

Board of Directors' Meeting
14 March 2024

Agenda item	046/24		
Report Title	Guardian of Safe Working Hours Report 1 October – 31 December 2023		
Executive Lead	Dr John Jones, Medical Director		
Report Author	Dr Bridget Barrowclough, Guardian of Safe Working Hours		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	
Well Led	√	Our partners	
	Trust Risk Register id:		
Consultation Communication	Direct to Board of Directors		
Executive summary:	<p>The Guardian of Safe Working has been made aware of the challenges to implementing a central rostering system for locally employed and postgraduate doctors in training throughout the Trust. This live rostering system should enable visibility and transparency of doctors' working patterns and hours if accurately updated. The implications of the delay to implementation remain a risk to monitoring safe working practices.</p>		
Recommendations for the Board:	<p>The Board is asked to:</p> <p>Note the contents of this report.</p>		
Appendices:	<p>Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M7-M9 Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M7-M9</p>		

**QUARTERLY REPORT ON SAFE WORKING HOURS
DOCTORS AND DENTISTS IN TRAINING
1 October – 31 December 2023**

Author: Dr Bridget Barrowclough

Executive summary

The Guardian of Safe Working Hours (GoSW) has been made aware of the challenges to implementing a central rostering system for locally employed and postgraduate doctors in training throughout the Trust. This live rostering system should enable visibility and transparency of doctors' working patterns and hours if accurately updated. The GoSW is not aware of any additional departments having been aligned to this system since last reported. The implications of this delay remain a risk to the monitoring of safe working practices.

1.0 Introduction

The safety of patients is a paramount concern for the NHS and significant staff fatigue is a hazard to both patients and to staff themselves. The safeguards around doctors working hours within Schedules 04-06 of the 2016 Junior Doctor Contract are designed to ensure risk is effectively mitigated and that mitigation is assured. The GoSW should ensure that issues of compliance with safe working hours are addressed by the doctor and the Trust or host organisation, thereby providing assurance to the Board that doctors' working hours are safe.

As per Schedules 06 Paragraph 11 of the 2016 Junior Doctor Contract, this quarterly board report includes data relevant to the safe working hours for junior doctors, including, but not limited to, exception reports, vacancies, locum usage and assurance regarding monitoring of hours. Any issues arising and actions taken are summarised within the paper and any serious escalations related to decision or actions not addressed at department level are highlighted.

High level data for The Shrewsbury and Telford Hospital NHS Trust

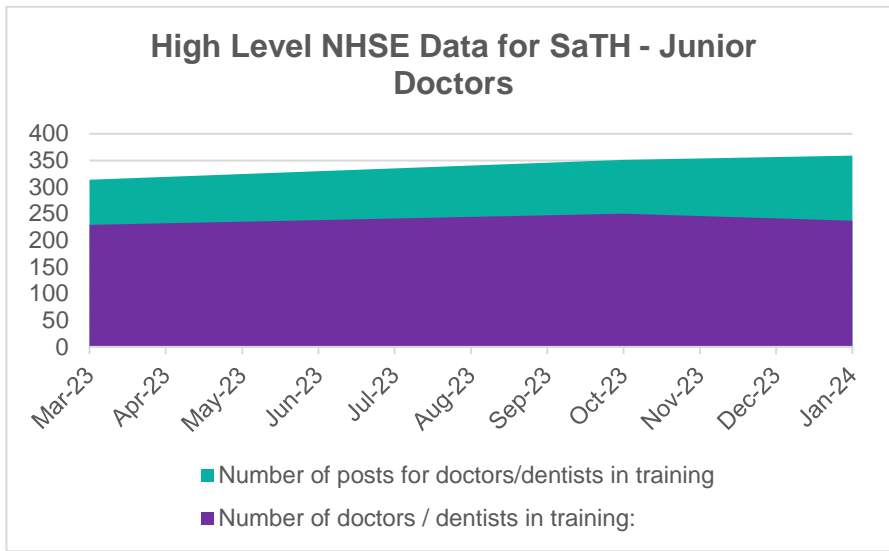
Number of posts for doctors / dentists in training	359
Number of doctors / dentists in training:	237
Number of doctors / dentists in training on 2016 TCS:	237
Number of locally employed doctors:	190
Amount of time available in job plan GoSW	2 PA
Number of job-planned PAs for educational supervisors per trainee:	0.25PA

Administrative support provided to the GoSW via Medical People Services

1.1 NHS England (NHSE) - Post Graduate Doctors in Training (PGDiT) at Trust

Medical People Services (MPS) report that following bids for additional training posts, including West Midland redistribution, the Trust has seen an increase to 359 national training posts with 9 foundation year 2 posts predicted to commence funding streams in August 2024. Despite expansion, the NHSE fill rate remains 70%, with the remaining 30% out to local recruitment.

