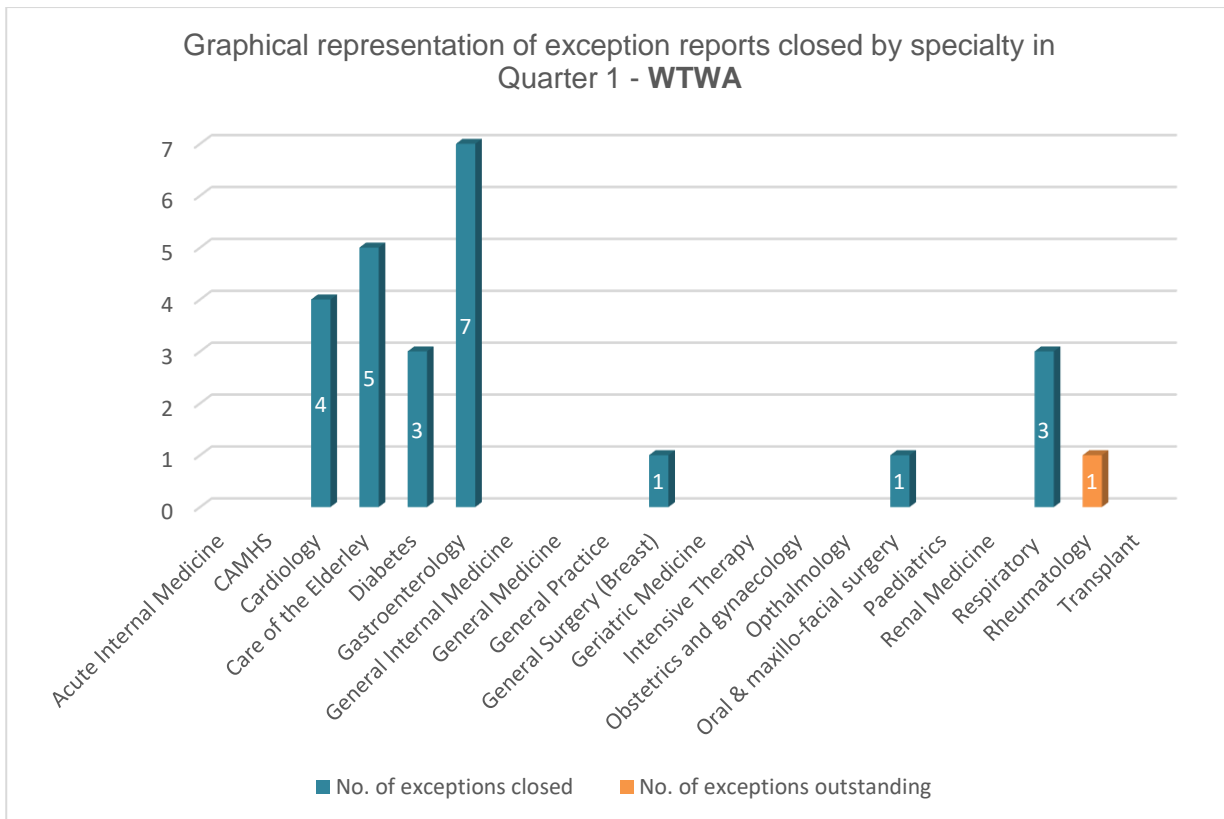


3.1.3 Of the 31 exception reports received in Quarter 1 at ORC, 12 were submitted by an FY2 in General Practice. The reason cited for all these exception reports was high workload and due to the number of reports received a Level 1 work schedule review was undertaken, the outcome of which was a reduction in patient appointments and payment for the additional hours worked.

3.1.4 Five exception reports were received from Senior Trainees in the Child & Adolescent Mental Health Service. The reason for these reports was that the doctors had not been able to take 5 hours continuous rest whilst working overnight on-call. These breaches of the TCS resulted in fines being levied against the Department (further details are provided in section 3.10). An audit of time worked whilst on-call has recently been undertaken by the trainees, to see if this is greater than the prospective 4 hours included in their current work schedule, and the results are to be shared with the GoSW.

3.1.5 Five exception reports were submitted by two FY1s in Transplant Surgery, who had worked additional hours to clerk-in pre-op patients and patients from the Emergency Department. The doctors received payment for the additional hours worked.

3.1.6 It is positive to note that Cardiology and Respiratory Medicine have not received any exception reports, having received most in the previous quarter, and there has also been a significant improvement in Gastroenterology, with only one new report being submitted this Quarter.



3.1.7 Once again in this Quarter, Gastroenterology trainees submitted the highest number of exception reports (7 reports), however, this was significantly less than in the previous quarter where 34 reports were submitted. The exception reports were for reasons related to workload and staffing levels, which the department are fully aware of and have been addressing by appointing additional staff.

3.1.8 Cardiology, Care of the Elderly and Diabetes each received 3 exception reports during Quarter 1. The reasons cited were high workload due to the number of admissions and volume of jobs arising from ward rounds and low staffing levels in Cardiology resulting in some non-urgent jobs being deferred to the next day, thereby increasing the workload for that day.

3.2 Exception Reports by Specialty by Year

Specialty	Average no. of exception reports per quarter		No. of exception reports submitted in Quarter 1			Trend against average for Q1
	All quarters 2018 to date	Excluding Q1&Q2 2020 due to Covid-19	2019/20	2020/21*	2021/22	
Accident and emergency	3	3	23	-	-	↓
Acute Internal Medicine	4	4	4	-	2	↓
Cardiology	4	5	-	3	3	↓
Cardio-thoracic surgery	1	1	-	-	-	↓
Care of the Elderly	7	7	3	3	3	↓
Child & adolescent psychiatry	2	3	-	-	5	↑
Colorectal surgery	7	7	3	2	-	↓
Diabetes & Endocrinology	2	2	-	-	3	↑
Gastroenterology	25	29	23	3	8	↓
General medicine	14	16	29	2	1	↓
General practice	1	2	-	-	14	↑
General surgery	3	4	-	-	-	↓
Hepato-Pancreato-Biliary (HPB)	8	9	2	1	-	↓
Medical microbiology and virology	0	0	1	-	-	↔
Neonatology	1	2	-	-	-	↓
Obstetrics and gynaecology	1	1	-	-	1	↔
Ophthalmology	1	1	5	-	1	↔
Otolaryngology (ENT)	1	1	-	-	-	↓
Paediatrics	4	5	-	-	3	↓
Renal Medicine	4	4	4	-	1	↓
Respiratory Medicine	8	10	15	-	2	↓
Rheumatology	1	2	3	-	1	↓
Stroke	0	0	-	-	-	↔
Transplant surgery	9	11	9	-	5	↓
Trauma & Orthopaedics	2	2	2	1	-	↓
Urology	1	1	-	-	-	↓
Vascular Surgery	3	4	2	-	-	↓
Total			128	15	58	

* Fewer exception reports were submitted in Q1 and Q2 2020/21 due to Covid-19

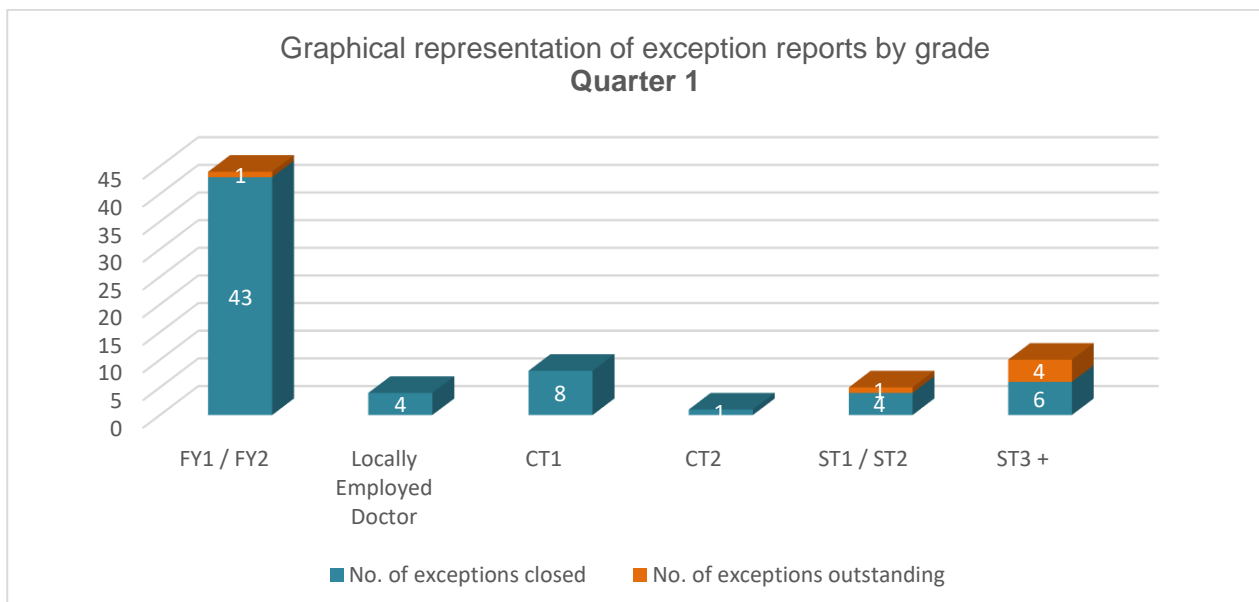
3.2.1 When the average number of exception reports submitted per quarter for all quarters, from 2018 to date, is compared against the Covid-19 excluded average, it can be seen that the majority of specialties experienced a minor downward trend as a result of the pandemic and the low numbers of exception reports between April and August 2020. To negate this slight

