University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board in Public on Tuesday 29th September 2020

Report Title	**Report On Safe Working Hours And Annual Report Of Rota Gaps: Doctors And Dentists In Training September 202**
Report Author	**Dr Alistair Johnstone, Guardian of Safe Working Hours**
Executive Lead	**Dr William Oldfield, Medical Director**

1. Report Summary

This paper provides data on rates of exception reporting across the Trust, data on rota gaps for the past 6 months and a narrative report of actions taken to ensure safe staffing during the initial wave of COVID-19 in Spring 2020. The pandemic temporarily caused a significant change in working practices for all members of staff and, in part, this report serves as assurance for the Board that, despite this, systems remain in place to ensure safe working practices of doctors and dentists in training across the Trust.

2. Key points to note
(Including decisions taken)

The paper describes the key ongoing risks / issues in relation to junior doctor working including:

- Rota gaps
- Recovering training time lost to the pandemic
- Planning for a future spike in covid case numbers
- Availability of suitable rest spaces
- Challenges meeting requirements of 2018 contract
- eRostering

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:
N/A

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

- This report is for **Assurance.**

5. History of the paper
Please include details of where paper has previously been received.

SLT Business Meeting	23/09/20
People Committee	25/09/20

REPORT ON SAFE WORKING HOURS AND ANNUAL REPORT OF ROTA GAPS : DOCTORS AND DENTISTS IN TRAINING September 2020

Executive summary

This paper provides data on rates of exception reporting across the Trust, data on rota gaps for the past 6 months and a narrative report of actions taken to ensure safe staffing during the initial wave of covid 19 in Spring 2020. The pandemic temporarily caused a significant change in working practices for all members of staff and, in part, this report serves as assurance for the Board that, despite this, systems remain in place to ensure safe working practices of doctors and dentists in training across the Trust

Introduction

The 2018 Junior Doctors contract and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019.

The contract mandates that regular, publicly accessible, reports are made to the Board to provide overview of junior doctor workload and highlight any issues, such as staffing gaps on rotas, which may have negative impacts on safe working practices. This report may form part of future external inspections and will be published on the external facing Trust website.

There is continuous monitoring of excessive working hours through a system called Exception Reports. These reports are completed by the junior doctors and submitted electronically to their supervisors for review and further action where required. The system is overseen by the Guardian of Safe Working who can intervene if issues remain unresolved.

High level data

Number of doctors / dentists in training (total):	638
No of locally employed doctors on 2018 TCS	150
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	From Medical Directors Team
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally and less than Weston General although I understand this is under review)

Medical Staffing during the initial Covid 19 response

During February and March 2020 it became apparent that significant changes in the working practices of all medical staff may be required in the event of rapidly escalating numbers of patients with coronavirus infection.

In response to a joint agreement from NHS employers and the BMA some local changes (appendix A) were made to the safe working rules with the aim of facilitating increased staff numbers available if the situation deteriorated whilst ensuring maximum shift length and rest rules were respected. These rules were stood down before the agreement from NHS employers and the BMA came to an end in August 2020.

A significant number of the junior medical staff were diverted to work on a "medical mega rota" of over 150 junior doctors ensuring safe split between covid and non covid wards, including acute respiratory care and intensive care. The plan saw the majority of doctors of F1 – ST3 grade moved to medical rotas with more senior doctors retained in their parent speciality. Day to day allocation of staff to these teams was coordinated by a newly created Medical Hub (partially) using the eRostering software and staffed by medical and HR staff. The majority of anaesthetic trainees were moved from their training rotations to support intensive care staffing.

Final year medical students were graduated early and around 20 of them started working with us as additional F1 staffing – boosting the numbers of doctors available on the wards.

Moving such a large number of doctors to the medical wards had the inevitable consequence of significantly increasing the workload for remaining doctors on the non medical wards. Senior doctors were often asked to work additional hours and significantly change their working practices.

As there were rapidly created new processes for rewriting rotas and ensuring payment for additional duties the actual number of exception reports during this emergency period significantly fell compared to the similar period the year before. The significant increase in staffing numbers on the medical wards coupled with a less severe rise in cases in Bristol than seen in other parts of the country meant that doctors on the "medical mega rota" rarely had to stay late at the end of shifts and were more likely to get breaks than normal. The exception report numbers below should be seen in this context.

