

Medical Workforce Strategy Update

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Executive Summary Trust Board paper K

Context

This is an update on work undertaken in relation to the Medical Workforce Strategy and includes a specific update on progress in relation to recruitment and the development of new roles. This report also provides an update on the latest vacancy positions for trainee grades and the latest data on medical appraisal and revalidation.

Questions

1. Is the TB assured that the steps described and future plans are sufficiently robust to continue to fill vacancies and manage agency spend in order to deliver high quality care, provide a well-trained and stable workforce that can deliver Care Around The Patient?

Conclusion

Significant progress has been made to ensure proactive management of junior gaps including the introduction of specialty based rotational Trust Grade roles which allow longer term fixed term contracts thereby improving stability as well as making roles more attractive.

Physician Associates have now arrived in the UK and are working in Trauma and Orthopaedics, Paediatrics and Gastroenterology.

A bespoke recruitment website has been developed which provides the opportunity to market Leicester and Leicester Hospitals as a place to work.

Investment in managerial capacity to support medical recruitment has had the desired impact in terms of reducing medical spend in ITAPs.

Input Sought

We would welcome the Board's input regarding:

Note the impact of interventions to support the reduction in medical vacancies in a challenging supply market.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No / Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: [Next EWB]

6. Executive Summaries should not exceed 1page. [My paper does comply]

Papers should not exceed 7 pages. [My paper does comply]

Medical Workforce Strategy Update

1.0 PURPOSE

- 1.1 This paper is to provide the Trust Board with an update to the Medical Workforce Strategy and an update on junior medical staff recruitment. This is provided for assurance that there are robust plans in place to deliver the Medical Workforce Strategy and ensure new roles and new ways of working are continuing to be introduced to provide “Care Around the Patient”

2.0 BACKGROUND

- 2.1 This Medical Workforce Strategy was presented to the Trust Board in July 2014 and the final version agreed by the Executive Workforce Board in December 2014.

3.0 SUMMARY OF RECENT UPDATES

3.1 Recruitment and Shaping of Workforce

3.1.1 Understanding our gaps

Considerable progress has been made in trying to identify where there are gaps in the medical workforce. The current and predicted gaps are shown in appendix 1. Early indications are that there are 41.5 known gaps for August with 21 at ST3 plus level, 12.5 at CT level and 8 at foundation level. Historically most of our junior medical staff were doctors in training and when these posts were not filled through the National Recruitment Programme, local recruitment took place in order to appoint “non-training” doctors (either a locum (agency) or a Trust grade or speciality doctor appointment). In recent years, as activity has increased, services and CMGs are increasingly reliant on Trust grade doctors to help deliver care as training numbers have not expanded. This means that the responsibility for the employment and recruitment of such workforce is the responsibility of the Trust.. All CMGs have been asked to establish regular medical workforce meetings, attended by HR, in order proactively identify and manage gaps in the training posts and manage the recruitment of such trust funded posts. Such groups have had success and appendix 2 exemplifying ITAPS shows the impact that a well managed local recruitment strategy can have on reducing agency costs. This has been a result of a dedicated recruitment resource.

3.1.2 Consultant Vacancies

Consultant vacancies are detailed in appendix 3. There are currently 54 vacancies across all CMGs but most significantly in Women’s and Children’s and a concentration of vacancies in paediatric surgery and neonatology with the latter related to an expansion programme and recruitment underway. There are also high levels of vacancies in radiology although 9 radiologists have been appointed with start dates during the summer. Two consultants are also due to commence in ED in the summer.

3.1.3 Streamlining and improving recruitment

Due to the expansion in Trust grade appointments required in core level posts (especially in medical specialities) we have instituted a programme of rolling adverts with set closing dates, linked to shortlisting dates and interviews, in order to achieve a minimum delay between the closing date and being able to make an offer. The best candidates are applying to more than one position in order to secure a post and in developing a well managed recruitment process we can reduce the long delays that frequently lead to the withdrawal of applications. Adverts and job descriptions have been standardised. In core medical and core surgical specialities the recruitment is done for all vacancies across the relevant CMGs. Previously recruitment was done individually by the service that had a gap (e.g. haematology or gastroenterology). Now recruitment is done by volunteers from all the medical specialities on the understanding they are contributing to filling each other’s posts. The process is in its infancy but should reduce workload across all areas.