skewing of the data, the trend against average for each speciality is benchmarked against the average excluding Q1 and Q2 data for 2020.

3.2.2 During Quarter 1, three specialities received higher than average numbers of exception reports; four specialities were aligned to the average; and 20 specialities received less than average. As can be seen in Appendices 1 and 2 the number of exception reports do fluctuate on a monthly/quarterly basis however, overall it can be seen that there has been a slight downward trend in the number of exception reports being submitted compared to the 2019 and 2020 data, particularly in light of the additional trainees who joined MFT in April from NMGH. The BMA has also acknowledged this downward trend across Trusts nationally and to address this they will be running an exception reporting campaign in August/September to encourage junior doctors to report. It is important that junior doctors recognise the value of reporting, feel empowered to report and have confidence that their reports are actioned; however, the possibility that a downturn in the number of exception reports reflects improvements in safe working, should not be discounted.

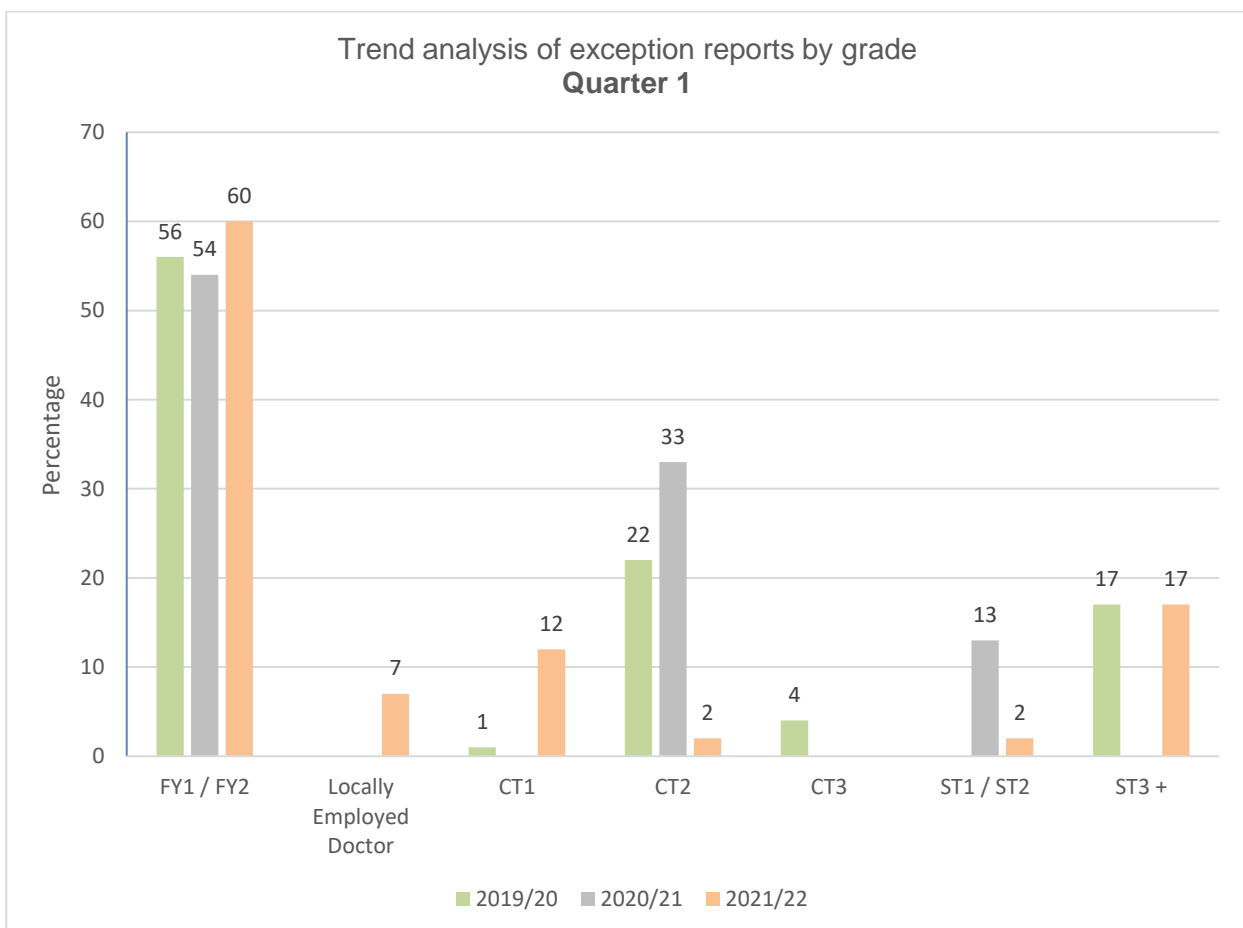
3.2.3 The trend analysis does focus attention on the following specialities: Child & Adolescent Mental Health Service, Diabetes & Endocrinology and General Practice. The GoSW will continue to monitor these departments and liaise with the clinical director, or invoke a work schedule review, as appropriate, should high numbers of exception reports continue.

3.3 Exception Reports by Grade				
Grade	No. of exceptions carried over from last report	No. of exceptions raised in this quarter	No. of exceptions closed	No. of exceptions outstanding
FY1 / FY2	9	35	43	1
Locally Employed Doctor	-	4	4	-
CT1	1	7	8	-
CT2	-	1	1	-
ST1 / ST2	4	1	4	1
ST3 +	-	10	6	4
Total	14	58	66	6



3.3.1 The number and timeliness within which exception reports have been closed has improved during this Quarter. It can be seen in table 3.3 that 14 exception reports were carried over from Quarter 4 into Quarter 1, whereas only 6 exception reports are outstanding at the time of this report.

3.4 Exception Reports by Grade by Year						
Grade	No. of exception reports submitted in Quarter 1					
	2019/20		2020/21		2021/22	
FY1 / FY2	72	56%	8	54%	35	60%
Locally Employed Doctor	-	-	-	-	4	7%
CT1	1	1%	-	-	7	12%
CT2	28	22%	5	33%	1	2%
CT3	5	4%	-	-	-	-
ST1 / ST2	-	-	2	13%	1	2%
ST3 +	22	17%	-	-	10	17%
Total	128		15		58	



3.4.1 In line with previous reports, most exception reports (60%) were raised by foundation doctors. In Quarter 1, there were ten exception reports (17%) raised by ST3+ trainees, which is encouraging as this indicates that the culture of exception reporting embedded in foundation training is being taken forward as doctors' training progresses. However, the number of higher trainees who exception report is still extremely low.

