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:	4 May 2021				
Subject:	Quarterly report from Guardian of Safe Working (Quarter 4 - January to March 2021)				
Purpose of Report:	Indicate which by ✓ (tick as applicable-please do not remove text) 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				
Contact:	Name: Karen Fentem Tel: 0161 701 1677				

Report from the Guardian of Safe Working Period January – March 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 4 (1 January to 31 March 2021).

As requested by the HR Scrutiny Committee in February, to enable comparisons to be made over time, the exception reporting data for 2018/19 and 2019/20 has been included in the report so that trends can be more readily identified. In addition, the average number of exception reports submitted for each speciality since 2018 has been calculated, firstly excluding Quarter 1 and Quarter 2 data in 2020, due to the impact Covid-19 had upon the number of exception reports submitted, and secondly, including all Quarters.

The number of exception reports received and closed for the period July 2018 – March 2021 is depicted in Appendix 1. Additionally, the number of exception reports submitted in Quarter 4 against the same quarter in 2018, 2019 and 2020 is show in Appendix 2.

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

Number of established training posts – Oxford Road Campus	596
Number of established training posts – Wythenshawe, Trafford, Withington and Altrincham	358
Total number of established training posts	954
Total number of doctors/dentists in training on 2016 TCS	1050

Number of exception reports raised in this quarter	139
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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

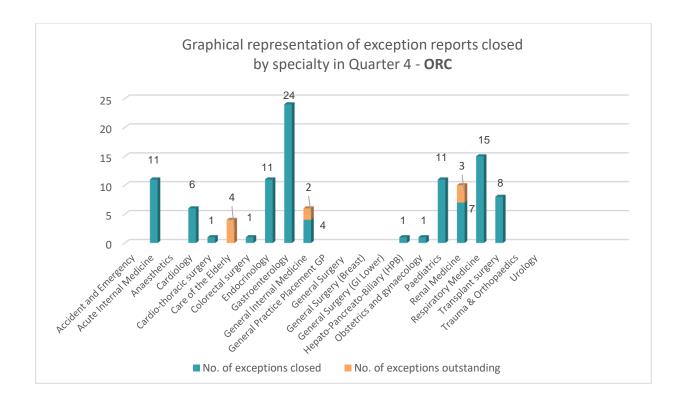
3. Exception Reports - Quarter 4 (January - March 2021)

Please note the data presented in this report was extracted from Allocate HealthMedics System (the exception reporting system) on 13 April 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.

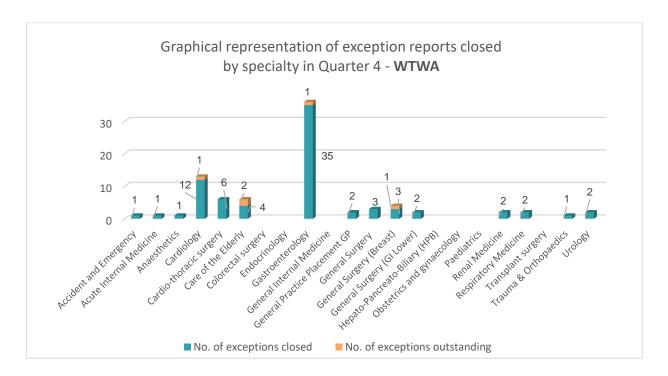
3.1 Exception Reports by Specialty								
Specialty	No. of exceptions raised in Quarter 4		No. of exceptions carried over from Quarter 3	No. of exceptions closed	No. of exceptions outstanding ¹			
	ORC	WTWA	nom quartor o	olooda	3			
Accident and Emergency	-	-	1	1	-			
Acute Internal Medicine	9	1	2	12	-			
Anaesthetics	-	-	1	1	-			
Cardiology	4	8	7	18	1			
Cardio-thoracic surgery	-	-	7	7	-			
Care of the Elderly	4	6	-	4	6			
Colorectal surgery	-	-	1	1	-			
Endocrinology	9	-	2	11	-			
Gastroenterology	24	34	2	59	1			
General Internal Medicine	6	-	-	4	2			
General Practice Placement GP	-	-	2	2	-			
General Surgery	-	3	-	3	-			
General Surgery (Breast)	-	4	-	3	1			
General Surgery (GI Lower)	-	2	-	2	-			
Hepato-Pancreato-Biliary (HPB)	-	-	1	1	-			
Obstetrics and gynaecology	1	-	-	1	-			
Paediatrics	-	-	11	11	-			
Renal Medicine	8	-	4	9	3			
Respiratory Medicine	10	-	7	17	-			
Transplant surgery	3	-	5	8	-			
Trauma & Orthopaedics	-	1	-	1	-			
Urology	-	2	-	2	-			
Total	78	61	53	178	14			

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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 Gastroenterology FY1 trainees submitted the highest number of exception reports (24 reports) in Quarter 4, for reasons related to low staffing levels and high workload. This resulted in a work schedule review being undertaken for this rota (further details are included in section 3.6). The GoSW will continue to monitor this service.
- 3.1.2 Respiratory medicine received ten exception reports during Quarter 4, all from one FY1 doctor. The reasons cited were workload and staying late for clinical reasons. A work schedule review was undertaken, and the doctor was granted time off in lieu.
- 3.1.3 Endocrinology and acute internal medicine trainees submitted nine exception reports in each specialty. The majority were for additional hours worked due to workload or the need to stay late for clinical reasons. Two of the nine exception reports in acute internal medicine were for educational reasons, where a trainee was unable to attend mandatory regional ACCS teaching as this had fallen post night shifts on zero days.