Despite moving back to more traditional department staffing there appear to have been residual positive effects from all the previous changes – at the recent junior doctor forum concerns about excessive workload were significantly lower than seen over previous years. It will be interesting to see if this trend continues as the volume of elective work increases to more normal levels.

A huge amount of good will, flexibility and willingness to change and was demonstrated by the entire medical workforce who responded magnificently to this sudden pandemic. Teams who were not accustomed to working together and doctors who were displaced from their normal speciality rotas managed to ensure that high quality care was always provided to all the patients who came to our hospital.

Exception Reporting

The number of exception reports submitted across the Trust, which has been fairly consistent for several years dropped off significantly from March 2020 onwards due to the changes described above.

Year	2020								
Sum of No. episodes	**Column Labels**								
Row Labels	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Grand Total**
Diagnostics and Therapies							1		1
Medicine	26	28	6	1		3	5	7	76
Specialised Services	1	14						3	18
Surgery	21	17	32	27	11	1	2	2	113
Women's and Children's	3	3	1			3	2		12
Grand Total	**51**	**62**	**39**	**28**	**11**	**7**	**10**	**12**	**220**

For comparison the number of reports during 2019 is shown below

Year	2019												
Sum of No. episodes	**Column Labels**												
Row Labels	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Grand Total**
Medicine	13	13	11	11	5	11	10	39	37	31	28	17	226
Specialised Services	24	11	23	10	8	13	4	6	17	21	8	6	151
Surgery	30	11	13	25	14	10	17	15	25	14	17	4	195
Women's and Children's	4	1	3	6	4	29	5	11	7	10	7	15	102
Grand Total	**71**	**36**	**50**	**52**	**31**	**63**	**36**	**71**	**86**	**76**	**60**	**42**	**674**

As Health Education England formally suspended the standard education / training requirements during the initial pandemic response (and non essential training and study leave were cancelled) there were virtually no exception reports for failure to attend agreed educational events.

Work schedule reviews

The contract has introduced a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally a “template rota” has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely challenging to manually write and review rotas. The Trust has purchased an eRostering solution (Allocate) however roll out has been slower than expected. This remains a significant concern. Whilst there plans to roll this system out more widely this work seems to have been stalled by the covid pandemic.

Internal Locum bookings

The Trust has traditionally been very reliant on using locum doctors (both from external staff and using its own internal staff) to fill gaps on rotas and respond to fluctuations in workload. The new contract introduces much stricter safe working limits and all locum work carried out by internal staff needs to be taken into account when calculating total work hours. Trainees are allowed to "opt out" of the maximum 48 hour working week average to work up to 56 hours.

Whilst many junior doctors welcome the ability to carry out additional work the effect that these additional hours have on fatigue and morale is of concern.

2020	Feb	March	April	May	June	July	Aug
Additional hours in hospital	2453	2373	4617	2958	3694	3706	5397
Additional hours on call from home	1220	895	1879	1490	1462	1599	1473

This additional work has remained remarkably similar in volume to that carried out in 2019 – despite the pandemic – and perhaps suggests that this additional activity could be more efficiently delivered by an increase substantive staff numbers.

External Locum bookings

Additional doctors are also occasionally contracted through external locum agencies. The total number of external agency bookings until the end of July 2020 is shown below

Division	Number of shifts worked.	Number of hours.	Accumulative number of shifts Jan 20 to date.	Accumulative number of hours Jan 20 to date.
W&C	8	91	123	1287
Med	38	300	456	3687
SH&N	17	154	95	958
SpS	24	228	207	1615
Trust (OH)	0	0	17	116
D&T	0	0	0	0
TOTAL	**87**	**773**	**898**	**7663**

Rota Gaps

"Rota gaps" – where the numbers of doctors filling a rota is less than expected – are a common cause for dissatisfaction, fatigue and poor morale. Where a rota has a "gap" – either due to sickness or from fluctuation in the number of trainees sent to the Trust by the Deanery – the remaining doctors on the rota often have to cover the additional on call and service components to ensure safe patient care.