3.5 Exception Reports by Rota

Rota	No. of exceptions raised in Quarter 1			No. of exceptions carried over from Quarter 4	No. of exceptions closed	No. of exceptions outstanding
	NMGH	ORC	WTWA			
NMGH Gen Med RMO1 June 2020 Live	2	-	-	-	2	-
Clinical fellow rota 1:8 Aug 19	4	-	-	-	4	-
FY2 GP Placement	-	12	-	-	12	-
Gen Med Level 1 F1 Aug 20 archived Aug 21	1	-	-	-	1	-
LTFT *** RMCH, CAMHS Senior August 2020	-	3	-	-	3	-
LTFT *** RMCH COMBINED Senior Gen/Tert	-	2	-	-	-	2
MRI General Medicine FY1 - 2021	-	1	-	-	-	1
MRI General Medicine FY1 August 2020	-	2	-	2	4	-
MRI General Medicine Junior RMO – 2021	-	1	-	-	1	-
MRI General Medicine RMO August 2020	-	-	-	4	4	-
MRI General Surgery FY1	-	2	-	-	2	-
MRI Renal Medicine Hybrid August 2020	-	-	-	3	3	-
REH Ophthalmology, 1st OC 2021	-	1	-	-	-	1
RMCH Tertiary Paediatrics ST1-3 2020	-	1	-	-	1	-
RMCH, CAMHS Senior August 2020	-	2	-	-	2	-
St Marys, O&G, Junior - 2021	-	1	-	-	-	1
Transplant Surgery	-	3	-	-	3	-
WTWA Cardio & Resp Fy1	-	-	3	1	4	-
WTWA Gen Med Jnr - August 2020	-	-	2	1	3	-
WTWA Gen Surg Fy1	-	-	-	1	1	-
WTWA General Medicine Foundation	-	-	5	2	7	-
WTWA Oral Surgery Junior	-	-	1	-	1	-
WTWA Rheumatology ST3	-	-	1	-	-	1
WTWA Trafford Gen Med FY1 – August	-	-	3	-	3	-
WTWA Wythenshawe Gen Med Junior	-	-	5	-	5	-
Total	7	31	20	14	66	6

3.5.1 The highest number of exception reports (12) were received from one trainee on the FY2 GP Placement rota, for working additional hours due to a high workload.

3.5.2 Five exception reports were submitted by one trainee on the WTWA General Medicine Foundation rota, for working additional hours due to the high workload in Gastroenterology.

3.5.3 Five exception reports were submitted by two trainees on the WTWA General Medicine Jnr rota for high workload and low staffing levels. The trainees were working in the following sub-specialties:

- Respiratory - 3
- Care of the Elderly – 2

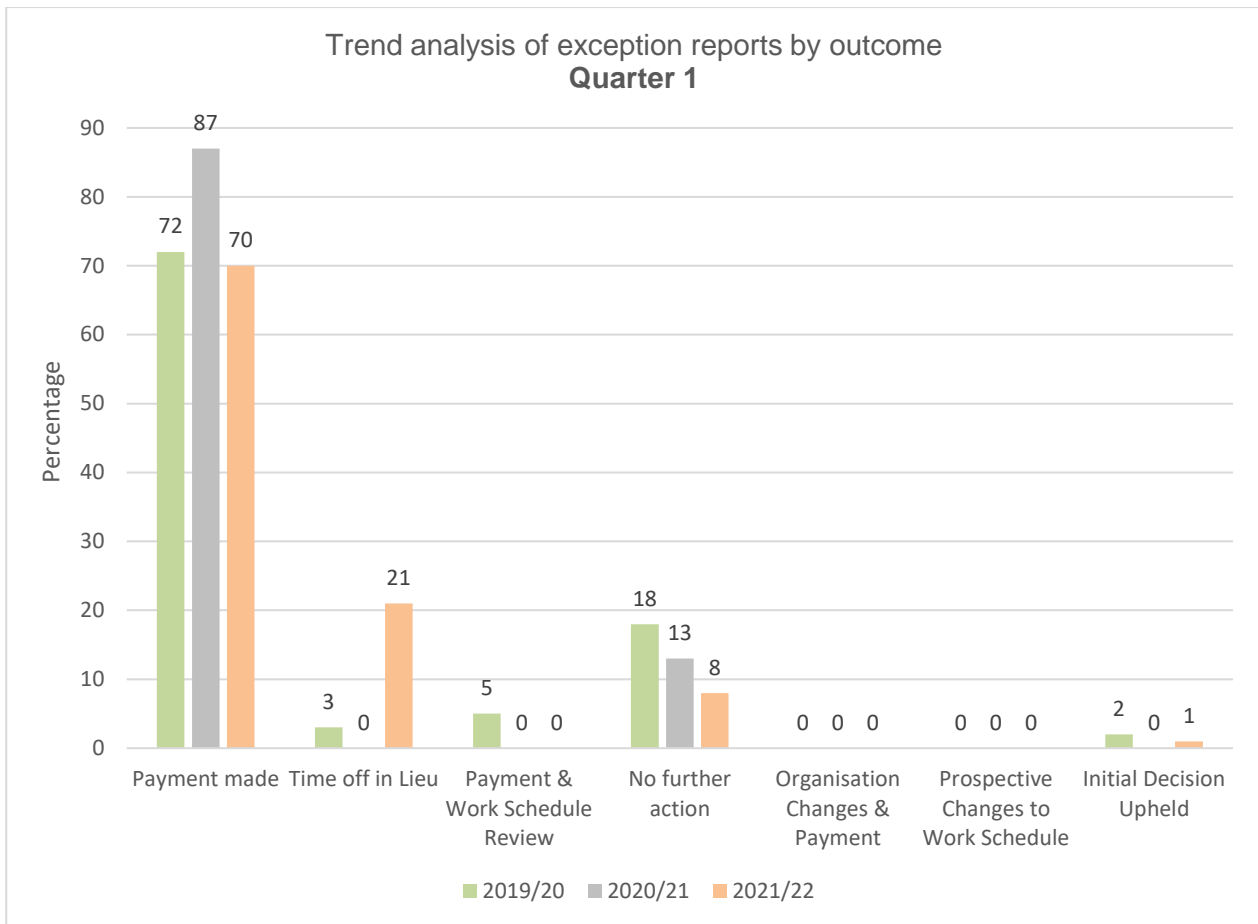
3.6 Work Schedule Reviews

3.6.1 A work schedule review is undertaken when either a doctor is dissatisfied with the outcome of the initial review meeting or the concerns raised require an individual's, or all the trainees working on a rota, work schedule to be reviewed. The work schedule review process incorporates three levels of escalation and both work schedule reviews undertaken during this period have been at Level 1, with the outcome of one still pending. Further details are included in the table below:

Rota	Site	Specialty	Grade	Reason	Outcome
FY2 GP Placement	ORC	General practice	FY2	workload	Payment & reduced number of patient appointments
REH Ophthalmology, 1st OC 2021	ORC	Ophthalmology	ST4	staffing	pending

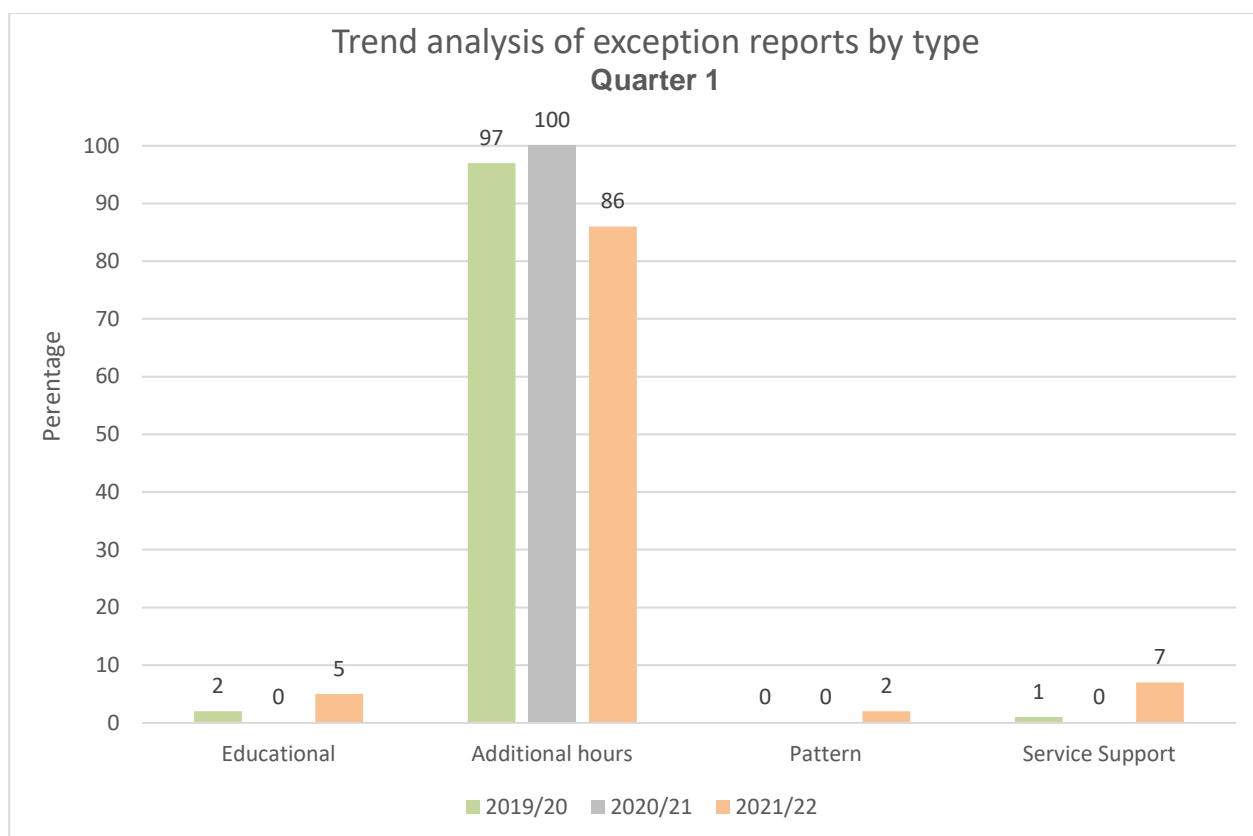
3.7 Exception Reports by Outcome by Year