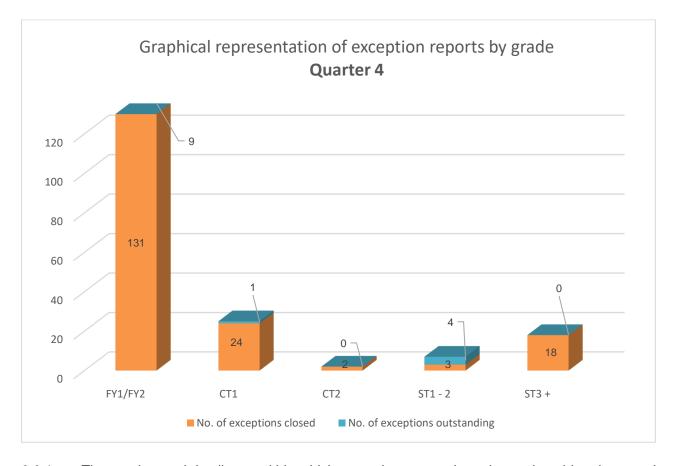
- 3.1.4 Gastroenterology trainees submitted the highest number of exception reports (34 reports). Four doctors, at FY1 and CT1, raised these exceptions for reasons related to workload and staffing levels. A level 1 work schedule review was undertaken, and the issues raised with the clinical leads and department managers. The Director of Medical Education for WTWA is aware of the issues and is meeting with the relevant Clinical Director, Associate Medical Director, Educational Supervisors and the GoSW, in order to address the trainees' concerns.
- 3.1.5 A Cardiology FY1 trainee submitted 8 exception reports in this quarter where they had worked beyond their rostered time because of issues with IT; high workload; clinical reasons; and due to a lack of senior support. A level 1 work schedule review was undertaken, and the issues were raised with the Clinical Supervisor and the doctor was granted time off in lieu.

Specialty	re	o. of exception ports quarter	No. of exce	Trend against		
	All quarters 2018 to date	Excluding Q1&Q2 2020 due to Covid-19	2018/19	2019/20	2020/21	average for Q4
Accident and emergency	3	3	2	-	-	1
Acute Internal Medicine	4	5	5	7	10	1
Cardiology	4	5	-	5	12	1
Cardio-thoracic surgery	1	1	-	-	-	1
Care of the Elderly	7	7	3	9	10	1
Child & adolescent psychiatry	2	3	-	4	-	1
Colorectal surgery	7	8	21	21	-	<u> </u>
Diabetes & Endocrinology	2	2	-	-	9	1
Gastroenterology	27	31	21	40	58	1
General medicine	15	18	20	1	6	+
General surgery	3	4	4	1	11	1
Hepato-Pancreato- Biliary (HPB)	8	9	11	9	-	1
Medical microbiology and virology	-	-	2	-	-	\leftarrow
Neonatology	2	2	-	1	-	1
Obstetrics and gynaecology	1	1	1	-	1	→
Ophthalmology	1	1	-	-	-	1
Otolaryngology (ENT)	1	1	-	8	-	<u> </u>
Paediatrics	4	5	-	-	-	<u> </u>
Renal Medicine	4	5	-	3	8	1
Respiratory Medicine	9	11	11	7	10	+
Rheumatology	1	2	8	-	-	+
Stroke	-	-	2	-	-	-
Transplant surgery	10	12	40	3	2	+
Trauma & Orthopaedics	2	3	2	1	-	1
Urology	1	1	2	1	2	1
Vascular Surgery	4	4	7	10	-	+
Total			162	131	139	

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 specialty is benchmarked against the average excluding Q1 and Q2 data for 2020.

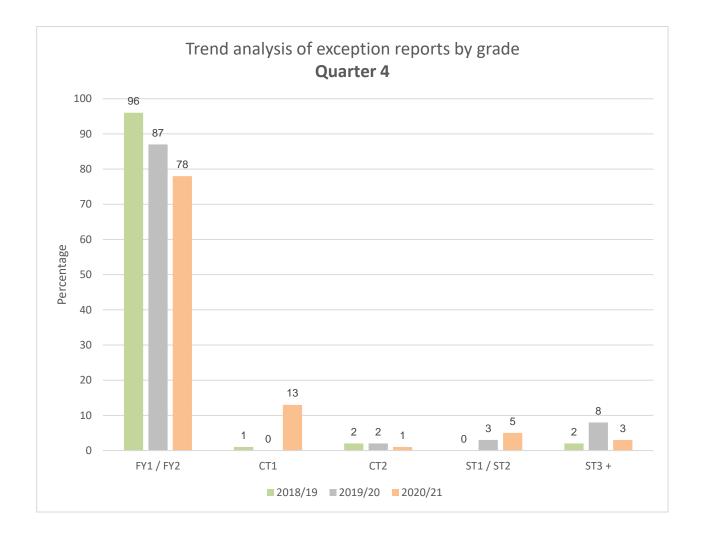
- 3.2.2 During this quarter, eight specialities received higher than average numbers of exception reports; three specialties were aligned to the average; and 15 specialties received less than average. As can be seen in Appendices 1 and 2 the number of exception reports do fluctuate on a monthly/quarterly basis and currently no discernable pattern can be identified in the data or conclusions drawn.
- 3.2.3 However, the trend analysis does focus attention on the following specialties: gastroenterology, cardiology, acute internal medicine, care of the elderly and general surgery. 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	32	108	131	9				
CT1	7	18	24	1				
CT2	-	2	2	-				
ST1 / ST2	-	7	3	4				
ST3 +	14	4	18	-				
Total	53	139	178	14				



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 53 exception reports were carried over from Quarter 3 into Quarter 4, whereas only 14 exception reports are outstanding at the time of this report.