3.1.4 Attracting and retaining doctors in non-training grades (Trust grades & speciality doctors)

Work is continuing in order to improve the experience of doctors in Trust grade positions. All our trust grades are given an educational/clinical supervisor and access to e-portfolios or ways to evidence they have achieved their relevant competencies so they can apply to UK training programmes. A recent pilot in medicine showed that 80% of Trust grades in UHL had successfully entered onto a recognised UK training scheme. This approach has benefits and disadvantages: the benefits are the Trust grades feel more valued and are more likely to promote Leicester as a place to work, helping to improve our recruitment. If they apply to East Midlands training schemes and are successful, this reduces the number of training gaps we have to fill. It is the right thing to do for our patients as the standard of supervision and training improves in this previously less well supervised group of doctors and this should help us to deliver higher quality care. The disadvantage is they do move on, and so replacing them and ongoing recruitment is required.

3.1.5 Advanced Nurse Practice

Work is continuing to support the development of this stable, highly skilled non medical workforce. There are 37 ACPs in post across the Trust. There are three trainees from the March 2016 intake, six trainee Advanced Care Practitioners from the October 15 intake which comprise 5 nurses and 1 ODP and there are eleven supported applications for the Sept 2016 intake. There is a requirement to identify a sustainable long term funding solution to support the training and long term deployment of these posts in the Trust. Work is underway to map the requirements of LLR to form an overarching workforce target for Advanced Clinical Practitioners.

3.1.6. Physician Associates

The 4 Physician Associates (PAs) from the National Physicians Associates Expansion Programme have just arrived in Leicester from America. They have attended “on-boarding” (the National Induction) and commenced work at UHL on 4th July. They are working in the following areas:

- Paediatrics
- Orthopaedics (spine)
- Orthopaedics (Trauma)
- Gastroenterology

UHL only has one PA currently (In stroke medicine) and the model of care in the USA is also quite different. The hope is that these individuals and teams can help us to shape how this role can be developed in UHL in order to complement the existing medical workforce.

3.1.7 Investing in improvements in the Job Planning

Significant work is underway to ensure timely completion of Job Plans.

After extending the original deadline of the 31st March 2016, The submission of Job Plans for the period 2016/17 has now been completed and we are planning to close this job planning round 31.08.16. In order to finalise this round we are now concentrating our efforts on ensuring the remaining 297 unapproved or rejected Job Plans can be signed off by this date.

The numbers submitted and approved by CMG are shown below as of 30.06.15. There has been a considerable improvement into the input and understanding of the process from all the CMGs compared to the previous job planning round, there has been and increased focus on Team Job planning and linking with objectives of the Organisation, Team and Individuals.

	No on ConPlan	Draft on ConPlan in 2016/2017	Submitted (A)	Approved (B)	Rejected(C)	Draft due to Mediation	Draft after feedback	New starters not complete	Total Engaged (A+B+C)	% Engaged	% Approved
CHUGGS	86	0	15	58	12	0	1	0	86	100%	67%
CSI	80	2	13	52	2	0	11	0	78	98%	65%
ESM	109	0	53	41	11	0	4	0	109	100%	38%
ITAPS	129	0	4	107	16	0	2	0	129	100%	83%
MSS	97	0	26	52	2	3	14	0	97	100%	54%
RRCV	76	0	24	34	15	1	2	0	76	100%	45%
W&C	104	0	49	33	21	0	0	1	104	100%	32%
Total	681	2	184	377	79	4	34	2	679	99.70%	55%

As with completed Job Plans last year, there is considerable variation amongst CMGs and services regarding numbers of approved job plans. Strong medical leadership in CMGs and services has been an important factor where all, or almost all, of the Job Plans have been approved.