Outcomes	No. of exception reports closed in Quarter 1					
	2019/20		2020/21		2021/22	
Payment made	92	72%	13	87%	46	70%
Time off in Lieu	4	3%	-	-	14	21%
Payment & Work Schedule Review	7	5%	-	-	-	-
No further action	23	18%	2	13%	5	8%
Organisation Changes & Payment	-	-	-	-	-	-
Prospective Changes to Work Schedule	-	-	-	-	-	-
Initial Decision Upheld	2	2%	-	-	1	1%
Total	128		15		66	



3.7.1 In 70% of cases, payment for the additional hours worked has been agreed, with 21% being granted time off in lieu. There has been a welcome increase in the 'time off in lieu' outcome this quarter compared to 2019/20 and 2020/21 as this ensures that the trainees are not working excessive hours and getting adequate rest.

3.8 Exception Reports by Type by Year						
Type	No. of exception reports submitted in Quarter 1					
	2019/20		2020/21		2021/22	
Educational	2	2%	-	-	3	5%
Additional hours	125	97%	15	100%	50	86%
Pattern	-	-	-	-	1	2%
Service Support	1	1%	-	-	4	7%
Total	128		15		58	

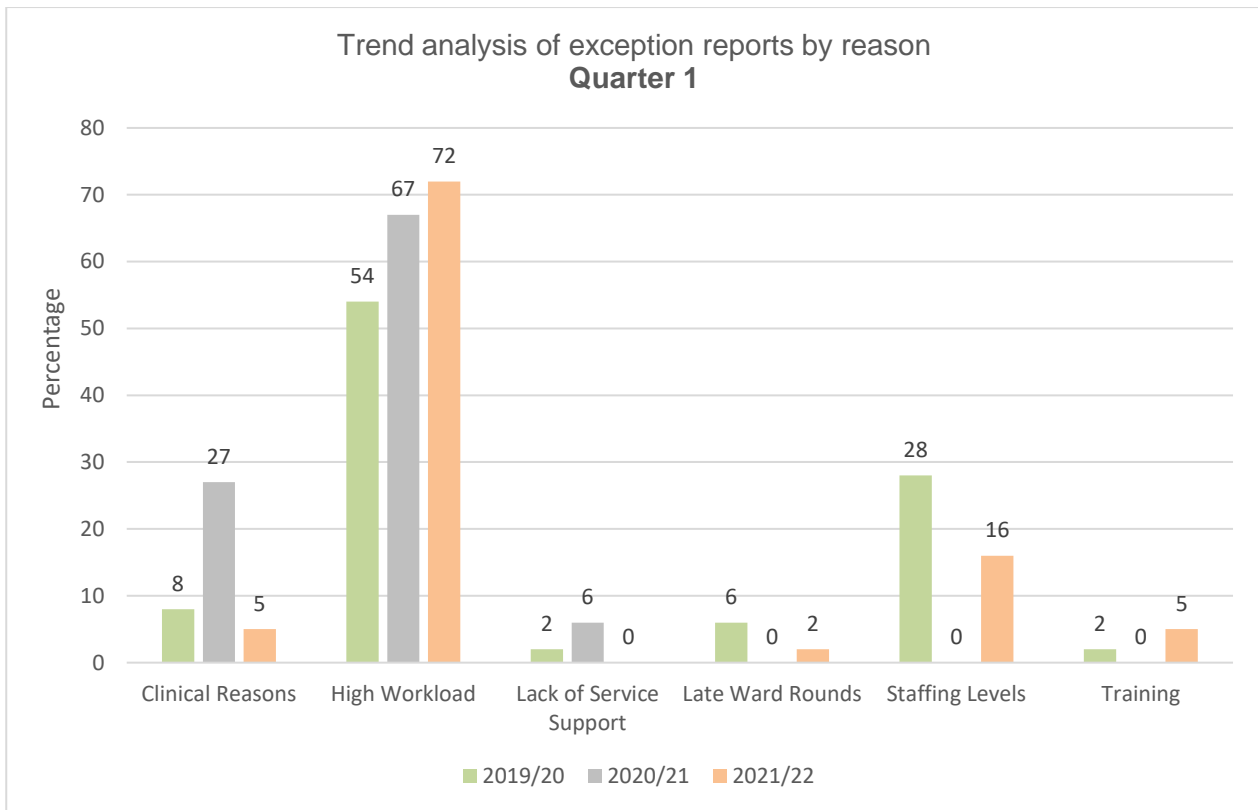


- 3.8.1 The primary reason for exception reporting related to trainees working above their contracted hours due to high workload and/or low staffing levels and this pattern has remained constant over the past 3 years.
- 3.8.2 7% of exception reports were for service support reasons, where there were gaps on the rota due to staffing shortages.
- 3.8.3 The three exception reports submitted for educational reasons were split across NMGH, ORC and WTWA. Two reports were where trainees had missed teaching because they were required to cover for staff shortages on the wards and the third report was for the lack of self-development time in the rota of a FY2 in General Practice.

3.9 Reasons for Exception Reports by Year

Reason	No. of exception reports submitted in Quarter 1					
	2019/20		2020/21		2021/22	
Clinical Reasons	11	8%	4	27%	3	5%
High Workload	69	54%	10	67%	42	72%
Lack of Service Support ²	2	2%	1	6%	-	-
Late Ward Rounds	8	6%	-	-	1	2%
Staffing Levels	36	28%	-	-	9	16%
Training	2	2%	-	-	3	5%
Total	128		15		58	

² Lack of service support includes: biochemistry results being delayed due to technical issues; delay in handover due to bleep not working; lab results late; and ward cover handover changed after doctors had already handed over.



- 3.9.1 In this quarter, the primary reasons noted for exception reporting were high workload (72%), low staffing levels (16%), training (5%), and clinical reasons (5%).
- 3.9.2 Over the past three years, high workload and low staffing levels have consistently been the main reasons why junior doctors' exception report. During this quarter, however, there is an increase in the number of exception reports submitted due to high workload.

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 Junior Doctors' Forum 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

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

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

3.10.5 During this reporting period six fines were levied against the Child & Adolescent Mental Health Service where three doctors reported a breach of the minimum non-residential on call overnight continuous rest period of 5 hours between 22.00 – 07.00 hours on six separate occasions. The total fine levied was £3,340.83, of which £1,265.83 was paid to the doctors with £2,075.00 credited to the GoSW fund, further details are included in the table below:

Grade	Amount to Doctor £	Amount to GoSW Fund £	Total Fine £	Nature of Breach
ST5	155.87	259.77	415.64	5 hours continuous rest whilst on-call
	34.86	58.09	92.95	
	183.52	305.76	489.28	
ST5	204.90	341.47	546.37	5 hours continuous rest whilst on-call
	459.96	732.07	1192.03	
ST4	226.72	377.84	604.56	5 hours continuous rest whilst on-call
	1265.83	2075.00	3340.83	

3.10.6 The Junior Doctors' Forum will decide towards the end of the financial year how the GoSW fund should be spent to improve the working lives of junior doctors.