3.4 Exception Reports by Grade by Year							
		No. of exc	eption report	s submitted in	Quarter 4		
Grade	2018/19 2019/20 2020/21						
FY1 / FY2	155	96%	114	87%	108	78%	
CT1	1	1%	-	-	18	13%	
CT2	3	2%	2	2%	2	1%	
ST1 / ST2	-	-	4	3%	7	5%	
ST3 +	3	2%	11	8%	4	3%	
Total	162		131		139		



3.4.1 In line with previous reports, most exception reports (78%) were raised by foundation doctors. During this quarter, there have been 18 exception reports (13%) raised by CT1 trainees, which is encouraging as this is higher than in previous years and perhaps 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	ı					
Rota	No. of exceptions raised in Quarter 4		No. of exceptions carried over from Quarter 3	No. of exceptions	No. of exceptions outstanding	
	ORC	WTWA	Trom Quarter 3	closed	Juisianung	
**MRI General Surgery FY1	2	-	7	9	-	
General Practice Placement GP	-	-	2	2	-	
LTFT ** MRI Cardiology St3+ 2019	-	-	1	1	-	
LTFT ** MRI General Medicine (SPR) Aug 2020	1	-	-	1	-	
MRI Cardio thoracic Surgery St3+ August 2020	-	-	7	7	-	
MRI Cardiology St3+ Oct 2020	4	-	1	5	-	
MRI General Medicine FY1 August 2020	54	-	9	61	2	
MRI General Medicine RMO August 2020	9	-	-	5	4	
MRI Renal Medicine Hybrid August 2020	6	-	2	5	3	
MRI, Cardiology, Junior	-	1	1	2	-	
RMCH COMBINED Senior Gen/Tert August 2020	-	-	11	11	-	
St Marys, O&G, SHO – 21 August 2020	1	-	-	1	-	
Transplant Surgery	1	-	-	1	-	
WTWA A&E Jnr	-	-	1	1	-	
WTWA AMU	-	-	2	2	-	
WTWA Cardio & Resp Fy1	-	3	1	3	1	
WTWA Gen Med FY1 – August 2020	-	3	-	3	-	
WTWA Gen Med Jnr – August 2020	-	16	-	15	1	
WTWA Gen Surg Fy1	-	12	-	11	1	
WTWA General Medicine Foundation	-	26	5	29	2	
WTWA ICU Aug 2020 ST3+ pay	-	-	1	1	-	
WTWA Respiratory Medicine Jnr	-	-	2	2	-	
Total	78	61	53	178	14	

- 3.5.1 The highest number of exception reports (54) were received from eight trainees on the MRI General Medicine FYI August 2020 rota, for working additional hours, primarily because of low staffing levels. The trainees were working in the following sub-specialties:
 - Acute Internal Medicine 4
 - General Internal Medicine 6
 - Gastroenterology 23
 - General Medicine Respiratory 10
 - General Medicine (Endocrinology) 9
 - Renal Medicine 2
- 3.5.2 26 exception reports were submitted by five trainees on the WTWA General Medicine Foundation rota, for working additional hours due to low staffing levels, high workload and for clinical reasons. The trainees were working in the following sub-specialties:

- Cardiology 2
- Care of the Elderly 6
- Gastroenterology 18
- 3.5.3 Work schedule reviews were invoked because of the high submission rates, further details are provided in section 3.6 below.

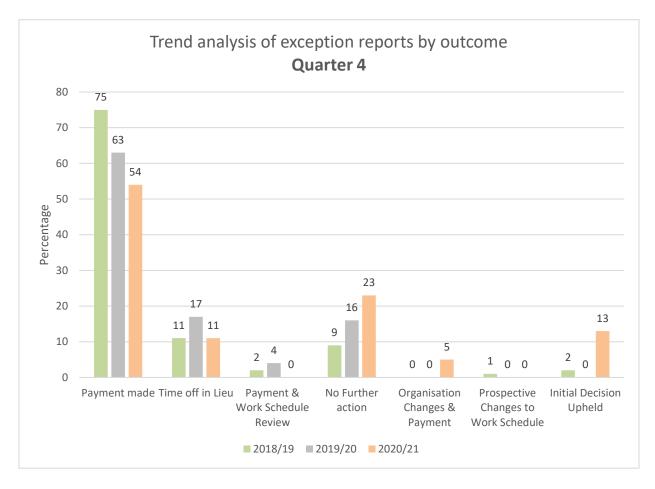
3.6 Work Schedule Reviews

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 the six work schedule reviews resolved 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	Sub-Specialty	Grade	Reason	Outcome
MRI Cardiology St3+ Oct 2020	ORC	Cardiology	ST5	Training	Initial decision upheld
WTWA General Medicine Foundation	WTWA	Care of the Elderly	FY1	Workload	Pending
MRI General Medicine FY1 August 2020	ORC	Gastroenterology	FY1	Staffing Levels	Organisation changes and payment
WTWA Gen Med Jnr – August 2020	WTWA	Gastroenterology	CT1	Workload	Payment
WTWA General Medicine Foundation	WTWA	Gastroenterology	FY1	Staffing Levels	Initial decision upheld (payment & escalation to clinical director)
WTWA Gen Surg FY1	WTWA	General Surgery (Breast)	FY1	Workload	Initial decision upheld (payment & escalation to clinical director)
MRI General Medicine FYI August 2020	ORC	Respiratory	FY1	Workload	Initial decision upheld (TOIL)