The target has been achieved by ensuring rigorous monitoring and reporting and ensuring action plans are in place to ensure the target is met or where additional support may be required. Support has been provided to CMG Directors, Heads of Service and individual consultants through the provision of guidance and advice. There is a Job Planning newsletter communication and clear communication that failure to complete a Job Plan will mean service for 2016/17 will not count towards pay progression and applicants for Clinical Excellence Awards must have a Job Plan in place. Sanctions do not apply to consultants in mediation or appeal until such time as resolution is agreed. The final sanction is reference to the Medical Conduct Committee.

The Consistency Panel meets regularly and provides feedback and follow up actions.

3.1.7 Marketing Leicester as a place to work – Website

Following investment agreed by the Executive Workforce Board, a new microsite has been developed which is designed to be a single portal for:

- Marketing Leicester as a place to live and work
- Marketing the benefits and rewards of working for Leicester Hospitals
- Describing possible careers and UHL including apprenticeships
- Marketing all of our vacancies with a specific link to NHS Jobs

For each staff group area, the Unique Selling Points by specialty are outlined and for medics we have described the unique features of the service, the wider team, the education and learning opportunities and current research.

Over time these will be developed into infographs. We also intend to provide an overview of our Trust grade development programme as well as features of care pathways which showcase the many and varied roles that make up a team.

4 EDUCATION AND ENGAGEMENT

Education and engagement form two additional elements of the Medical Workforce Strategy and are reported separately to the Trust Board. Appraisal and revalidation are important measures of our commitment to the medical workforce and currently the medical appraisal rate is 73% and revalidation is 58% with 42% deferred.

5.0 CHALLENGES

5.1 Brexit

It is too early to tell what the impact of this will be. The recent recruitment trip to Greece (4/5th June) was successful – already we have made job offers to an SpR in cardiology and a band 6 radiographer and are due to interview 2 more candidates for FY2 medical posts. The British Council have offered us very reasonable rates for an introduction fee if UHL employs doctors and nurses when they have forwarded CVs. We should pursue this offer for posts that we are struggling to fill through standard NHS job adverts.

If changes mean we are more able to recruit non-EU doctors (particularly from the Indian Subcontinent where training follows a UK based system rather than a more specialised European model), this would be an advantage at specialist level.

6.0 CONCLUSION AND RECOMMENDATIONS

Significant progress continues in the planning and deployment of the medical workforce to ensure improved efficiency and a reduction in gaps. Plans to improve the recruitment, retention and reshaping of the workforce are impacting on vacancy levels although there are external challenges such as Brexit and the implementation of the Junior Doctors Contract where the full impact is not yet known.

The Trust Board is asked to:

- Note the content of this report specifically the considerable progress in closing medical workforce gaps.

Confidential Information

Junior Medical Staff Recruitment at UHL

CMG	Specialty	Vacancies								Vacancy Period	RABG	Advert Live	Closing Date	No. of Applicants	No. Shortlisted	Interview Date	No. Appointed	Start Date
		FY1	Core Level Posts				ST3+ Level											
			FY2	TG FY2	CT1/2	TG CT1/2	ST3+ Level	TG ST3 +	Specialty Doctor									
Trust Recruitment	Medicine									Aug-16		14.03.2016	10.04.2016	23	11	29.04.2016 & 16.05.2016	2	03.08.2016
												16.05.2016	12.06.2016	51	30	28/06/2016	12	
										Aug-16		18.05.2016	15.06.2016	28	7	08.07.2016		
	Surgery									Aug-16		03.03.2016	03.04.2016	20	14	28.04.2016	4 (2 withdrawn)	TBC
																		TBC
										Aug-16		16.05.16	12.06.16	14	7	11.07/2016		TBC
	Obs and Gynae											22.06.2016	06.07.2016					
												22.06.2016	06.07.2016					
										Aug-16		29.03.2016	26.04.2016	14	4	Waiting on interview date		
	Paediatrics								Aug-16		29.03.2016	26.04.2016	15	11	12.07.2016			
	General Medicine - broadening foundation advert									Aug-16		08.04.2016	08.05.2016	81	26	08.06.2016	5 (2 withdrawn)	
										Aug-16		10.06.2016	26.06.2016	59	awaiting shortlist			
ITAPS	Anaesthetics							Various	Aug-16		07.04.2016	05.05.2016	11	10	08.06.2016	3		
								Various	Aug-16		27.05.2016	30.06.2016	5	TBC				
								2	Aug-16		12.05.2016	10.06.2016	16	5	22.06.2016	1	TBC	
								2	Aug-16		12.05.2016	10.06.2016	3	1	TBC			
								2	Aug-16		12.05.2016	10.06.2016	9	3	22.06.2016	1	TBC	
								1	Aug-16		12.05.2016	10.06.2016	17	In Progress				
								1	Aug-16		18.06.16	17.07.16						