High Level NHSE Data for Trust	March 2023	October 2023	January 2024
Number of posts for doctors/dentists in training	314	351	359
Number of doctors / dentists in training:	229	250	237



1.2 NHSE PGDiT January 2024 Dashboard

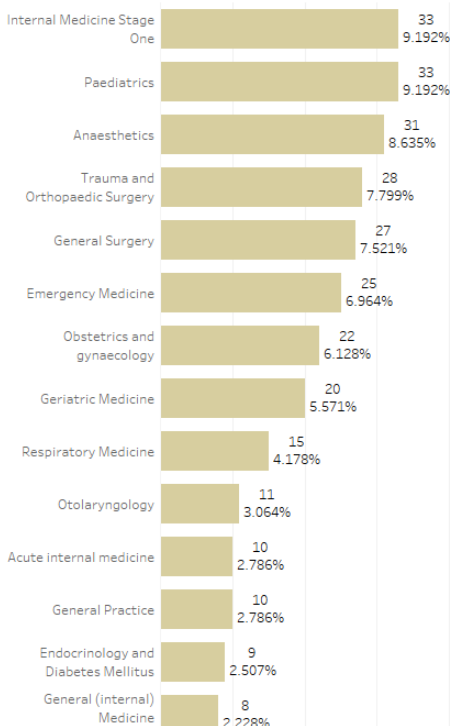
The dashboard shows a breakdown of the Trust's current post graduate doctors in training including grade, specialty and current WTE (full or part-time) from exported data on 29th January 2024.

Shrewsbury And Telford Hospital NHS Trust

Total Posts - 359

Figures are based on posts with Status of 'Current' and with an EmployingBody or TrainingBody of the above trust in TIS. Please note, only posts with a valid funding type are considered active.

Posts per Specialty - Click below to filter. Hover for Site detail.



Posts per Approved Grade - Click below to filter. Hover for Site detail.

Approved Grade	Number of Posts	Percentage
Lower Training	97	27.02%
Higher Training	94	26.18%
Foundation Year 1	70	19.50%
Foundation Year 2	55	15.32%
GP Specialty Training	35	9.75%
Dental Core Training Year 1	4	1.11%
Academic Clinical Fellow	3	0.84%
Academic Clinical Lecturer	1	0.28%

PostManagingDeaneryLETB All

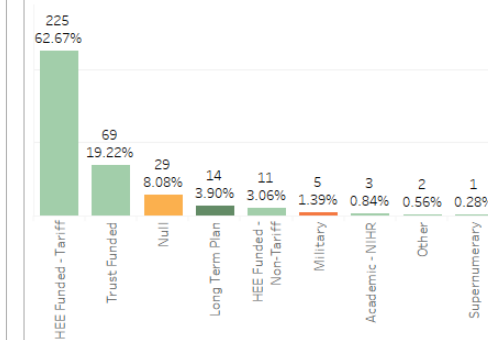
EmployingBody All

TrainingBody All

MainSite All

ProgrammeName All

Posts per Funding Type - Click below to filter. Hover for Site detail. Please note, posts listed as 'NULL' are currently inactive.



Transitioning Funding - Click below to filter. Hover for Site detail.

Established Funding 319

Funding Ending in Next Year 12

Funding Starting in Next Year 28

2.0 Exception Reports (regarding working hours)

Contractually doctors can use the exception reporting system to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations include:

- differences in the total hours of work (including opportunities for rest breaks)
- differences in the pattern of hours worked
- differences in the educational opportunities and support available to the doctor
- and/or differences in the support available to the doctor during service commitments.

In Q3 a total of 25 exception reports were raised - 20 of these were closed in quarter. Ten exception reports remained open from those reported in Q2, with a further 13 open from quarters previous to Q2. A total of 41 exception reports were closed in Q3. Of the 41, 34 were closed in quarter relating to safe working hours.

One immediate safety concern was raised in medicine on the on -call weekend shift. It was acknowledged that this was a particularly onerous shift. On this shift there was 1 Spr and 2 SHOs rather than the weekday cover ratio of 1:3.