The rota gaps seen during the past 12 months are shown in Appendix B

There has been a marked reduction in rota gaps over the past few years through creative use of Trust grade positions and increased numbers of Locally employed Doctors. There are still some areas which struggle to recruit to advertised posts due to limited supply of suitably trained doctors – this is especially problematic in sub specialist areas of training.

Qualitative information

Issues arising – Immediate Safety Concerns

The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. These reports are examined closely to identify whether there are any recurring themes and departments are encouraged to make action plans to avoid recurrence.

Year	2020
ISC	yes

Sum of No. episodes	**Month**			
Division	**Jan**	**Feb**	**Mar**	**Grand Total**
Medicine	4	3		7
Specialised Services		3		3
Surgery			1	1
Grand Total	**4**	**6**	**1**	**11**

Significantly, almost all of these safety concerns were submitted following concerns about workload on the cardiology wards. The division has since made a significant effort to address these issues through measures such as additional locally employed doctors and redesign of the on call cover arrangements for the wards. Whilst the number of safety concerns has reduced, anecdotal information from the Junior Doctors Forum would suggest that workload in this area remains high and I will keep this under review.

Issues arising – Other areas requiring consideration

Recovering training time lost due to pandemic

Whilst this issue is one for the Director of Medical Education to address it is important to note that the pandemic has significantly impacted the training opportunities available for doctors in training posts. In many instances this has impacted their ability to fully achieve the competencies required for successful completion of their ARCP. Any requirements from HEE to provide "catch up" training must be delivered within the constraints of the safe working rules and I will continue to monitor to ensure that trainees are not being encouraged to carry out additional training in their own time.

Planning for future pandemic

The vast majority of doctors are now back working in rotas very similar to the ones they would have been working on before the first wave of the pandemic. Work is now underway to ensure any learning from implementing emergency rotas during the initial implementation is fed into any planning for future spkies in disease rates. There is a considerable risk that, if case numbers spike significantly over winter, large scale reorganisation of work schedules may be required at short notice. HEE has made it clear that they wish Trusts to continue to provide as normal an educational experience as possible even if case numbers rise again.

Availability of suitable staff rest space

The pandemic has brought into sharp focus some of the space constraints the Trust has from being a city centre site spread over many, often very old, buildings. Social distancing rules have reduced the number of people allowed to use staff rest spaces at a time where having space to recharge has never been more important. Whilst we have refurbished the main BRI junior doctors mess it is clear that, due to various site reconfigurations over the past few years, it is now no longer large enough or in an easily accessible place.

I would ask that the Board ensure that adequate junior doctor rest spaces are prioritised during any future hospital building development. These spaces are easily "forgotten" but are vital for wellbeing and attracting high quality medical staff to work in out Trust.

2018 Junior Doctor Contract Refresh (agreed from July 2019)

The 2018 contract further tightened the hours restrictions for junior doctors employed by the Trust – with a particular focus on reducing the frequency of weekend working and reducing the number of consecutive shifts worked. Whilst there has been some progress made on this much of it has been delayed by the pandemic and there are still areas of concern where the rules – especially around weekend frequency – are difficult to achieve.

This is particularly true in small specialities or those with significant weekend workload, such as ED.

eRostering

The roll out of eRostering across the Trust for junior doctor staffing is progressing slower than planned. This means that several of the key functions of the contract – such as work service reviews and managing additional locum work within the safety rules – are extremely difficult to implement.

Positives / Successes

I feel that it is important to stress some of the positive aspects of work carried out during the pandemic period. As a physician I am immensely proud of how every doctor in the hospital responded to the

unprecedented pandemic and hugely grateful for all the other staff in the Trust who oversaw one of the biggest changes to workforce delivery ever seen. In addition, I would like to highlight a couple of particularly successful aspects.

Mess

The junior doctor mess in Dolphin House has been refurbished using a £60,000 grant from the NHS. Lead by Dr McCoubrie (Wellbeing Lead) and the junior doctors themselves this space is now much more fit for purpose with a complete internal refurbishment, a new kitchen and new furniture.

Wellbeing

The Wellbeing team has provided incredible support to all staff during this extremely difficult time and some of the resources provided – including, for example, psychologists being available for people to talk to and a variety of online resources being made available - have been extremely helpful.