RABG Key	Vacancy identified, but no recruitment plans in place
	Recruitment Plans in place
	Appointments made, pre-employment in progress
	Vacancy filled and start date agreed
	Service confirmed do not advertise

												12.04.2016	10.05.2016	8	4	21.06.2016	1	TBC
	Oncology				1				Aug 15 - Aug 16									
						1			Jan 16 - Aug 16		25.01.2016	22.02.2016	3	2	04.03.2016	1	TBC	
						4			Feb 16 - Aug 16		21.04.2016	05.05.2016	4	1	10.06.2016			
									rolling advert		20.05.16	17.06.16	7	3	29.06.2016	1	TBC	
	Urology				1				April 2016 - Aug 2016									
		1							April 2016 - Aug 2016									
						1			April 2016 - Aug 2016		28.04.2016	12.05.2016	3	1	31.05.2016			
General Surgery	1							Apr 2016 - Aug 2016										
Breast Surgery					1			Apr - Aug 16										
CSI	Radiology						1		New post		01.12.2015	29.12.2015	6	4	05.02.2016	1	TBC	
ESM	GP with Special Interest in ED							various hours	Apr onwards									
											25.04.2016	15.05.2016	9	6	27.05.2016	5 (+ 1 still to be interviewed)		
	GP with Special Interest in ED							3			02.06.2016	16.06.2016	0					
	ED				1					April - Aug 2016		16.03.2016	30.03.2016	11	10	07.04.2016, 24.04.2016, 10.05.2016, 02.06.2016	4	16/06/2016 TBC TBC TBC
						4				Feb 2016 - Jul 2016		15.03.2016	29.03.2016	4	2	07.04.2016, 24.04.2016, 10.05.2016		TBC
					10							18.05.2016	15.06.2016	48	16	27.06.2016		
	CESR (AMU)						2				18.05.2016	15.06.2016	8	In Progress				
	Dermatology						1				02.06.2016	30.06.2016						
	Infectious Diseases						1		Aug 2015 - Aug 2016									TBC
	Ophthalmology						2		Feb 2016 - Feb 2017		30.11.2015	28.12.2015	18	7	19.01.2016	2	03.08.2016 TBC	
							1		Aug 16 - Aug 17		19.02.2016	18.03.2016	36	7	29.04.2016	1	TBC	
							1			Aug 2016 - Aug 2017		19.02.2016	18.03.2016	9	8	22.04.2016	1	TBC
							1			Aug 2016 - Aug 2017		07.04.2016	06.05.2016	17	7	27.05.2016	1	TBC
							1			Aug 2016 - Aug 2017		07.04.2016	06.05.2016	16	5	24.06.16	1	TBC
							1			Jan 16 - Jan 17		19.02.2016	18.03.2016	21	6	22.04.2016	1	Aug-16
							1			Aug/Sep16		02.06.16	19.06.16	5	TBC	w/c 04.07.16 ?TBC		
	Oral and Maxillofacial Surgery							2		current		29.04.16	20.05.16	9	5	16.06.2016	1	TBC
								2	permanent		27.04.16	19.05.16	8	7	16.06.2016	1	TBC	