4. Establishment Figures and Vacancies (Quarter 1)

- 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 September 2021.
- 4.2 The establishment data 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.

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											
Acute Care Common Stem - Acute Medicine							1	1			
Acute Care Common Stem - Intensive Care Medicine							1	1			
Acute internal medicine						1		1			
Anaesthetics	1					8		9	2	2	2
Cardiology	1							1			
Clinical Radiology						9	1	10			
Core anaesthetics training							6	6			
Core surgical training							8	8	4	4	4
Dental Core Training							7	7			
Emergency Medicine					6			6			
Endocrinology and Diabetes Mellitus						1		1			
Foundation			36	20				56			
General (internal) Medicine					4			4			
General Surgery						4		4	2	2	2
Genito-urinary Medicine						1		1			
Geriatric Medicine						2		2			
Infectious Diseases						10		10			
Intensive Care Medicine						4		4	1	1	1
Internal Medicine Stage One							25	25	3	3	3
Obstetrics and gynaecology					7	10	4	21	1	1	1
Oral and maxillofacial surgery						4		4	2	2	2
Paediatrics					13	3	3	19			
Respiratory Medicine		1					3	4			
Rheumatology							1	1			
Trauma and Orthopaedic Surgery							2	2			
Grand Total	2	1	36	20	30	63	56	208	15	15	15

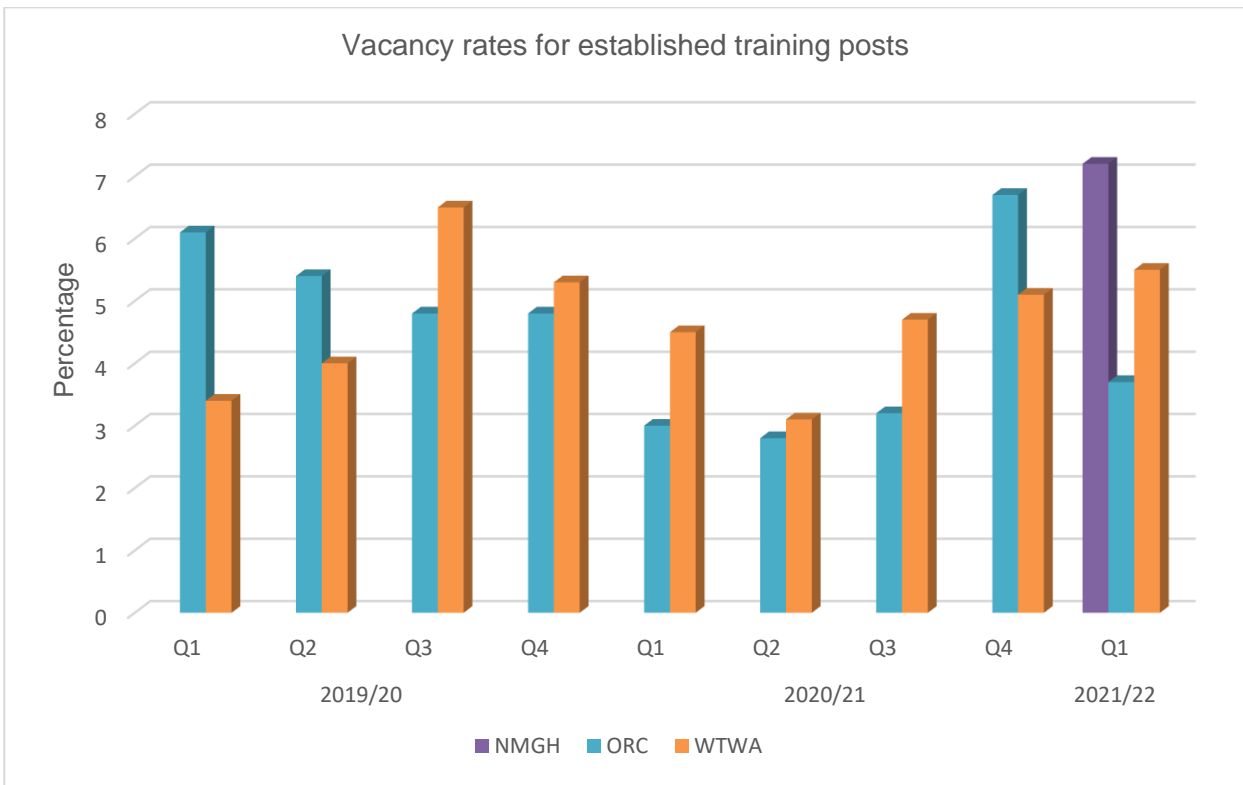
4.2 ORC Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies		
										Apr	May	Jun
Manchester Royal Eye Hospital (ROA04)												
Ophthalmology	4	1			2		17	2	26		1	1
Manchester Royal Infirmary (ROA02)												
Academic					2				2			
Acute Care Common Stem - Acute Medicine								4	4			
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			
Acute internal medicine				2		1	3		6			
Anaesthetics		1			2		23		26			
Audio Vestibular Medicine							2		2			
Cardiology		1		1			7		9			
Cardiothoracic surgery				1			3		4	1	1	1
Clinical Oncology (based at The Christie)						1						
Chemical Pathology							1		1			
Clinical Radiology							11	1	12			
Core anaesthetics training			5						5			
Core medical Training	1		1						2			
Core surgical training			13						13	1	1	1
Dental Core Training			7						7			
Emergency Medicine		1			12	3	7		23			
Endocrinology and Diabetes Mellitus		1		2		1	4		8			
Gastroenterology		1		3			3		7			
General (Internal) Medicine				2					2			
General Practice					16				16			
General Surgery				13	1		10		24		1	1
General Psychiatry					3				3			
Genito-urinary Medicine					1		4		5	1	1	1
Geriatric Medicine				1		4	2		7			
Haematology							6		6			
Histopathology							5	8	13	3	3	3
Immunology							1		1			
Intensive Care Medicine							14		14	1	1	1
Internal Medicine Stage One	3		15					11	29	5	4	4
Longitudinal Integrated Foundation Training (LIFT)					3				3			
Medical Microbiology							4		4			
Nuclear Medicine							2		2			
Oral and maxillofacial surgery							4		4	1	1	1
Otolaryngology							3		3			
Paediatric emergency medicine						2			2			
Rehabilitation Medicine							1		1			
Renal Medicine	1	1		2			8		12			
Respiratory Medicine				4	1	1	2		8			
Rheumatology		1			1		4		6			
Trauma and Orthopaedic Surgery				3			2		5			
Urology				1			2		3			
Vascular Surgery				4			7		11	1	1	1
TOTAL	6	7	41	39	42	13	145	35	327	15	14	14

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 NHS FT (HQ) (ROA01)												
Child and adolescent psychiatry	1						11		12		1	1
Core psychiatry training	1		7						8			
TOTAL	2		7				11		20			
ROYAL MANCHESTER CHILDREN'S HOSPITAL (ROA03)												
Anaesthetics							16		16		1	1
Chemical Pathology							1		1			
Clinical Radiology							3		3			
Core surgical training			3						3			
Emergency Medicine	1				2		10		11			
Haematology							3		3			
Neurosurgery	1	1					2		4	2	2	2
Otolaryngology							1		1			
Paediatric and Perinatal Pathology		1					2		3			
Paediatric Surgery							9		9	2	1	1
Paediatrics	2				2	4	31	26	63	2	2	2
Plastic Surgery	1						1		2			
Trauma and Orthopaedic Surgery							5		5	1	1	1
TOTAL	5	2	3			4	84	26	124	7	7	7
ST MARY'S HOSPITAL (ROA05)												
Clinical Genetics	1	1					5		7			
Community Sexual and Reproductive Health							1		1			
Obstetrics and gynaecology	1	7			2	10	15	5	38			
Paediatrics							6	8	14			
TOTAL	2	8			2	10	27	13	60			
University Dental Hospital of Manchester (ROA06)												
Dental Core Training	1		10						11			
Dental Medical Specialties		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			
Public health dental	1								1			
Restorative Dentistry	1						6		7			
Special Care Dentistry	1								1			
TOTAL	6	4	10				14		34			
Grand Total	25	22	61	39	46	27	298	76	594	22	22	22