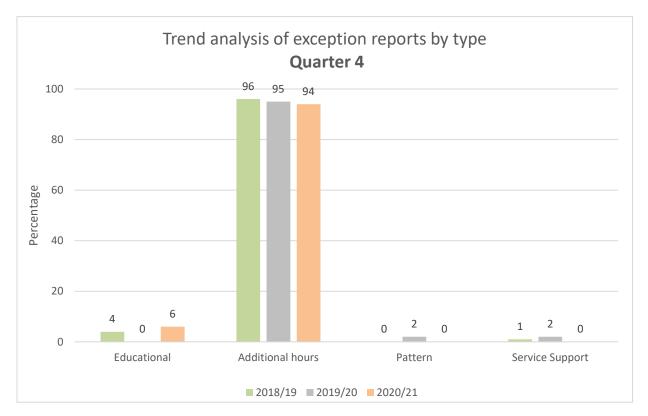
- 3.6.2 Of particular note, from the work schedule reviews undertaken in this quarter, are those in gastroenterology at both ORC and WTWA, where the number of exception reports received across 3 rotas resulted in the educational supervisors escalating the trainees' concerns to the clinical leads of the service for organisational changes to be made, specifically, two new locums have been appointed at MRI to address the issues, which were as a result of an increase in patient numbers and a number of gaps on the junior and middle grade rota due to unfilled posts, shielding and sickness.
- 3.6.3 At Wythenshawe, the Director of Medical Education is meeting with the Clinical Director, the Educational Supervisors, the Associate Medical Director, the Associate Director of Medical Education (Workforce) and the GoSW to address the trainees' concerns.
- 3.6.4 The GoSW will continue to monitor this service and provide an update to the Committee in the next quarterly report.

		•				
Outcomes		No. of	exception repo	orts closed in Q	luarter 4	
Outcomes	2018	/19	201	9/20	2020)/21
Payment made	121	75%	83	63%	97	54%
Time off in Lieu	18	11%	22	17%	19	11%
Payment & Work Schedule Review	3	2%	5	4%	-	-
No Further action	15	9%	21	16%	40	23%
Organisation Changes & Payment	-	-	-	-	9	5%
Prospective Changes to Work Schedule	1	1%	-	-	-	-
Initial Decision Upheld	4	2%	-	-	13	7%
Total	162		131		178	



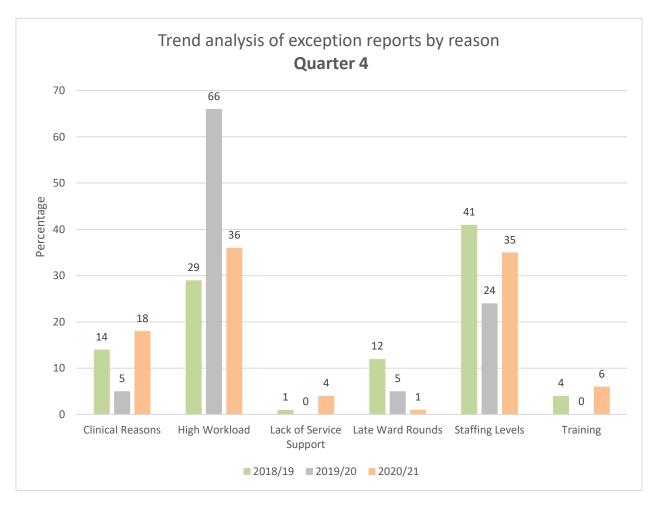
- 3.7.1 In 54% of cases, payment for the additional hours worked has been agreed, with 11% being granted time off in lieu. There has been a decline in the 'payment' and 'time off in lieu' outcomes this quarter compared to 2018/19 and 2019/20. The reason for this is because there have been more work schedule reviews than in previous years, resulting in alternative outcomes being recorded.
- 3.7.2 Outcomes from the work schedule reviews were recorded as: 23% no further action, 13% initial decision upheld, and 5% organisation changes and payment.

3.8 Exception Reports by Type by Year									
		No. of exception reports submitted in Quarter 4							
Туре	2018/19 2019/20 2020/21								
Educational	6	4%	-	-	8	6%			
Additional hours	155	96%	125	95%	131	94%			
Pattern	-	-	3	2%	-	-			
Service Support	1	1%	3	2%	-	-			
Total	162		131		139				



- 3.8.1 The primary reason for exception reporting related to trainees working above their contracted hours and this pattern has remained constant over the past 3 years.
- 3.8.2 6% of exception reports were for educational reasons, with no concerns raised in relation to work pattern or service support.
- 3.8.3 The eight exception reports submitted for educational reasons were all raised at ORC (two in acute medicine, one in obstetrics and gynaecology, and four in cardiology). Six reports were because trainees had missed educational time due to being on-call or on a zero day; one trainee was unable to do mandatory e-learning because they were unable to leave a sick patient and the final one was because departmental teaching had been cancelled due to clinical pressures.