Exception Reports (ER) – Quarter 3	
Total number of exception reports received	25
Number relating to immediate patient safety issues	1
Number relating to hours of working	19
Number relating to pattern of work	3
Number relating to educational opportunities	1
Number relating to service support available to the doctor	2

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Accident and Emergency	1	0	1	0
Cardiology	1	0	1	0
General Medicine	10	9	19	0
General Surgery	1	6	7	0
Medical Oncology	2	0	2	0
Obs & Gynae	0	1	1	0
ENT	0	3	3	0
T&O	0	4	0	4
Urology	0	1	0	1
Total	15	24	34	5

The below table provides a breakdown of the number of exception reports divided by medical grades. As evidenced the majority of reports are filed by our foundation doctors.

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	2	13	15	0
FY2	11	9	16	4
CT1-2 / ST1-2	0	1	1	0
ST3+	2	1	2	1
Total	15	24	34	5

As reported in the previous quarter the primary delay in the resolution of an exception report continues to be response from Clinical Supervisors in a timely manner. Clinical Supervisors are contractually obliged to respond within 7 days of the filing of the report. The GoSW administrator has recommenced the process of sending reminders on Days 1, 3 and 7 thereafter 14 and 28. It is hoped that reviews of the functionalities in the allocate system will provide this automatically in the future. There is evidence that some reports are proactively managed by the Head of Medical People Services and especially where themes have been identified requiring a review of work schedules.

2.1 Work Schedule Reviews

In Q3, in line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, the Guardian triggered 0 formal work schedule reviews.

2.2 Fines

The GoSW can apply a breach fine to departments where the following working hours breach one or more of the following provisions:

- the 48-hour average weekly working limit
- contractual limit on 72 hours worked in any consecutive 7-day period
- minimum 11-hour rest has been reduced to less than 8 hours
- where meal breaks are missed on more than 25 percent of occasions
- the minimum NROC (non-resident on call) overnight continuous rest of 5 hours between 22.00 and 07.00
- the maximum 11 hours rest between resident shifts
- the minimum 8 hours total rest per 24-hour NROC

Breach fines should be a rare occurrence. The monies from breach fines are discussed with the doctor's forum to scrutinise the disbursement of penalty fines.

One fine was levied against Urology by the Guardian in Q3 following an exception report informing of 16 consecutive hours worked. The total fine levied for the three hours in breach was £283.38.

One fine was levied prior to Q3, related to 25 consecutive hours worked by a PGDiT in Trauma & Orthopaedics. The fine levied totaled £519.53.

The GOSW account therefore reports a total of £802.91 at the end of Q3.

3.0 Locum bookings

MPS report that Agile Workforce Services remain commissioned to provide Neutral Vendor (December 2021) and Managed Bank Services (July 2022).

The following section outlines the locum bookings by shift, grade and reason and provides a summary of results from both services.

The Trust recorded a higher proportion of agency vs bank usage in M7 and M8, with Acute Medicine, General Medicine and Emergency Medicine being the top 3 specialties for temporary medical staffing bookings.

It is reported that the medical temporary staffing function continues to have successful fill rates with a small proportion of shifts being unfilled across the quarter.

Locum bookings (shifts) by department

Department	Filled by Agency	Filled by Bank	Unfilled
Acute Medicine	637	242	0
Anaesthetics	5	171	0
Breast Surgery	69	0	0
Care of the Elderly	162	55	0
Emergency Medicine	551	851	26
ENT	2	59	0
Gastroenterology	22	26	0
General Medicine	1048	455	5
Oncology	45	14	0
Ophthalmology	0	29	0
Oral and Maxillofacial Surgery	76	201	1
Orthopaedic and Trauma Surgery	258	264	5
Paediatrics	0	106	0
Renal Medicine	229	7	0
Respiratory Medicine	199	13	2
Urology	23	16	0
General Surgery	98	99	7
Cardiology (Medical)	163	63	0
Haematology	0	1	0
Neonatal Medicine	14	19	0
Endocrinology and Diabetes	82	26	0
Intensive Care	0	45	0
Obstetrics and Gynaecology	0	83	0
Stroke Medicine	9	47	0
Paediatrics and Neonates	0	5	0
Anaesthesia Obs	3	0	0
Grand Total	3695	2897	46

Locum bookings (shifts) by grade

The temporary staffing usage by grade reflects the proportional variation in contracted WTE between the medical training grades.