Support from local people and businesses

It was quite moving to see the support and donations that were made by local people and businesses to the hospital during the pandemic. Many junior doctors received hot meals and other items donated to the Trust and these small tokens of support made a very difficult situation more bearable for many. I would like to personally extend my thanks to all those that supported the NHS in this way.

Summary

It has been an extraordinary period in the history of the NHS and, in general, the Trust has responded magnificently to a truly unprecedented challenge. Whilst the format of this report has been a little unusual I hope the Board have found it a useful insight into some of the effects the pandemic has had on our junior medical staff.

Dr Alistair Johnstone

Guardian of Safe Working

Appendix A – Summary of temporary adjustments made to rota rules during the initial response to the Covid 19 pandemic.

Decision: Junior Doctors Working Hours restrictions and payment for additional work

Paper by: Dr Alistair Johnstone, Guardian of Safe Working Hours

Background

As the Covid-19 infection spreads we are likely to see significant pressure on junior doctor staffing as a result of:

- Rising numbers of staff with symptoms being required to self isolate. This will increase greatly if there is an additional requirement for whole families to isolate if any member of the household has symptoms
- Increased demand for medical staff skills, especially in areas such ED, critical care, anaesthetics and medicine
- Caring responsibilities – especially if schools / childcare facilities are closed

The 2016 Junior Doctor Contract has strict working time limits designed to ensure that junior doctors are adequately rested and able to provide high quality clinical care. These rules, however, will likely prove to be in conflict with a sudden demand for workforce.

Safe Working Regulations during an emergency

It is likely that this emergency situation will last for at least 3 months and when case numbers of seriously ill patients rise they are likely to rise suddenly. Any rules that are agreed need to be flexible enough to allow a rapid response to a changing situation whilst attempting to protect, as far as possible, the negative effects of overworking and fatigue.

The negative effects of overwork and fatigue are well documented and include increased medical errors, accidents / injuries whilst travelling to work, burnout and reduced immunity to infections

It is essential that adequate provision for breaks is maintained at all times and is much more rigorously enforced by departments and divisions than during normal times. Consideration should be made to formalise the process of ensuring staff get adequate breaks.

I propose that we introduce the following step wise approach to relaxing junior doctors working limits to be introduced as the situation develops.

Step One – “business as usual”

We should aim to observe the current safe working rules for as long as possible – ensuring that the junior doctor workforce is not burned out before the peak of the infection spreads. Any move away from these rules should be for as short a time as possible whilst maintaining adequate cover during the emergency.

This does not prevent the development of alternative rotas or "ghost rotas" which may be activated if the situation deteriorates – early communication of any plans to the junior doctors will allow people to plan issues such as childcare. Junior doctors will have to be prepared to work flexibly and understand that planning is required for a deteriorating situation. Development of these rotas should begin immediately if this has not already happened and plans communicated / discussed with junior medical staff.

The requirement to provide 6 weeks notice to changes in work schedules is temporarily suspended.

Step Two – "Significantly increased numbers of very sick patients or rotas experiencing shortages of medical staff"

During this phase any changes to work practices should ideally be made through agreement with the staff, however it is completely reasonable to "enforce" changes to rotas / work schedules if necessary to maintain safety. Doctors should not be compelled to work additional hours against their will unless Step Three below has been activated

To be approved by: Divisional Director (or nominated deputy) and immediately notified to Guardian of Safe Working by email (GuardianSafeWorking@uhbristol.nhs.uk)

These measures will help increase available workforce numbers but will do so at the risk of more fatigue. They should only be introduced if the Divisional Director is assured that all other alternative measures – such as cancelling non urgent activity and reallocation of suitably trained staff to impacted areas – have been implemented.

The aim should be to stay at this stage for the minimum amount of time necessary but it is accepted that this may be for a prolonged period.

Step Three – "Major incident declared"

In the most extreme situation immediate changes to a rota or the **staff being compelled to work additional hours** may need to be enforced but in order to provide enough staff for the duration of the emergency some of the safe working limits will still need to apply. At this stage it is important that work is spread as evenly as possible across the available workforce – allowing some individuals to significantly breach hours limits whilst others do not is not sustainable over the time period a major incident is likely to be in force.