3.9 Reasons for E	3.9 Reasons for Exception Reports by Year									
	No. of exception reports submitted in Quarter 4									
Туре	2018/19		20	19/20	2020/21					
Clinical Reasons	22	14%	7	5%	25	18%				
High Workload	47	29%	87	66%	50	36%				
Lack of Service Support ²	2	1%	-	-	6	4%				
Late Ward Rounds	19	12%	6	5%	1	1%				
Staffing Levels	66	41%	31	24%	49	35%				
Training	6	4%	-	-	8	6%				
Total	162		131		139					



- 3.9.1 In this quarter, the primary reasons noted for exception reporting were high workload (36%), low staffing levels (35%) and clinical reasons (18%).
- 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 a more equal distribution between the three reasons stated above.

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.

3.10 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 no fines were levied. It was agreed at the Junior Doctors' Forum that the £368.00 accrued in the GoSW's fund should be used to support the ongoing improvements to the facilities in junior doctors' rest rooms across the Trust.

4. Establishment Figures and Vacancies (Quarter 4)

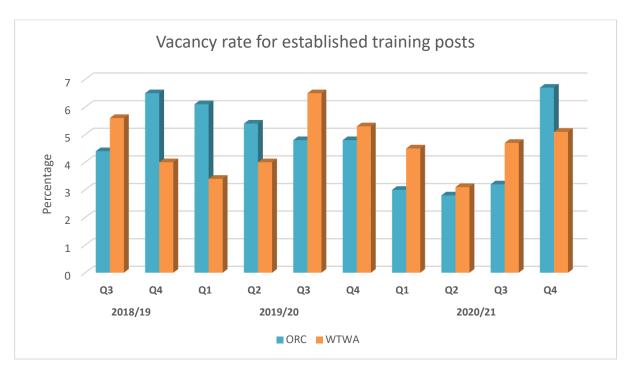
- 4.1 Please note that the data below relates only to doctors in training and as such only provides part of the vacancy picture across the Trust. Use of the Allocate software for rosters across MFT will also enable the number of vacancies for non-training grade doctors to be captured and included in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

	Academic	Academic	Core			GP	Higher	Lower	Grand		Vacancies	
4.1 ORC Establishment & Vacancies	Clinical Fellow	Clinical Lecturer	Training	Foundation 1	Foundation 2	Specialty Training	Training (St3+)	Training (St1/2)	Total	Jan	Feb	Mar
Manchester Royal Eye Hospital (R0A04)												
Ophthalmology	4	1			2		17	2	26			
Manchester Royal Infirmary (R0A02)												
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	:
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	:
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			10		24		1	
General Psychiatry					3				3			
Genito-urinary Medicine					1		4		5	2	1	
Geriatric Medicine				1		4			7	1		•
Haematology				_		·	6		6	-		
Histopathology							5	8	13	2	3	3
Immunology							1		1	_		•
Intensive Care Medicine							14		14		1	
Internal Medicine Stage One	3		15				47	11	29	5	5	
Longitudinal Integrated Foundation Training (LIFT)					3				3	,		•
Medical Microbiology					3		4		4			
Nuclear Medicine							2		2			
Oral and maxillofacial surgery							4		4	1	1	
Otolaryngology							3		3	1	1	
Paediatric emergency medicine						2	-		2			
Rehabilitation Medicine						2	1		1	1		
Renal Medicine	1	1		2			8		12	1		
Respiratory Medicine	1	1		4		1	2		8			
Rheumatology		1		4	1		4		6			
Trauma and Orthopaedic Surgery		1		3			2		5			
				1			2		3			
Urology Vascular Surgany				4			7		11			
Vascular Surgery	_	7				42		3-	327		4.0	4.
TOTAL	6	/	41	. 39	42	13	145	35	32/	14	14	1!

	Academic	Academic	Core			GP	Higher	Lower	Grand		Vacancies	
4.1 ORC Establishment & Vacancies (cont'd)	Clinical Fellow	Clinical Lecturer	Training	Foundation 1	Foundation 2	Specialty Training	Training (St3+)	Training (St1/2)	Total	Jan	Feb	Mar
MANCHESTER NHS FT (HQ) (R0A01)								, , ,				
Child and adolescent psychiatry	1						11		12			
Core psychiatry training	1		7						8			
TOTAL	2		7				11		20			
ROYAL MANCHESTER CHILDREN'S HOSPITAL (R0A03)				,								
Anaesthetics							16		16	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	
Otolaryngology							1		1			
Paediatric and Perinatal Pathology		1					2		3			
Paediatric Surgery							9		9	1	2	
Paediatrics	2				2	4	31	26	63	1	1	
Plastic Surgery	1						1		2	1		
Trauma and Orthopaedic Surgery							5		5		1	
TOTAL	5	2	3			4	84	26	-	4	6	
ST MARY'S HOSPITAL (R0A05)												
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 (R0A06)												
	1		10						11			1
Dental Core Training	1								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			
ĺ												