Grade	Filled by Agency	Filled by Bank	Unfilled
FY1	321	37	3
FY2-ST2	2296	1694	22
ST3+	1078	1166	21
Grand Total	3695	2897	46

Locum bookings (shifts) by reason

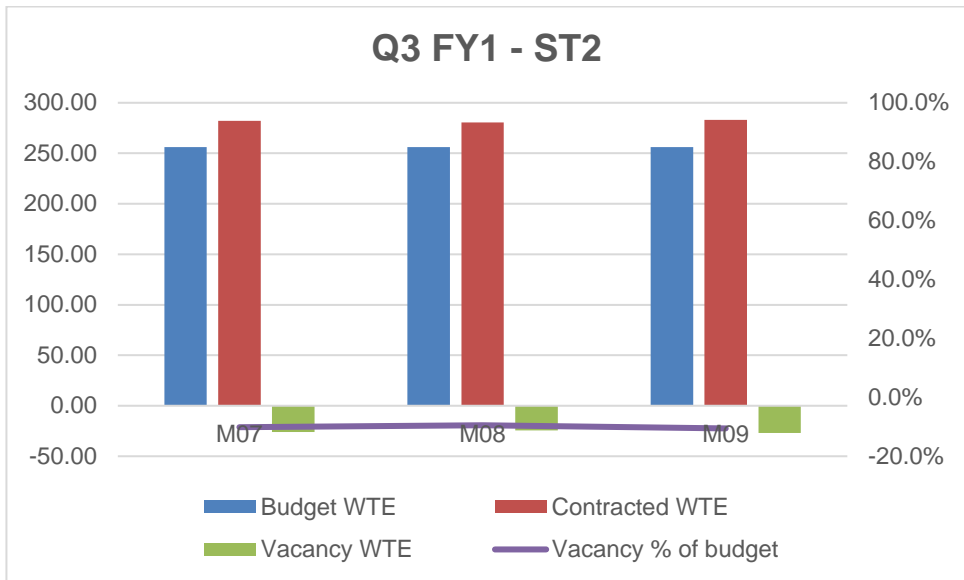
The locum booking reason of 'vacancy' continues to be the most significant in number in Q3. An improvement in the variation of booking reasons is noted which provides further clarity.

Reason	Filled by Agency	Filled by Bank	Unfilled
Annual Leave	79	10	0
Extra Cover	70	95	1
Sick	67	121	3
Vacancy	3181	2156	39
Study Leave	0	10	0
Exempt from On Calls	0	14	0
Paternity Leave	0	2	0
Compassionate / Special Leave	19	1	0
Escalation area	202	7	0
Less Than Full Time Trainee Gap	2	10	0
Industrial action	75	471	3
Grand Total	3695	2897	46