4.3 WTWA Establishment & Vacancies	Academic Clinical Fellow	Academic Clinical Lecturer	Core Training	Foundation 1	Foundation 2	GP Specialty Training	Higher Training (St3+)	Lower Training (St1/2)	Grand Total	Vacancies		
										Apr	May	Jun
TRAFFORD GENERAL HOSPITAL (ROA09)												
Acute internal medicine							2		2			
Emergency Medicine						1			1			
Endocrinology and Diabetes Mellitus							1		1			
General (Internal) Medicine				3		1			1			
General Psychiatry				3	1							
Geriatric Medicine				3			2		2			
Internal Medicine Stage One								4	4			
Rehabilitation Medicine							1		1			
Respiratory Medicine							1		1			
Rheumatology							1		1			
Trauma and Orthopaedic Surgery							1		1			
TOTAL				9	1	2	9	4	15			
WITHINGTON COMMUNITY HOSPITAL (ROA08)												
Genito-urinary Medicine							1		1			
Rehabilitation Medicine							1		1			
TOTAL							2		2			
WYTHENSHAW HOSPITAL (ROA07)												
Academic					2							
Acute Care Common Stem - Acute Medicine								3	3			
Acute Care Common Stem - Anaesthetics								1	1			
Acute Care Common Stem - Emergency Medicine								4	4			
Acute Care Common Stem - Intensive Care Medicine								1	1			
Acute internal medicine				1			3		3	1	1	1
Allergy							2		2			
Anaesthetics	2						23		25			
Cardiology		1		2			6		7			
Cardiothoracic surgery		1					5		6			
Chemical Pathology							1		1			
Clinical Radiology							10	1	11			
Core anaesthetics training			7						7			
Core medical Training			1						1			
Core surgical training	1		18						19			
Dental Core Training			5						5			
Emergency Medicine					5	5	12		17			
Endocrinology and Diabetes Mellitus				2		2	2		4			
Gastroenterology				2			3		3			
General Practice					13							
General Psychiatry (Adult)				2								
General Psychiatry (Old Age)				1								
General Surgery		1		8			7		8			
Geriatric Medicine				6		7	6		13			
Histopathology							4		4	1	2	2
Intensive Care Medicine	1				1		20		21	5	6	6
Internal Medicine Stage One	2		22					13	37	5	5	5
Liaison Psychiatry					1							
Medical Microbiology							1		1			
Obstetrics and gynaecology					2	5	8	3	16			
Oncology - Combined (at the Christie)					8							
Oral and maxillofacial surgery							2		2			
Orthodontics							3		3			
Otolaryngology							2		2			
Paediatrics	1				2	5	7	3	16	1	1	1
Plastic Surgery	1	1					14		16	1	1	1
Psychiatry (Crisis Team)					1							
Psychiatry (Perinatal)					1							
Renal Medicine							1		1			
Respiratory Medicine				5			8		8			
Rheumatology		1					2		3			
Trauma and Orthopaedic Surgery				3	1		4		4	1	1	1
Urology				4			2		2			
TOTAL	8	5	53	36	37	24	158	29	277	15	17	17
Grand Total	8	5	53	45	38	26	169	33	294	15	17	17

4.3 Vacancy Rate against Establishment

	2019/20		2020/21		2021/22		
	ORC	WTWA	ORC	WTWA	NMGH	ORC	WTWA
Quarter 1	6.1%	3.4%	3.0%	4.5%	7.2%	3.7%	5.5%
Quarter 2	5.4%	4.0%	2.8%	3.1%	-	-	-
Quarter 3	4.8%	6.5%	3.2%	4.7%	-	-	-
Quarter 4	4.8%	5.3%	6.7%	5.1%	-	-	-



4.3.1. The vacancy rate for established training posts at NMGH has been reported for the first time in this Quarter and this rate (7.2%) is higher than the rates previously reported at ORC or WTWA since 2019. It will be interesting to note in the next quarterly report whether the vacancy rate drops in Quarter 2, post August rotation.

4.3.2 The Quarter 1 vacancy rates for ORC and WTWA were 3.7% and 5.5% respectively. The ORC vacancy rate had fallen by 3%, from 6.7% in Quarter 4 (which was the highest rate recorded in the past three years). The WTWA vacancy rate had increased very marginally (0.4%) in comparison with the previous quarter.

4.3.3 NMGH is carrying most vacancies in Core Surgical Training, whereas MRI and Wythenshawe have the highest vacancies in Internal Medicine stage one and Intensive Care Medicine respectively.

4.3.4 Appendix 4 provides full details of the number of locum shifts/hours requested and paid for by department, grade, and reason during Quarter 1 for ORC and WTWA. It should be noted that the data presented is for all grades of doctor, not just junior doctors in training. Locum

bookings at NMGH continue to be managed by NHS Professionals and the locum data for Quarter 1 was not available in time for this report, therefore this will be included in the next quarterly report.

- 4.3.5 Almost half of the 56,681 hours worked by locums (bank & agency) in Quarter 1, were at junior doctor grade (27,102 hours) some or all of which could reasonably be attributed to covering the vacancies shown in tables 4.2 and 4.3 above. However, it should be noted that there is not a direct correlation between shifts requested and actual gaps in the rota as departments may put out a blanket request for shifts for the whole week and then amend the existing staff rota depending upon how many shifts can be filled by locums.
- 4.3.6 The total use of locums (as measured in hours paid) increased by 8.7% from 51,743 (Q4) to 56,681 (Q1). It was documented that 'vacancy' accounted for 62% of locum bookings, with 'Covid-19' accounting for 14% (down from 25% in Q4) and 'Emergency Department support' accounting for 11%.

5. Locally Employed Doctors

- 5.1 With effect from January 2021, all newly appointed Clinical Fellows working on-call will be engaged on the same terms and conditions as the junior doctors in training. Further to this, on a phased basis in line with governance processes, existing Trust Grade doctors will be offered the opportunity to move to the new terms and conditions. This will be managed via the Medical Directors' Workforce Board.
- 5.2 Currently, there are 547 Trust Grade doctors in post, 427 in fixed term posts (usually six months, with extensions) and 120 in substantive posts. These Doctors work on the same rotas alongside training doctors and undertake the same number of rostered hours as their training counterparts.
- 5.3 Locally employed doctors (LEDs) on the new terms and conditions will be able to raise exception reports, where there are safety concerns (for the patient and/or themselves) or their working hours are outside the 2016 rota rules. To date, 22 LEDs have commenced on the new terms and conditions, with c.100 going through pre-employment checks. Additionally, the Medical Directors and HR Directors in hospitals and managed clinical services are currently considering offering existing Trust Grade doctors the opportunity to transfer onto the new LED contract. In Quarter 1, four exception reports were received from one LED; all have been closed and none is outstanding.

6. Overall Summary for Quarter 1

- 6.1 On 1 April 2021, MFT welcomed 193 junior doctors from NMGH. Seven exception reports have been submitted during Quarter 1 from NMGH trainees, which is significantly lower than the numbers of exception reports usually received in other hospitals/MCS within the Group. Throughout the next quarter, the GoSW will be working closely with the Director of Medical Education, Educational Supervisors and junior doctor representatives at NMGH to raise awareness and encourage doctors to exception report.
- 6.2 A total of 58 exception reports were submitted during this quarter by 24 doctors. This demonstrates that a very small proportion of junior doctors (2.3%) are actively using the

exception reporting system to raise concerns. In line with previous reports, most exception reports (60%) were raised by foundation doctors.