	Academic	Academic	Core			GP	Higher	Lower	Grand		Vacancies	
4.2 WTWA Establishment & Vacancies	Clinical Fellow	Clinical Lecturer	Training	Foundation 1	Foundation 2	Specialty Training	Training (St3+)	Training (St1/2)	Total	Jan	Feb	Mar
RAFFORD GENERAL HOSPITAL (R0A09)												
Acute internal medicine							2		2			
Emergency Medicine						1			1			
Endocrinology and Diabetes Mellitus							1		1			
General (Internal) Medicine				3		1			1			
General Psychiatry				3								
Geriatric Medicine				3			2		2	1		
Internal Medicine Stage One							-	4	_	_		
Rehabilitation Medicine							1		1			
Respiratory Medicine							1		1			
							1		1			
Rheumatology							1		1			
Trauma and Orthopaedic Surgery									1			
TOTAL				9	1	2	9	4	15	1		
WITHINGTON COMMUNITY HOSPITAL (ROA08)												
Genito-urinary Medicine							1		1			
Rehabilitation Medicine							1		1			
TOTAL							2		2			
-												
NYTHENSHAWE HOSPITAL (R0A07)												
Academic					2							
Acute Care Common Stem - Acute Medicine								3		1		
Acute Care Common Stem - Anaesthetics								1				
Acute Care Common Stem - Emergency Medicine								4				
Acute Care Common Stem - Intensive Care Medicine								1	1			
Acute internal medicine				1			3		3			
Allergy							2		2			
Anaesthetics	2						23		25			
Cardiology		1		2			6		7	1		
Cardiothoracic surgery		1					5		6	2		
Chemical Pathology							1		1			
Clinical Radiology							10	1	11	1		
Core anaesthetics training			7	,				-	7	-		
Core medical Training			1						1			
Core surgical training	1		18						19	2		
	1								5	2		
Dental Core Training)		-	12		17			
Emergency Medicine				-	5		12					
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	
Intensive Care Medicine	1				1		20		21		4	
Internal Medicine Stage One	2		22	2				13	37	5	3	
Liaison Psychiatry					1							
Medical Microbiology							1		1			
Obstetrics and gynaecology					2	5		3	16			
Oncology - Combined (at the Christie)					8				20			
Oral and maxillofacial surgery					Ü		2		2			
Orthodontics							3		3			
Otolaryngology							2		2			
Paediatrics	1				2	5	7	3	_	2	2	
	1					5	14	3	16			
Plastic Surgery	1	1					14		16	1	1	
Psychiatry (Crisis Team)					1							
Psychiatry (Perinatal)					1							
Renal Medicine							1		1			
Respiratory Medicine				5			8		8	1	1	
Rheumatology		1					2		3			
Trauma and Orthopaedic Surgery				3	1		4		4	1	1	
Urology				4			2		2			
TOTAL	8	5	53	36	37	24	158	29	277	17	13	
irand Total	8	5	53	45	38	26	169	33	294	18	13	

4.3 Vacancy Rate against Establishment										
	2018/19		201	9/20	2020/21					
	ORC	WTWA	ORC	WTWA	ORC	WTWA				
Quarter 1	-	-	6.1%	3.4%	3.0%	4.5%				
Quarter 2	-	-	5.4%	4.0%	2.8%	3.1%				
Quarter 3	4.4%	5.6%	4.8%	6.5%	3.2%	4.7%				
Quarter 4	6.5%	4.0%	4.8%	5.3%	6.7%	5.1%				



- 4.3.1. The vacancy rate in this quarter increased by 3.5% and 0.4% at ORC and WTWA respectively. The ORC vacancy rate of 6.7% was the highest rate recorded over the past three years, although only marginally and it can be seen in table 4.3 that the vacancy rate has fluctuated between 2.8% and 6.7%, with no obvious pattern identified. Internal medicine stage one is carrying the most vacancies at both MRI and Wythenshawe.
- 4.3.2 Appendix 4 provides full details of the number of locum shifts requested and worked by department, grade, and reason during Quarter 4. It should be noted that the data presented is for all grades of doctor, not just junior doctors in training.
- 4.3.3 Almost half of the 51,743 hours worked by locums (bank & agency) in Quarter 4, were at junior doctor grade (23,554 hours) some or all of which could reasonably be attributed to covering the vacancies shown in tables 4.1 and 4.2. However, it should be noted that the locum data provided is not sufficiently detailed to allow locum bookings to be mapped directly to specific training posts.
- 4.3.4 The total use of locums (as measured in hours) decreased by 13% from 58,550 (Q3) to 51,743 (Q4). It was documented that 'vacancy' accounted for 55% of locum bookings, with 'Covid-19' accounting for 25% (down from 38% in Q3).

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, 19 LEDs have commenced on the new terms and conditions, with 115 currently undergoing pre-employment checks. To date, no exception reports have been received from LEDs.