CMG	Specialty	remaining Fy post to fill			remaining CT to fill			Remaining ST to fill			Notes - recruitment plans
		FY2	recruited		CT	recruited		ST3	recruited		
ITAPS	Anaesthetics							8	3	5	recruitment in progress
CHUGGS	Urology				1						Generic surgery recruitment in progress - interviews x7 - 11.07
	Gastro	1									Medicine recruitment
	Haematology							2		2	recruitment in progress
	Oncology							1	1	0	
	General Surgery	2									Generic surgery recruitment in progress - interviews x7 - 11.07
ESM	ED				10	10	0				
	AMU	1	1		2	2	0				Filed from ED recruitment
	ID				2	2	0	2	0	2	
	D&E				2	2	0				further 59 applications to be shortlisted for Core Level. Interviews 07.07 for SPR in medicine
	Neuro				2	2	0				
	Stroke				2.5	1	1.5				
MFE				11	0	11					
MSK & SS	Ophthalmology	1			2						Generic surgery recruitment in progress - interviews x7 - 11.07
	Orthopaedics				7	8	0				
	ENT							1	0	1	Recruitment in progress
	Plastic Surgery				1						Generic surgery recruitment in progress - interviews x7 - 11.07
RRC	CDU				0.4						
	Cardiology				4			1	0	1	further 59 applications to be shortlisted for Core Level. Rolling advert for Respiratory SPR
	Respiratory				3.4			1	0	1	
	Renal (BF)	1									
W&C	Transplant							1	0	1	Recruitment in progress
	Paediatrics	3									Recruitment in progress
	Neonates				2						Recruitment in progress
	O&G				1			8	0	8	Recruitment in progress
Medicine Recruitment					18						
Surgery Recruitment					9						
Total No. of Vacancies	9	1	8	53.3	54	12.5	25	4	21		

Appendix Two Reduction In Non Contracted Paybill for ITAPS

ITAPS

All Medical	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Substantive	1,797	1,829	1,626	1,731	2,191	1,967	1,918	1,951	1,870	1,911	2,086	1,990	2,035	1,940	2,008
Agency	31	82	74	41	45	51	24	15	29	0	-6	0	13	-1	15
WLI	133	108	182	89	190	150	155	74	135	131	63	149	137	154	131
Locum Pay	166	181	152	134	198	149	102	58	69	67	48	73	67	85	91
Overtime	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0
Total Actual	2,127	2,200	2,034	1,995	2,625	2,317	2,199	2,098	2,102	2,108	2,191	2,212	2,251	2,178	2,245
Total Non contracted	330	371	408	264	434	349	281	147	232	197	105	222	217	239	237
<i>%age non contracted</i>	<i>15.5%</i>	<i>16.9%</i>	<i>20.1%</i>	<i>13.2%</i>	<i>16.5%</i>	<i>15.1%</i>	<i>12.8%</i>	<i>7.0%</i>	<i>11.1%</i>	<i>9.4%</i>	<i>4.8%</i>	<i>10.0%</i>	<i>9.6%</i>	<i>11.0%</i>	<i>10.5%</i>

Appendix 3 Consultant Vacancy Position

Consultant Vacancies - June 16

Alliance Elective Care

			Jun-16		
			Budgeted Establishment	Contracte d Staff in Post	Vacancy
			WTEs	WTEs	WTEs
Alliance Management	V30	Endoscopy Business Case	1.6	0.0	1.6
Alliance Management	V31	Dermatology Business Case	1.0	0.0	1.0
Alliance Management	V32	Urology Business Case	0.2	0.0	0.2
Alliance Management	V99	Alliance Management	0.4	0.0	0.4
			3.1	0.0	3.1