To be approved by: On call Executive Director and notified to Guardian of Safe Working by email as soon as practical

Contract rule	Step One	Step Two	Step Three
Approved by	Current Contract	Divisional Director or deputy	Medical Director or on call executive
6 weeks notice for changes to work schedule	Removed	Removed	Removed
Maximum 48 hour average working week	Averaged by no of weeks in rota cycle / numer of junior doctors on the rota	Averaging cycle relaxed to 26 weeks (as per EWTD)	Removed
Maximum of 72 hours in any consecutive period of 168 hours (7 days)	Maintained	Maintained	Maintained
Maximum 13 hour shift length	Maintained	Maintained	Relaxed as long as adequate rest following longer shifts is ensured to prevent burnout
46 hours of rest after any number of night shifts (before switch to daytime shifts)	Maintained	Maintained except for the situation where a doctor is asked at the beginning of a shift to go home and sleep before coming later in the day (minimum 10 hours) for a later shift	Relaxed to a minimum of 22 hours but with the intention of this not being a recurring situation
48 hours of rest after any stretch of day shifts (see below)	Maintained	Maintained except for the situation where a doctor is asked at the beginning of a shift to go home and sleep before coming later in the day (minimum 10 hours) for a later shift	Relaxed to a minimum of 24 hours but with the intention of this not being a recurring situation
Max 4 consecutive long (10+ hours) shifts or 7 consecutive normal day shifts	Maintained	Relaxed to: Maximum 6 long shifts or 9 day shifts up to a maximum 72 hours	Relaxed to: Maximum 6 long shifts or 9 day shifts up to a maximum 72 hours
Max frequency of 1 in 3 weekends can be worked (or 1 in 2 where this is currently the rota)	Maintained	Removed	Removed
Breaks – 30 minutes for approximately every 5 hours worked. 3 x 30 minutes breaks for night shifts of 12 or more hours	Maintained	Maintained	Maintained

Appendix B - Rota Gaps 2019 - 20

Division	Rotas	Ro-cordinator	HRBP	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Surgery	OMFS	Kuldip Bhakerd	Karen Gronback	6	5	2	4												
Surgery	DCT OMFS	Kuldip Bhakerd	Karen Gronback	8	8	0 although 3 clinical fellows	8		No gaps - 1 clinical fellow unable to work at the moment so temp gap covered by locums										
Surgery	F1 General Surgery	Natasha Fourie	Karen Gronback	15 WTE	15 - Deanery Funded	0 WTE	15.6										**No gaps**		
Surgery	F2 General Surgery	Natasha Fourie	Karen Gronback	11 WTE	11 Deanery Funded (4 x F2's, 5 x CT1/2)	2 Trust Funded posts (1 x Clinical	9.6	1 F2 Gap (recruitment episode)									**1.4 gaps**		
Surgery	ST3-8 General Surgery	Natasha Fourie	Karen Gronback	13 WTE	8 Deanery Funded (7 x Deanery ST3-8, 1	4 Trust funded Fellows	13.5			No gaps							**No gaps**		