6. Overall Summary for Quarter 4

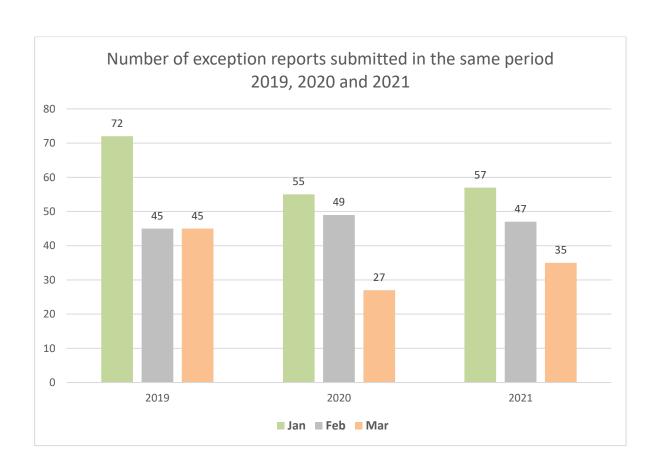
- 6.1 139 exception reports were submitted during this quarter by 50 doctors. This demonstrates that a very small proportion of junior doctors (4.7%) are actively using the exception reporting system to raise concerns. In line with previous reports, most exception reports (78%) were raised by foundation doctors.
- 6.2 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 (36%), low staffing levels (35%) and clinical reasons (18%).
- 6.3 The trend analysis of exception reports submitted by speciality for 2018/19, 2019/20 and 2020/21, shows that the following specialties were above average in Quarter 4: gastroenterology, cardiology, acute internal medicine, care of the elderly and general surgery. This resulted in seven work schedule reviews, six of which were resolved at level 1, with one outcome pending. The GoSW will continue to monitor these specialties.
- During this quarter, there has been an encouraging number of exception reports (13%) raised by CT1 trainees and if this trend is sustained in future months, this would evidence that the culture of exception reporting embedded in foundation training is being taken forward as doctors progress through their training.
- 6.5 The GoSW is keen to encourage all grades of trainee to exception report and in addition to the regular induction session about how to exception report, a refresher session was recently delivered to paediatric trainees and a future session with ophthalmology trainees is planned.
- 6.6 To further encourage trainees to exception report and raise their concerns, the GoSW has scheduled regular drop-in sessions at each of the hospital sites, commencing in June. Alongside these, will be regular virtual sessions, as requested by the Junior Doctors' Forum.

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

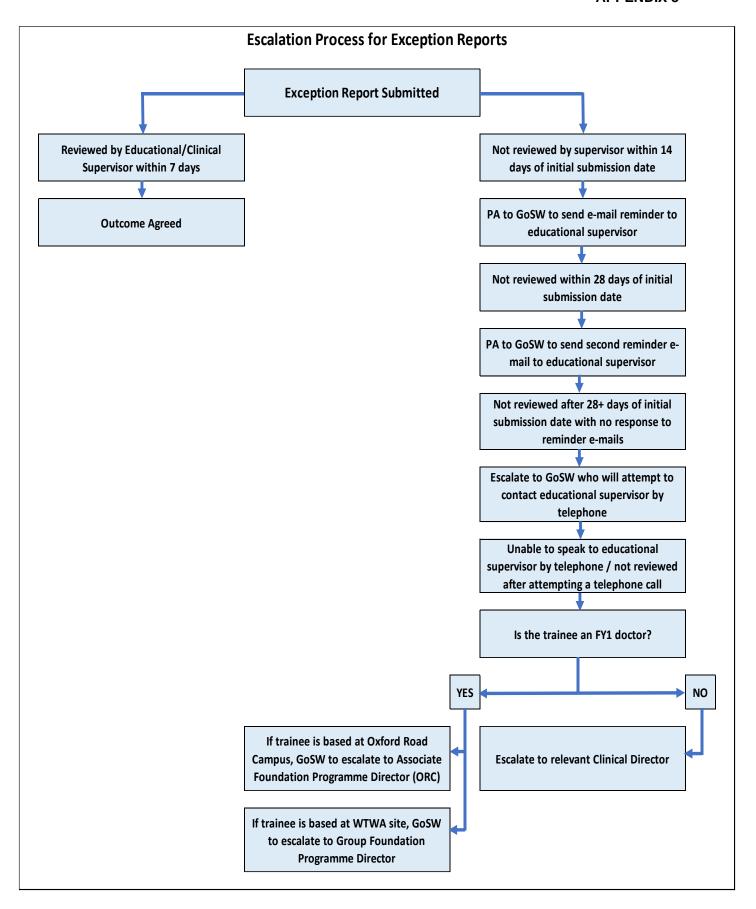
Month	Total number of exception reports raised	Total number of exception reports closed at time of report
July 2018	11	11
August 2018	59	59
September 2018	60	60
October 2018	60	60
November 2018	36	36
December 2018	23	23
January 2019	72	72
February 2019	45	45
March 2019	45	45
April 2019	27	27
May 2019	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	56
February 2021	47	47
March 2021	35	22
Total	1353	1339

Comparison of number of exception reports submitted for January – March 2021 against the same period in 2019 and 2020.