C.H.U.G.G.S

Bowel Cancer Screening	W07	Bowel Cancer Screening Prog	0.2	0.0	0.2
Endoscopy & Gastro	N70	Gastroentrolgy Medical Staff	13.3	11.9	1.4
General Surgery	W61	General Surg Med Staff - Lri	13.0	13.0	0.0
General Surgery	W67	General Surg Med Staff - Lgh	13.1	14.0	-0.9
Haematology	B29	Haem Medical Staff	10.8	11.0	-0.2
Haematology	B30	Haem Academic	0.5	0.5	0.0
Oncology	B09	Onc Medical Staff	13.1	15.7	-2.6
Oncology	B10	Onc Academic	1.0	0.0	1.0
Oncology	B41	Palliative Care	6.4	7.0	-0.6
Urology	S71	Urology - Medical Staff	10.3	10.5	-0.2
			81.7	83.6	-1.9

Clinical Support & Imaging

Csi Management	E01	Csi Cmg Management	-6.4	0.0	-6.4
Medical Staff	M04	Medical Staff - Imaging	60.0	47.8	12.2
Pathology Reporting	R16	Chemistry Reporting	7.6	4.3	3.3
Pathology Reporting	R29	Cellular Pathology Reporting	18.3	19.7	-1.4
Pathology Reporting	R31	Cellular Pathology Et	0.0	1.0	-1.0
Pathology Reporting	R35	Immunology Reporting	2.0	2.0	0.0
Pathology Reporting	R38	Microbiology Reporting	6.7	5.7	1.0
Pathology Reporting	R56	Haematology Reporting	1.6	1.0	0.6
			89.9	81.5	8.3

Corporate Medical

Education Director	H22	Sas Non - Training Grade Study	-0.9	0.0	-0.9
Medical Director	H01	Medical Director	2.7	0.4	2.4
			1.8	0.4	1.5

Emergency Medicine

Acute Medicine	N76	Acute Medicine Medical Staff	12.6	9.4	3.2
Acute Medicine	N15	Admissions Unit (15/16) Lri	0.0	1.0	-1.0
Emergency Medicine	N42	Emergency Medical Staff	22.3	17.8	4.5
			34.9	28.2	6.7

Human Resources

Uhl Occupational Health	K03	Occupatnl Hlth Lgh - Use K20	1.0	0.0	1.0
Uhl Occupational Health	K18	Occupational Health Lri	2.0	4.0	-2.0
Uhl Occupational Health	K20	Occupational Health Ggh	1.2	0.2	1.0
			4.2	4.2	0.0

I.T.A.P.S

Critical Care	A09	Nhsbt Organ Donation Scheme	0.2	0.0	0.2
Theatres & Anaesthetics	A04	Anaesthetic Medical Staff Lri	49.3	55.0	-5.7
Theatres & Anaesthetics	A05	Anaesthetic Medical Staff Lgh	40.6	35.2	5.4
Theatres & Anaesthetics	A06	Anaesthetic Medical Staff Ggh	27.5	27.4	0.1
			117.6	117.6	0.0