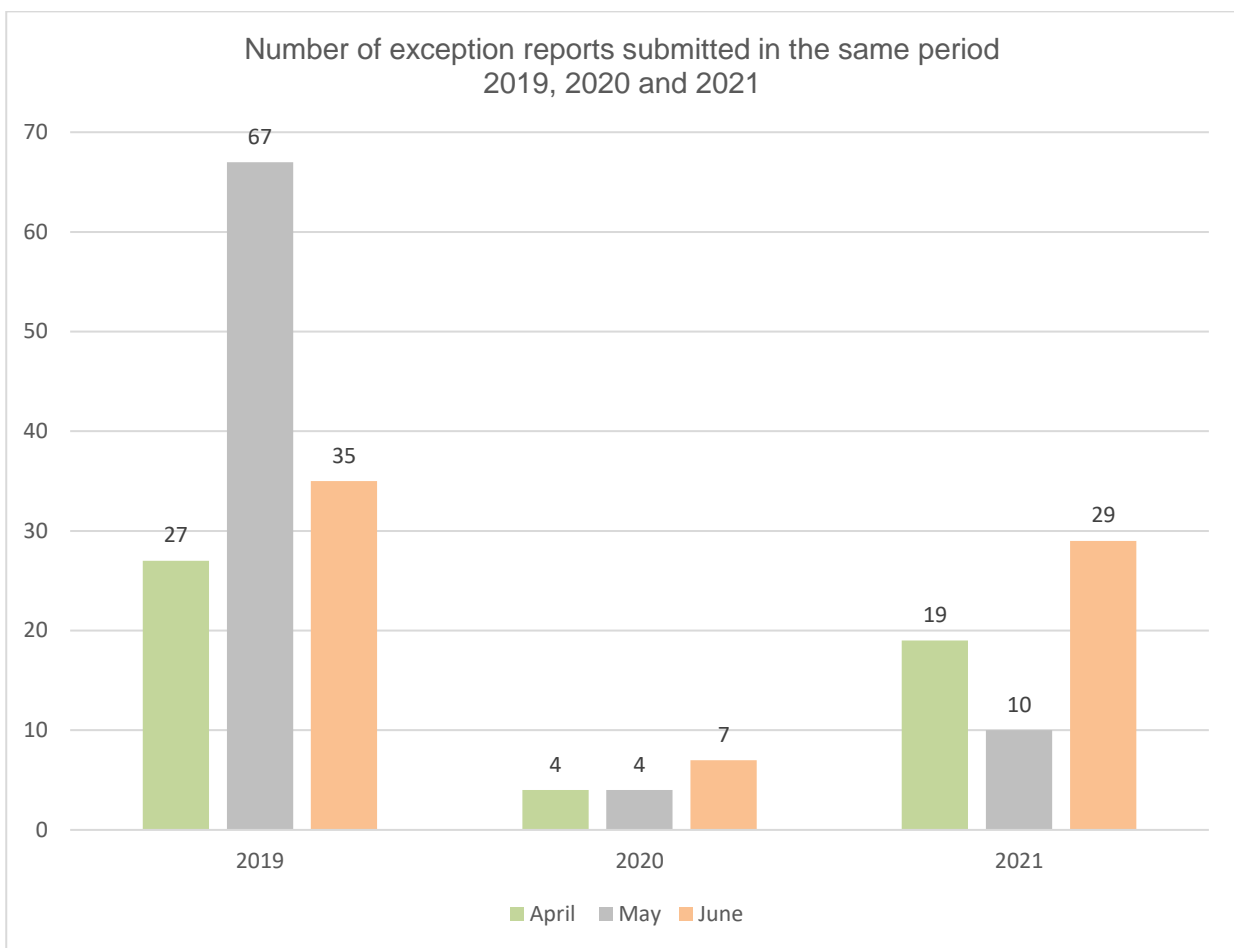
- 6.3 The primary reason for exception reporting is where trainees are required to work beyond their contracted hours, and this has remained constant over the past 3 years. The reasons for working additional hours were attributed to high workload (72%), low staffing levels (16%) and clinical reasons (5%).
- 6.4 The trend analysis of exception reports submitted by speciality for 2019/20, 2020/21 and 2021/22, shows that the following specialties were above average in Quarter 1: Child & Adolescent Mental Health Service, Diabetes & Endocrinology and General Practice. This resulted in one work schedule review and six fines being levied. The GoSW will continue to monitor these specialties, however, from the reports submitted there are no overriding safety concerns.
- 6.5 During this Quarter, there has been an encouraging number of exception reports (17%) submitted by ST3+ trainees and if this trend is sustained in future months, this will help to embed a culture of exception reporting for trainees at all grades. This is being supported by the GoSW drop-in sessions at each of the hospital sites, the aim of which is to engage and encourage trainees to raise their concerns either directly or via exception reports. Alongside these, there are also monthly virtual sessions via MS Teams. The drop-in sessions are scheduled until the end of December 2021, when an evaluation will be undertaken to assess how effective they have been and whether they should continue.
- 6.6 It should be noted that there has been a significant reduction in the number of exception reports received in Cardiology, Gastroenterology and Respiratory Medicine at both ORC and WTWA in Quarter 1, when compared to the data for Quarters 2, 3 and 4 in 2020/21. If submissions rates are sustained into Quarter 2, then it would be reasonable to conclude that the actions taken by the departments to address the previous concerns raised, have been successful. The GoSW will monitor these specialties and provide an update in the next quarterly report.
- 6.7 The BMA is launching an exception reporting campaign in the autumn and this should also encourage more junior doctors to submit reports whenever their work pattern/hours does not align to their work schedule or educational opportunities are being missed. It is hoped that this will have an impact upon increasing the number of exception reports submitted in Quarter 2, particularly by senior trainees, with a view to improving safe working for junior doctors.

Total number of exception reports submitted each month (Period July 2018 – June 2021)

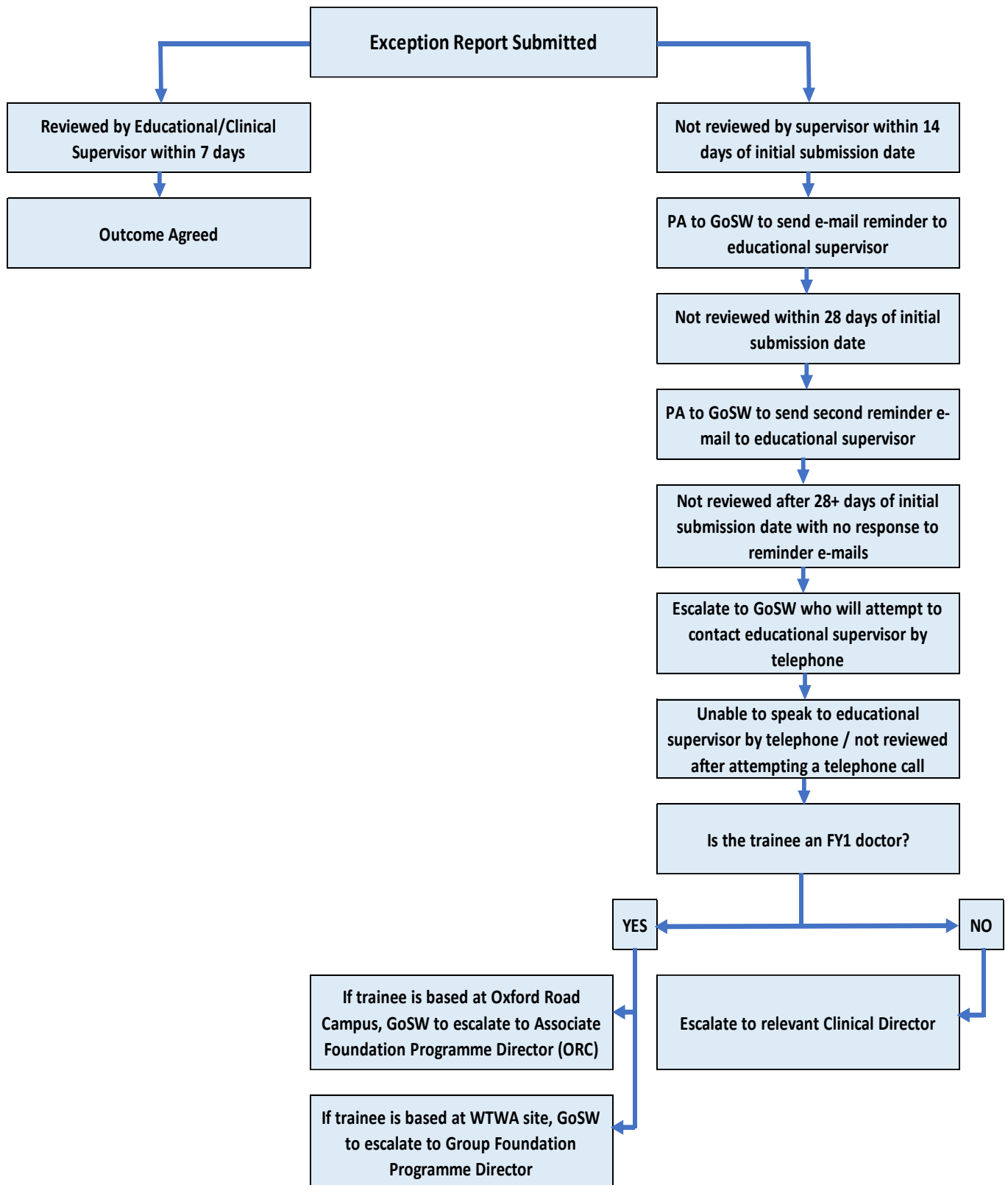
Month	Total number of exception reports raised	Total number of exception reports closed at time of report
July 2018	11	11
August 2018	59	59
September 2018	60	60
October 2018	60	60
November 2018	36	36
December 2018	23	23
January 2019	72	72
February 2019	45	45
March 2019	45	45
April 2019	27	27
May 2019	67	67
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	23
Total	1397	1391

Comparison of number of exception reports submitted for April - June 2021 against the same period in 2019 and 2020.