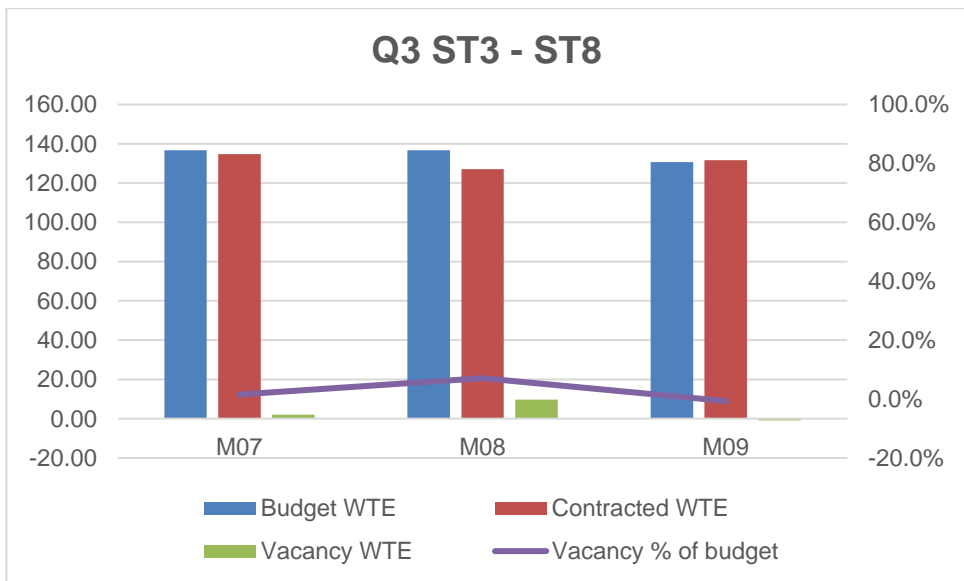
4.0 Vacancies

Appendix 1 and Appendix 2 show the WTE breakdown between budgeted WTE, contracted WTE and the corresponding vacancy WTE split by FY1-ST2 and ST3-8 and specialty. The tables below provide a breakdown of each month in quarter. The vacancy position through Q3 has seen sustained improvement for both grade ranges, with FY1-ST2 increasing contracted WTE from 282.19WTE to 283.20WTE, thus reducing the total vacancy WTE to -27.02 WTE. The notable over establishment is primarily reflected in General Medicine which is consistent with previous quarterly reports highlighting misalignment between funded establishment and rota posts. For ST3-8, there is a similar improvement as a % of budget, from 1.5% in M7 to -0.7% in M9, despite a reduction from 134.66 WTE and 131.61 WTE in quarter.

	Q3 FY1 – ST2		
	M07	M08	M09
Budget WTE	256.18	256.18	256.18
Contracted WTE	282.19	280.45	283.20
Vacancy WTE	-26.01	-24.27	-27.02
Vacancy % of Budget	-10.2%	-9.5%	-10.5%



	Q3 ST3 - ST8		
	M07	M08	M09
Budget WTE	136.70	136.70	130.70
Contracted WTE	134.66	127.03	131.61
Vacancy WTE	2.04	9.67	-0.91
Vacancy % of Budget	1.5%	7.1%	-0.7%



5.0 Issues Arising & Actions Taken

5.1 Digital Rostering & Assurance on Safe Working Hours

MPS continue to collect data that evidences breaches of contractual working patterns. The table below summarises the instances identified from the retrospective rostering dashboard functioning since Q2. Each breach is a singular count of the number of instances where a rest requirement has not been met. Where this is consecutive days, each day is counted as a breach - for example if a doctor worked 10 consecutive days, the days 8-10 would be counted as 3 breaches. The number of episodes shows the occurrences by grouping breaches by runs of shifts worked.

Specialty	Sum of No. Breaches	Sum of No. Episodes
Emergency Medicine	14	6
General Surgery	10	5
T&O	12	4
ENT	0	0
Oral & Max Fax	3	2
Total	39	17

The table below categorises the breaches into the safe working hours listed in Schedule 3 of the 2016 Junior Doctor Contract.

A summary of the headings is provided below.

- **No rest of 4 long (48 hours)** - No more than four long shifts (where a long shift is defined as being a shift rostered to last longer than 10 hours) shall be rostered or worked on consecutive days. Where four long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fourth long shift.
- **No rest after singular or max 4 nights** - Where shifts (excluding non-resident on-call shifts) defined as having 3 hours fall into the period 23:00-06:00 rostered singularly, or consecutively, there must be a minimum 46-hour rest period rostered immediately following the conclusion of the shift(s).
- **More than 7 consecutive days** - A maximum of seven shifts of any length can be rostered or worked on seven consecutive days.
- **No rest after 7 consecutive days** - Where seven shifts of any length are rostered or worked on seven consecutive days, there must be a minimum 48-hours' rest rostered immediately following the conclusion of the seventh shift.
- **Over 72 hours** - No more than 72 hours' actual work should be rostered for or undertaken by any doctor, working on any working pattern, in any period of 168 consecutive hours.

Specialty	No rest after 4 long shifts (48 hours)	No rest after singular or max 4 nights	More than 7 consecutive days	No rest after 7 consecutive shifts	Over 72 hours
Emergency Medicine	8	0	3	3	0
General Surgery	1	0	3	5	1
T&O	6	2	1	3	0
ENT	0	0	0	0	0
Oral & Max Fax	3	0	0	0	0
Grand Total	18	2	7	11	1

The highest number of breaches relates to rest after 4 long shifts, which spans both the number of shifts and the rest requirement after working 7 shifts. This can also impact the number of 72-hour breaches. The review has also identified breaches to 46 hours rest requirements with both episodes indicating doctors working 4 consecutive nights and returning to work the following day after the conclusion of the night shift - for example ending the night shift on Friday morning and returning to work on Saturday. It is recognised that the number of exception reports submitted in relation to safe working hours is significantly lower than the number of breaches identified. It is concerning that

the rotas in these specialities are already on the live rostering system and it is probable that the system is uploaded retrospectively without observing the safe working limits at the time of swapping shifts or taking on additional shifts.