Date	Jan	Jan	Jan	Feb	Feb	Feb	Mar	Mar	Mar
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Number of Exception Reports	72	55	57	45	49	47	45	27	35



APPENDIX 3



Locum Bookings (Period 01/01/21 - 31/03/21)

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

Locum Bookings (Bank & Agency) by Department									
Area	Number of shifts requested	Number of shifts worked	No of hours requested	Number of hours worked					
Adult and Specialist Services	161	92	1,188	656					
Anaesthetics & Critical Care	375	304	3,756	3,022					
Cardio-Vascular	297	117	2,918	1,237					
Children's CAMHS	53	35	896	656					
Children's Critical Care	248	175	2,457	1,626					
Children's Medicine CSU One	379	296	3,271	2,517					
Children's Medicine CSU Three	98	3	874	22					
Children's Medicine CSU Two	120	21	1,058	227					
Children's Surgery CSU One	71	46	795	510					
Children's Surgery CSU Two	56	45	741	608					
Children's Theatres and Anaesthetics	3	2	37	25					
Community Services	8	0	64	0					
Dental Hospital	118	110	1,167	1,095					
Emergency Assessment and Access	405	351	3,904	3,399					
GI Medicine and Surgery	453	317	4,330	3,039					
Head and Neck	44	37	512	427					
Imaging	7	7	38	38					
Inpatient Medical Specialities	2,219	1424	18,944	12,215					
Laboratory Medicine	240	91	2,091	787					
Outpatient Services	8	5	48	32					
R Research I&E	203	120	2,075	1,267					

Locum Bookings (Bank & Agency) by	/ Department			
Area	Number of shifts requested	Number of shifts worked	No of hours requested	Number of hours worked
Radiology	37	31	380	322
REH - Medical Rota	308	152	2,767	1,237
RMCH - WTWA Paediatrics - Junior Rota	7	1	73	13
RMCH - WTWA Paediatrics - Senior Rota	53	38	581	406
SMH - Neonates - Medical Rota	27	19	315	224
SMH - NICU - Medical Rota	1	1	13	13
SMH - Obstetrics - Medical Rota	2	0	25	0
SMH - Obstetrics & Gynaecology ORC - Medical Rota	128	87	937	658
SMH - Obstetrics & Gynaecology WTWA - Junior & Senior Rota	108	79	1153	840
SMH - Reproductive Medicine - Medical Rota	21	20	131	125
TGH - General Medicine - Consultant Rota	104	85	784	585
TGH - INRU - Medical Rota	26	0	208	0
TGH - Urgent Care - Medical Rota	158	129	1855	1,521
Urology, Renal and Transplant	41	27	558	352
WTWA - Cardiology - Senior Rota	2	2	24	24
WTWA - Cardiothoracic - Junior & Senior Rota	41	27	525	348
WTWA - Dermatology - Consultant Rota	49	32	372	244
WTWA - Emergency Medicine - Consultant Rota	36	17	268	132
WTWA - Emergency Medicine - Junior & Senior Rota	338	288	2873	2,482
WTWA - ENT Junior, Senior & Consultant Rota	21	20	186	171
WTWA - General Medicine - Consultant Rota	11	11	44	44
WTWA - General Medicine - Junior Rota	319	237	2565	1,959
WTWA - General Medicine - Senior Rota	32	15	351	156
WTWA - General Surgery - Junior & Senior Rota	44	35	500	384

Locum Bookings (Bank & Agency) by Department									
Area	Number of shifts requested	Number of shifts worked	No of hours requested	Number of hours worked					
WTWA - Obstetrics - Consultants Rota	2	0	24	0					
WTWA - Respiratory - Senior Rota	77	57	748	574					
WTWA - Rheumatology - Consultant & Senior Rota	7	4	56	32					
WTWA - Trauma & Orthopaedics - Junior & Senior Rota	92	88	1,136	1,086					
WTWA - Trauma & Orthopaedics TGH & MRI - Medical Rota	444	382	4,426	3,798					
WTWA - Urology - Senior Rota	1	0	15	0					
WTWA & MRI - Max Fax - Junior Rota	14	7	146	88					
WTWA & MRI - Max Fax - Senior & Consultant Rota	13	6	233	90					
WTWA & RMCH - Burns & Plastics - Junior Rota	15	8	165	95					
WTWA & RMCH - Burns & Plastics - Senior Rota	14	13	327	303					
(blank)	8	6	53	39					
Total	8,167	5,522	75,973	51,743					

Locum Bookings (Bank & Agency) by Grade					
Grade	Number of shifts requested	Number of shifts worked	Hours requested	Hours worked	
Junior Clinical Fellow	2	0	17	0	
Locum Consultant	1,094	892	8,989	7,255	
Locum FY1	77	75	685	664	
Locum GP	128	123	816	796	
Locum Junior	2,786	2,482	25,795	22,890	
Locum Senior	2,170	1,950	22,352	20,139	
Not Stated	1,910	0	17,319	0	
Total	8,167	5,522	75,973	51,743	

Locum Bookings (Bank & Agency) by Reason						
Reason	Number of shifts requested	Number of shifts worked	Hours requested	Hours worked		
COVID 19	1,998	1,479	17,813	13,217		
ED Support Shift - Medical Staff Only	430	360	3,784	3,154		
Escalation	151	71	1,640	809		
Initiative	208	134	1,746	1,062		
Maternity/Paternity/Adoption	17	10	134	76		
Rota Compliance	279	247	2,623	2,286		
Sickness	281	175	2,818	1,836		
Theatre Unplanned Overrun	1	1	10	10		
Unplanned Leave	22	17	194	151		
Vacancy	4,639	2,922	44,062	28,331		
Workload Increased	141	106	1151	811		
Total	8,167	5,522	75,973	51,743		

Locum Bookings by Year / Quarter (Hours Worked)							
	2018/19	2019/20	2020/21				
Quarter 1	-	38,679	48,205				
Quarter 2	-	61,339	55,961				
Quarter 3	67,965	44,767	58,550				
Quarter 4	59,744	54,779	51,743				