Musculo & Specialist Surgery

Breast Surgery	W77	Breast Medical Staff - Ggh	7.0	7.0	0.0
Ent	W11	Ent Medical Staff	11.0	8.9	2.1
Maxillofacial Surgery	W21	Maxillofacial Medical Staff	4.0	4.0	0.0
Ophthalmology	W51	Ophthalmology Medical Staff	20.7	17.7	2.9
Orthodontics Surgery	W31	Orthodontic Medical Staff	3.8	3.0	0.8
Plastic Surgery	W36	Plastic Surgery Medical Staff	5.9	5.9	0.0
Uhl Sports Medicine	Y31	Sports Medicine	2.8	2.3	0.5
Uhl Trauma	Y40	Lri Orthopaedic Medical Staff	35.4	35.6	-0.2
			90.6	84.5	6.0
Operations					
Overheads	B62	Cancer Centre Mdt & Data	0.4	0.0	0.4
			0.4	0.0	0.4
Renal, Respiratory & Cardiac					
Nephrology	S01	Nephrology - Medical Staff	11.1	10.9	0.2
Renal Transplantation	S61	Transplant Medical Staff	4.0	4.0	0.0
Uhl Cardiac Surgery	C64	Cardiac Surgery Medical Staff	7.3	5.0	2.3
Uhl Cardiology	C67	Cardiology Medical Staffing	21.3	17.7	3.5
Uhl Respiratory Medicine	C65	Respiratory Med-Medical Staff	20.3	16.9	3.4
Uhl Thoracic Surgery	C66	Thoracic Surgery Medical Staff	4.0	4.0	0.0
Vascular Surgery	W41	Vascular Surgery Medical Staff	6.7	7.5	-0.9
			74.6	65.9	8.6
Research & Development					
Diabetes Research	O25	Msc Diabetes	0.1	0.0	0.1
Diabetes Research	T60	Sem Diabetes Research Network	0.1	0.0	0.1
Em Crn	U89	Crn Em - Management Team	0.5	0.5	0.0
Em Crn	U96	Crn Em - Host Services	0.1	0.0	0.1
Uhl R&D Office	T68	Director (Lgh)	0.4	0.0	0.4
			1.1	0.5	0.6
Specialty Medicine					
Dermatology	N73	Dermatology Medical Staff	7.0	7.0	0.0
Diabetes & Endocrinology	N37	Endocrinology Admin & Nursing	2.7	2.0	0.7
Diabetes & Endocrinology	N78	Metabolic Med Medical Staff	9.9	9.5	0.4
Diabetes & Endocrinology	N92	Ward 37 Lri	0.0	1.0	-1.0
Esm Cmg Management	N49	Esm Cmg Management	0.9	0.0	0.9
General Medicine	N01	Additn'L Shifts-Emrgncy Target	2.4	0.0	2.4
General Medicine	Q27	Transformation - Opat	0.5	0.0	0.5
Geriatric Medicine	N74	Care Of Older People - Med Sta	15.6	13.7	1.9
Infectious Diseases	N71	Infectious Diseases Med Staff	5.5	5.0	0.5
Neurology	N72	Neurology Medical Staff	11.2	10.0	1.2
Stroke Medicine	N50	Stroke Tia Clinic	0.2	0.0	0.2
Stroke Medicine	N75	Stroke Medical Staff	8.8	8.5	0.3
Uhl Rheumatology	Y08	Rheumatology Medical Staff	8.3	9.2	-0.9
			72.9	65.9	7.0
Womens & Childrens					
Clinical Genetics	X25	Clinical Genetics Med Staff	4.7	3.8	0.9
Emchc	C49	Pead Intensive Care Med Staff	10.0	10.0	0.0
Emchc	C62	Ecmo	1.0	1.0	0.0
Emchc	C63	Paediatric Cardiac Surg Med St	3.0	3.0	0.0
Emchc	C69	Paediatric Cardiology Med Staf	9.6	6.8	2.8
Emchc	D32	Emchc Expansion	1.0	0.0	1.0
Gynaecology	X54	Gynaecology Med Staff	14.8	9.5	5.3
Gynaecology	X74	Gynaecology Oncology	0.5	0.0	0.5
Neonatology	X11	Nnu Medical Staff	8.0	7.0	1.0
Neonatology	X15	Nic Transport	2.6	1.0	1.6
Neonatology	X73	Neonatal Expansion Cip	2.0	0.0	2.0
Obstetrics	X38	Obs & Gynae Medical Staff	25.8	28.5	-2.7

Obstetrics	X72	Fetal Medicine	1.0	0.0	1.0
Paed Surgery & Intensive Car	D43	Medical Staff- Surgical Proces	9.1	9.0	0.1
Paediatric Specialties	D09	Mret Ltv Service	0.4	0.0	0.4
Paediatric Specialties	D18	Medical Staff - Childrens	22.9	25.9	-3.0
Paediatric Specialties	D19	Med Staff- Acad	2.2	1.0	1.2
Paediatric Specialties	D20	Ciliary Biopsy Diagnostics	0.6	0.0	0.6
Paediatric Specialties	D21	Pcd Management	1.0	0.0	1.0
Paediatric Specialties	D90	Paeds Allergy & Immunology	0.4	0.0	0.4
			120.5	106.5	14.0
TOTAL			693.2	638.7	54.5