This also raises concern as to the potential number of compliance breaches in other departments as a consequence of the lack of a central reporting dashboard.

5.2 Trauma & Orthopaedics

The revised full shift Tier 2 Trauma & Orthopaedic rota recognising safe working practice was implemented in M7. No further exception reports or escalations were received in Q3 from medical staff working on these rotas on either site. Between M7 and M9, 10WTE Locally Employed Doctors were appointed and to provide sustainable workforce within our Trauma & Orthopaedic department.

During Q3 several exception reports were raised in relation to the working pattern of the Tier 1 doctors within Trauma & Orthopaedics. Primarily these related to misalignment between work schedules and working patterns, related to the start and end times of the nights and long days at both PRH and RSH. Medical People Services actioned these reports and with agreement from the division adjusted work schedules and agreed compensation retrospectively. The Trauma & Orthopaedic department have been reminded of the importance in proactively discussing shift time changes to ensure compliance to safe working hours.

5.3 ENT Tier 1

In Q2 it was identified that the ENT Tier 1 (1 in 7) rota did not incorporate foundation teaching, with Wednesday shifts ending at 16:00 and teaching ending at 17:00.

The following actions were undertaken by Medical People Services in Q3

- Doctors who raised the report were encouraged to formally exception report. Time off-in-lieu was allocated as compensation and all exceptions closed.
- Medical People Services met with the ENT team and adjusted the rota template to meet service and training requirement.

The 1 in 7 full shift rota continues with the recommendation of increasing to a minimum of 1 in 8 to achieve a reasonable balance of out of hours and core hours worked. Progress will be reported in Q4.

5.4 General Internal Medicine

In Q2 it was reported that a review of the General Medicine rotas across both sites identified issues with the capacity to achieve safe working hours and training exposure and that the establishment at that time required recurrent long term, agency and bank doctors to maintain safe staffing levels.

The Tier 1 rota redesign was adjusted in Q3 to increase out of hours provision for wards and acute take.

The impact of these changes will be monitored and reported in Q4.

5.5 Urology

In Q2 concerns were raised relating to the safe working hours within the Urology non-resident on-call rota for Tier 2. MPS initiated a formal monitoring exercise in November 2023 and advise that initial scoping of the data submitted suggests disparity in the hours captured within the work schedules in comparison to worked hours. This may

represent a risk to compliance. The GoSW anticipates that a full analysis with actions will be released by Q4 and will report progress therein.

5.6 Anaesthetics

MPS advise the following actions have been taken since Q2:

- Current anaesthetic work schedules have been reviewed and have identified significant misalignment between working patterns and generic rota templates. This has an impact on compliance to safe working hours and pay, as it is recognised that doctors are working outside of their contracted shift patterns. Rota templates have been revised and proposed to the anaesthetic team. The progress on implementation will be reported in Q4
- A framework for effective rota management has been submitted and these processes will be considered by the division with a view to implementation in Q4.
- In Q3, the anaesthetic team, in collaboration with MPS, appointed a medical rota coordinator to join in Q4. A comprehensive training and induction programme will be delivered to ensure consistent and effective rota management processes are embedded.

MPS advise that the continued licensing of the CLW rostering system (CLWRS) used in this division is a risk to comprehensive management of leave. It is acknowledged that in order to achieve central rostering throughout the Trust the migration from CLWRS to the electronic rostering system, Medic on Duty with which the Trust hold a contract requires significant intervention. Progress will be reported in the following quarters.

6.0 Administrative Support for The Guardian of Safe Working

The GoSW can assure the Board that the appropriate level of support is now in place to effectively manage the exception reporting process demonstrated by the significant number of exception reports actioned and closed this quarter.

The GoSW receives direct support provided by Medical eRostering advisor, managerial support provided by Medical Temporary Staffing and Rostering Lead, and senior managerial support provided by Head of Medical People Services.

The GoSW acknowledges the support from the Education Team and Medical Directorate Team with other aspects of the role.

7.0 Fatigue and Facilities Charter

The GoSW has requested clarification regarding the provision of rest facilities for those doctors who advise that they are too tired to drive after a shift. This is a contractual obligation. An initial meeting has been held with the Facilities Manager in the presence of the Director of Medical Education, Senior Business Manager to the Medical Director and Associate Director of Medical People Services. The GoSW will report progress to the Board and LNC as mandated contractually.