Surgery	F2 & CT1/2 T&O	Malgorzata Bojarska	Karen Gronback	10 WTE	6 Deanery Funded (3 x F2's, 3 x CT1/2)	6 Trust Funded (4 x Clinical Fellows,	7	3 gaps (2x education fellows and 1 clinical fellow)									**3 gaps**		
Surgery	ST3-8 T&O	Malgorzata Bojarska	Karen Gronback	8	8	0 WTE	7		1 gap following Felicity CCTing 24/09/19								**1 gap**		
Surgery	GP ENT	Malgorzata Bojarska	Karen Gronback	5 WTE	5 Deanery Funded (5 x GPVTs)	0 WTE	6										**No gaps**		
Surgery	ST1-2 ENT	Malgorzata Bojarska	Karen Gronback	5 WTE		5 Trust Funded (3 x Clinical fellows, 1	4			2 gaps.							**1 gap**		
Surgery	ST3-8 ENT	Malgorzata Bojarska	Karen Gronback	7 WTE	7 Deanery Funded	0 WTE	6	2 Gaps	2 Gaps	No gaps							**1 gap**		
Surgery	GP Ophthalmology	Helen Gilroy	Karen Gronback	2 WTE	2 Deanery Funded	0 WTE	2										**No gaps**		
Surgery	ST3-8 Ophthalmology 1st on-call	Helen Gilroy	Karen Gronback	6 WTE	6 Deanery Funded	0 WTE	6.4	1 Gap (maternity leave)	No gap								**No gaps**		
Surgery	ST3-8 Ophthalmology 2nd on-call	Helen Gilroy	Karen Gronback	6 WTE	3 Deanery Funded	3 Trust funded	4		1 Gap								2 gaps		
W&C	ST3-8 Paediatric Anaesthesia	Tom Woodward	Lisa Balmforth	8 WTE	4 Deanery Funded	4 Trust funded (fellows)	12	-0.2											
Surgery	ST3-8 General Anaesthesia 1st on-	Amy Still (Catherine Challifour - d	Karen Gronback	8 WTE		Deanery Funded, 10-12 fellows / post-CCT fellows across these three rotas	8.5										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 General Anaesthesia 2nd on	Amy Still (Catherine Challifour - d	Karen Gronback	8 WTE	Usually plan for 10-12		9										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Obstetrics Anaesthesia	Amy Still (Ben Gupta - Consultar	Karen Gronback	6 WTE			7.2										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Cardiac Anaesthesia	Amy Still	Karen Gronback	8 WTE	6 Deanery Funded	2 Trust funded (fellows)	5.8										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Intensive Care Advanced	Dan Freshwater-Turner	Karen Gronback	3 WTE	2 Deanery Funded	0 WTE	6.6										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-4 Intensive Care/CT1/2 Intensiv	Dan Freshwater-Turner	Karen Gronback	10 WTE	4 Deanery Funded	6 Trust funded (specialty doctors	17.6										**Rotas rewritten for Covid. No gaps**		
SPS	FY2 and CMT Heam/Onc	Sophie Dunk	Rebecca Hocking	11	10 WTE	1 WTE	2 x FY2 and 9 CMT's					1 F2 Gap Clinical Oncology (out to recruitment)				1 F2 Gap haematolgy (out to recruitment)			
SPS	Haematology ST3+	Sophie Dunk	Rebecca Hocking			8.5 WTE	8.5 Deanery												
SPS	Medical & Oncology SpR	Sophie Dunk	Rebecca Hocking	10	11	0	11.4												
SPS	Cardiology SpR	Richard Bennett	Rebecca Hocking			17 WTE	9												
SPS	Cardiac Surgery SpR	Mark Yeatman	Rebecca Hocking	13 WTE	7	6	7												