Date	Apr 2019	Apr 2020	Apr 2021	May 2019	May 2020	May 2021	Jun 2019	Jun 2020	Jun 2021
Number of Exception Reports	27	4	19	67	4	10	35	7	29



Escalation Process for Exception Reports



Locum Bookings for ORC and WTWA (Period 01/04/21 – 30/06/21)

Please note that the data relates to all grades of doctor not just trainees. This data is only for ORC and WTWA; NMGH data will be reported in the next quarterly report.

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No of hours requested	Number of hours paid
Adult and Specialist Services	103	84	760	608
Anaesthetics & Critical Care	273	242	2883.25	2549.75
Cardio-Vascular	319	178	3316.5	1899.5
Children's CAMHS	100	24	1446	440
Children's Critical Care	186	160	1900.25	1669.75
Children's Medicine CSU One	444	330	3869.13	2835.63
Children's Medicine CSU Three	158	17	1391	116.5
Children's Medicine CSU Two	55	41	594.47	418.47
Children's Surgery CSU One	108	85	1058.75	794.25
Children's Surgery CSU Two	68	55	934.5	779.5
Children's Theatres and Anaesthetics	21	14	186.5	137
Community Services	30	26	263	227
Dental Hospital	119	111	1328.3	1249.3
Emergency Assessment and Access	487	396	4633.67	3772.17
GI Medicine and Surgery	495	351	4734.35	3355.75
Head and Neck	47	35	543.5	406
Imaging	13	13	90	90
Inpatient Medical Specialities	1994	1276	17071.75	10993
Laboratory Medicine	338	101	2574.5	675
MRI Corporate	1	1	9	9
R Research I&E	122	68	1588	923

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No of hours requested	Number of hours paid
Radiology	17	12	138.5	99.25
REH - Medical Rota	557	282	4427	2051.5
RMCH - WTWA Paediatrics - Junior Rota	3	3	37.5	37.5
RMCH - WTWA Paediatrics - Senior Rota	57	38	690	452.5
SMH - Neonates - Medical Rota	27	24	297	259.5
SMH - NICU - Medical Rota	5	5	63.5	63.5
SMH - Obstetrics - Medical Rota	5	4	33	24
SMH - Obstetrics & Gynaecology ORC - Medical Rota	109	90	825.5	685.5
SMH - Obstetrics & Gynaecology WTWA - Junior & Senior Rota	129	77	1416	806
SMH - Reproductive Medicine - Medical Rota	16	16	109.5	109.5
TGH - General Medicine - Consultant Rota	85	85	664	664
TGH - INRU - Medical Rota	103	58	824	464
TGH - Urgent Care - Medical Rota	146	136	1710	1593
Urology, Renal and Transplant	51	48	670.96	607.96
WTWA - Cardiology - Senior Rota	29	24	243.75	210.75
WTWA - Cardiology & Respiratory - Junior Rota	9	0	72	0
WTWA - Cardiothoracic - Junior & Senior Rota	40	35	494.5	432.5
WTWA - Dermatology - Consultant Rota	51	39	405	310
WTWA - Emergency Medicine - Consultant Rota	35	31	249	228
WTWA - Emergency Medicine - Junior & Senior Rota	459	319	3880.74	2774.38
WTWA - ENT –Junior, Senior & Consultant Rota	10	9	86.98	72
WTWA - Gastroenterology - Consultant Rota	81	51	610	408

Locum Bookings (Bank & Agency) by Specialty				
Specialty	Number of shifts requested	Number of shifts paid	No of hours requested	Number of hours paid
WTWA - General Medicine - Consultant Rota	69	59	536	456
WTWA - General Medicine - Junior Rota	331	238	2867.5	2098.5
WTWA - General Medicine - Senior Rota	79	42	878.5	491
WTWA - General Surgery - Junior & Senior Rota	103	76	1036.42	728.42
WTWA - Respiratory - Senior Rota	45	37	427.48	368.48
WTWA - Rheumatology - Consultant & Senior Rota	47	34	376	272
WTWA - Trauma & Orthopaedics - Junior & Senior Rota	118	105	1300	1163.5
WTWA - Trauma & Orthopaedics TGH & MRI - Medical Rota	481	374	4612.5	3632.5
WTWA - Urology - Senior Rota	1	1	14	14
WTWA - Vascular Surgery - Senior Rota	1	1	6	6
WTWA & MRI - Max Fax - Junior Rota	14	12	84.08	66.08
WTWA & MRI - Max Fax - Senior & Consultant Rota	15	8	219.28	119.9
WTWA & RMCH - Burns & Plastics - Consultant Rota	8	8	136	136
WTWA & RMCH - Burns & Plastics - Junior Rota	20	15	200	135
WTWA & RMCH - Burns & Plastics - Senior Rota	76	47	1117.4	641.64
(blank)	12	8	97.75	50.25
Grand Total	8,925	6,059	83,033.76	56,681.18

Locum Bookings (Bank & Agency) by Grade				
Grade	Number of shifts requested	Number of shifts paid	Hours requested	Hours paid
Not stated	7	7	40.75	40.75
CF Senior ORC	2	2	16	16

Locum Bookings (Bank & Agency) by Grade				
Grade	Number of shifts requested	Number of shifts paid	Hours requested	Hours paid
Consultant & SAS	28	24	179	144
DCT	14	12	84.08	66.08
FY1	24	22	189.44	176.44
FY2	2	2	26	26
FY2-ST2	409	345	3875.67	3267.17
GP	68	64	401	377
JCF	4	4	34	34
Locum Consultant	1925	925	16426.21	7732.23
Locum FY1	110	81	991.5	702.5
Locum GP	123	95	793.98	622.98
Locum Junior	3136	2193	28815.51	20373.26
Locum Senior	2583	1894	27128.64	19908.79
Registrar	2	2	26	26
ST1	5	0	40	0
ST3-ST8	341	261	3210.48	2496.48
z-Reuse me a	142	126	755.5	671.5
Grand Total	8,925	6,059	83,033.76	56,681.18

Locum Bookings (Bank & Agency) by Reason				
Reason	Number of shifts requested	Number of shifts paid	Hours requested	Hours paid
COVID 19	1097	835	10159.71	7640.48
Covid-19 Additional Staff	44	22	419.25	199.25
COVID-19 Isolation	4	0	30	0
ED Support Shift - Medical Staff Only	918	763	7738.17	6401.67
Escalation	250	167	2569.96	1808.46
Initiative	287	201	2409.8	1693.05
Maternity/Paternity/Adoption	55	29	586.5	348
Planned Leave	1	1	4	4
Pool - out of hours	1	1	15	15

Locum Bookings (Bank & Agency) by Reason				
Reason	Number of shifts requested	Number of shifts paid	Hours requested	Hours paid
Sickness	372	251	3476.17	2341.71
Training	1	1	9	9
Unfulfilled Role Cover	4	4	26	26
Unplanned Leave	33	19	400	223.5
Vacancy	5722	3647	54128.72	35059.08
Workload Increased	136	118	1061.48	911.98
Grand Total	8,925	6,059	83,033.76	56,681.18
Percentage Fill Rate (i.e. number of shifts/hours paid -V- number of shifts/hours requested)	68%			

Locum Bookings by Year / Quarter (Hours Paid)			
	2019/20	2020/21	2021/22
Quarter 1	38,679	48,205	56,681
Quarter 2	61,339	55,961	
Quarter 3	44,767	58,550	
Quarter 4	54,779	51,743	