Summary

The GoSW is now able to provide the Board with a standardised document each quarter and acknowledges the actions taken by MPS to achieve this.

The processing of exception reports has improved with the introduction of dedicated administrative support from within MPS.

It is hoped that the establishment of a central rostering system, together with the improved management of rotas led by the rostering team, will eventually enable the

GoSW to provide a comprehensive and accurate overview of the safe working hours of all locally employed and post-graduate doctors in training in the Trust.

It remains a concern that this action has been identified as requiring significant intervention and, as such, the GoSW advises of the continued inability to reassure the Board that doctors throughout the Trust maintain safe working hours and achieve their required rest breaks at all times.

Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M7-M9

Care Group	Specialty	M7 FY1-ST2			M8 FY1-ST2			M9 FY1-ST2		
		Budget V	Contracted V	Vacancy	Budget V	Contracted V	Vacancy	Budget V	Contracted V	Vacancy
Surgery Anaesthetics and Cancer Division	Anaesthesia	21.00	16.65	4.35	21.00	16.65	4.35	21.00	14.65	6.35
Surgery Anaesthetics and Cancer Division	Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Clinical and Medical Oncology	3.00	2.00	1.00	3.00	1.00	2.00	3.00	2.00	1.00
Surgery Anaesthetics and Cancer Division	Clinical Haematology	1.00	2.00	-1.00	1.00	2.00	-1.00	1.00	2.00	-1.00
Surgery Anaesthetics and Cancer Division	Colorectal and Upper GI Surgery	15.00	18.00	-3.00	15.00	16.00	-1.00	15.00	17.00	-2.00
Surgery Anaesthetics and Cancer Division	ENT	5.00	8.00	-3.00	5.00	8.00	-3.00	5.00	8.00	-3.00
Surgery Anaesthetics and Cancer Division	Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Ophthalmology	3.00	2.00	1.00	3.00	2.00	1.00	3.00	3.00	0.00
Surgery Anaesthetics and Cancer Division	Oral & Maxillo-Facial Surgery	4.00	2.00	2.00	4.00	2.00	2.00	4.00	3.00	1.00
Surgery Anaesthetics and Cancer Division	Orthopaedics and Trauma Surgery	16.00	20.00	-4.00	16.00	21.00	-5.00	16.00	25.96	-9.96
Surgery Anaesthetics and Cancer Division	Palliative Care	0.00	1.00	-1.00	0.00	1.00	-1.00	0.00	1.00	-1.00
Surgery Anaesthetics and Cancer Division	Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Urology	4.00	3.00	1.00	4.00	3.00	1.00	4.00	4.00	0.00
Surgery Anaesthetics and Cancer Division	Vascular Surgery	6.00	4.00	2.00	6.00	4.00	2.00	6.00	4.04	1.96
Surgery Anaesthetics and Cancer Division	Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Care of the Older Adult	14.00	18.70	-4.70	14.00	18.70	-4.70	14.00	11.11	2.89
Medicine and Emergency Care Division	General Medicine	4.00	24.00	-20.00	4.00	26.00	-22.00	4.00	26.61	-22.61
Medicine and Emergency Care Division	Stroke Medicine	1.93	2.00	-0.07	1.93	2.00	-0.07	1.93	3.70	-1.77
Medicine and Emergency Care Division	Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Dermatology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Respiratory	13.57	11.91	1.66	13.57	12.91	0.66	13.57	13.66	-0.09
Medicine and Emergency Care Division	Cardiology	9.00	7.00	2.00	9.00	7.00	2.00	9.00	6.00	3.00
Medicine and Emergency Care Division	Nephrology	7.20	14.00	-6.80	7.20	15.00	-7.80	7.20	13.97	-6.77
Medicine and Emergency Care Division	Diabetes & Endo	9.00	8.00	1.00	9.00	7.00	2.00	9.00	7.70	1.30
Medicine and Emergency Care Division	Acute Medicine	22.80	16.91	5.89	22.80	16.00	6.80	22.80	20.68	2.12
Medicine and Emergency Care Division	A&E	50.00	44.58	5.42	50.00	44.97	5.03	50.00	44.31	5.69
Women's and Children's Division	Gynaecology	10.00	12.00	-2.00	10.00	11.98	-1.98	10.00	10.00	0.00
Women's and Children's Division	Neonatology	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00
Women's and Children's Division	Paediatrics	15.88	18.84	-2.96	15.88	19.84	-3.96	15.88	20.41	-4.53
Clinical Support Services Division	Pathology	2.80	5.60	-2.80	2.80	4.40	-1.60	2.80	3.40	-0.60
Corporate Services	Medical Directorate	14.00	16.00	-2.00	14.00	14.00	0.00	14.00	13.00	1.00
Total		256.18	282.19	-26.01	256.18	280.45	-24.27	256.18	283.20	-27.02

Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M7-M9

Care Group	Specialty	M7 ST3-8			M8 ST3-8			M9 ST3-8		
		Budget V	Contracted	Vacancy	Budget V	Contracted	Vacancy	Budget V	Contracted	Vacancy
Surgery Anaesthetics and Cancer Division	Anaesthesia	9.00	18.39	-9.39	9.00	18.49	-9.49	9.00	19.09	-10.09
Surgery Anaesthetics and Cancer Division	Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Clinical and Medical Oncology	4.00	3.00	1.00	4.00	1.60	2.40	4.00	2.20	1.80
Surgery Anaesthetics and Cancer Division	Clinical Haematology	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00
Surgery Anaesthetics and Cancer Division	Colorectal and Upper GI Surgery	8.42	14.41	-5.99	8.42	9.51	-1.09	8.42	9.51	-1.09
Surgery Anaesthetics and Cancer Division	ENT	3.00	5.00	-2.00	3.00	2.00	1.00	3.00	2.00	1.00
Surgery Anaesthetics and Cancer Division	Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Ophthalmology	2.00	3.00	-1.00	2.00	3.00	-1.00	2.00	3.00	-1.00
Surgery Anaesthetics and Cancer Division	Oral & Maxillo-Facial Surgery	1.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00
Surgery Anaesthetics and Cancer Division	Orthopaedics and Trauma Surgery	10.00	12.00	-2.00	10.00	12.40	-2.40	10.00	13.94	-3.94
Surgery Anaesthetics and Cancer Division	Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery Anaesthetics and Cancer Division	Urology	3.00	5.00	-2.00	3.00	4.00	-1.00	3.00	4.00	-1.00
Surgery Anaesthetics and Cancer Division	Vascular Surgery	2.00	6.00	-4.00	2.00	3.00	-1.00	2.00	3.00	-1.00
Surgery Anaesthetics and Cancer Division	Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Care of the Older Adult	5.00	5.00	0.00	5.00	6.00	-1.00	5.00	9.00	-4.00
Medicine and Emergency Care Division	General Medicine	10.85	10.46	0.39	10.85	10.46	0.39	4.85	10.46	-5.61
Medicine and Emergency Care Division	Stroke Medicine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Dermatology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medicine and Emergency Care Division	Respiratory	4.91	7.74	-2.83	4.91	8.90	-3.99	4.91	8.74	-3.83
Medicine and Emergency Care Division	Cardiology	3.00	4.00	-1.00	3.00	5.00	-2.00	3.00	5.00	-2.00
Medicine and Emergency Care Division	Nephrology	1.82	6.23	-4.41	1.82	7.23	-5.41	1.82	6.23	-4.41
Medicine and Emergency Care Division	Diabetes & Endo	2.00	3.00	-1.00	2.00	4.00	-2.00	2.00	4.00	-2.00
Medicine and Emergency Care Division	Acute Medicine	12.00	6.00	6.00	12.00	5.00	7.00	12.00	5.00	7.00
Medicine and Emergency Care Division	A&E	29.00	4.00	25.00	29.00	5.00	24.00	29.00	5.00	24.00
Women's and Children's Division	Gynaecology	9.10	10.49	-1.39	9.10	10.49	-1.39	9.10	10.49	-1.39
Women's and Children's Division	Neonatology	3.00	3.58	-0.58	3.00	3.59	-0.59	3.00	3.59	-0.59
Women's and Children's Division	Paediatrics	5.00	6.36	-1.36	5.00	6.36	-1.36	5.00	6.36	-1.36
Clinical Support Services Division	Pathology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Corporate Services	Medical Directorate	7.60	0.00	7.60	7.60	0.00	7.60	7.60	0.00	7.60
Total		136.70	134.66	2.04	136.70	127.03	9.67	130.70	131.61	-0.91