TS	Occupational Health	Simon Williams	Rebecca Ridsdale	3	1	2	3																	
Medicine	General Medicine F1 (including Cardiology)	Gabriella Robson	Emma Harley / Caroline Taylor	21 WTE	21	0 WTE	20																	
Medicine	General Medicine SHO	Gabriella Robson	Emma Harley / Caroline Taylor	31 WTE	28	2 WTE												1 F2 Gap General Psychiatry (recruitment episode underway)					
Medicine	General Medicine Higher	Gabriella Robson	Emma Harley / Caroline Taylor	21	13	5 WTE	18																	
Medicine	ED SHO	Emily Broughton	Emma Harley / Caroline Taylor	14 WTE	2 ACCS / 4 GPVTS / 1 Deanery (2017-18	7 WTE	12.15						10 ST1-2 clinical fellow gaps											
Medicine	ED Middle Grade	Emily Broughton	Emma Harley / Caroline Taylor	10 WTE	6 wte	4 wte	8.1						7 ST4 clinical fellow gaps											
Medicine	Dermatology	Florence Garty	Emma Harley / Caroline Taylor	6	4.6 wte	2 wte	5.6	On-call commitment being removed from August																
Medicine	GUM	Sharon Moses	Emma Harley / Caroline Taylor	0	1 wte	0 wte	1																	
W&C	O&G FY2 & ST1-2	Sarah Walker (as of Dec 19)	Lisa Balmforth	11	12 WTE	0 WTE	11	0.4																
W&C	O&G ST3-5	Sally Harris (as of Dec 19)	Lisa Balmforth	9	6 WTE	3.6 WTE	9.6	-0.6																
W&C	O&G ST6+	Marie O'Sullivan (Lucasta Dillow	Lisa Balmforth	9	7.2 WTE	3.4 WTE	9																	
W&C	PICU ST3-8	Juli Talmud / Clare Smith	Lisa Balmforth	18	10.5	9 WTE	17.5	5.5	0.5	1.1	0.1	0.1	0.1											
W&C	Paeds Cardiac Surgery	Andrew Parry	Lisa Balmforth	3	0 WTE	3 WTE	3	1 Trust gap (Recruitment underway)																
W&C	Paeds Neurosurgery	Wesley Ramcharan	Lisa Balmforth	6	0 WTE	3 WTE	3	1	1	1	1	1	1	2	2	2	2	2	2					
W&C	Paeds Surgery FY2 & ST1-2	Juliette King	Lisa Balmforth	5	1F2 / 1 ST1-2	3 CF	5																	
W&C	Paeds Surgery ST3+	Ibrahim Mostafa	Lisa Balmforth	9	4 wte	4 wte	10.2	-0.2																
W&C	NICU ST1-3	Adam Smith-Collins	Lisa Balmforth	9	7 wte	3 wte	8.4	0.4	0.4															
W&C	NICU ST4+	Adam Smith-Collins	Lisa Balmforth	9	7.2 wte	1.7 wte	10.2	-0.8	-0.6		-0.2	0.4	0.4	0.4	-0.1	-0.1	-0.1	-0.1	-0.1					
W&C	Paediatric Oncology ST6-8	Rachel Dommett	Lisa Balmforth	6	3 wte	3 wte	7.2	-1.6	1 gap (recruitment underway)															
W&C	Paediatric Cardiology ST3-8	Barry O'Callaghan / Richard Ferg	Lisa Balmforth	8	5.6 wte	3 wte (1 CF st1-2, 2 ST3-8)	9.6																	
W&C	General Paeds F2 & GPVTS	Marion Roderick	Lisa Balmforth	6	6 WTE 3 F2 / 3 GPVTS	0 wte	6																	
W&C	General Paeds ST1-3	Marion Roderick	Lisa Balmforth	13 wte	13 wte (2 ED F2s / 10.8 ST1-3)	0 wte	13.5	-0.5																
W&C	General Paeds ST4+	Marion Roderick	Lisa Balmforth	27 WTE	25 wte	4 wte	30	-0.4	-4.2	-3.6	-1.6													
W&C	Paeds ED FY2 & GPVTS	Sam Milsom	Lisa Balmforth	5	5	0	5																	
W&C	Paeds ED GPVTS Community	Sam Milsom	Lisa Balmforth	2	2	0	2																	
W&C	Paeds ED ST1-3	Sam Milsom	Lisa Balmforth	11	11	0	12.8																	
W&C	Paeds T&O	Malgorzata Bojarska	Lisa Balmforth	4	4	0	4																	
D&T	Radiology ST1	Iara Sequeires	Philippa Finch	5	5	0	4																	
D&T	Radiology ST2-5	Iara Sequeires	Philippa Finch	10	10	0	10																	
D&T	Peadiatric Perinatal Pathology	Andrew Day	Philippa Finch	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1					
D&T	Chemical Pathology	Andrew Day	Philippa Finch	2	2	0	1																	
D&T	Microbiology		Philippa Finch	5	5 - Funding sits with NBT for these posts	0	5																	
SpS	FY2 and CMT Heam/Onc	Eleanor Hucker	Rebecca Hocking	8	8		8					1	1											
SPS	Haematology ST3+	Amanda Clark	Rebecca Hocking	8.5	8.5	0	8	0.5	0.5	0.5	0.5	0.5	0.5	0.5										
SPS	Medical & Oncology SpR	Susan Masson	Rebecca Hocking	11	11	0	8.2	2.8	2.8	2.8	2.8	2.4	0.6											
SPS	Cardiology SpR	Ashley Nisbet	Rebecca Hocking	16	9	7	13	1.6 Deanery+2 Trust	1.6 Deanery	0.6 Deanery+2 Trus	0.6 Deanery	0.6 Deanery	0.6 Deanery	0.6 Deanery										
SPS	Cardiac Surgery SpR	Mark Yeatman	Rebecca Hocking	13	6	7	12	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded											
SPS	Clinical Genetics	Sarah Smithson	Rebecca Hocking	2	2	0	0.6	1.4	1.4	1.4	1.4	1.4	1	1										