

Meeting title:	Trust Board Trust Leadership Team People and Culture Committee	Public Trust Board paper M
Date of the meeting:	Trust Board (14.09.23) TLT (22.08.23) PCC (27.07.23)	
Title:	Junior Doctors Contract Guardian of Safe Working Report	
Report presented by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Raunak Singh, Guardian of Safe Working and Consultant in Medicine	
Report written by:	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Vidya Patel, Medical Human Resources Manager	

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	As list above					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Not applicable.

Impact assessment
Not applicable.

Acronyms used:
ISC – Immediate Safety Concern

Purpose of the Report

This report has been presented for discussion at the People and Culture Committee (PCC) and at the Trust Leadership Team, prior to submission to the Trust Board. At Trust Board this report is for noting without the need for discussion.

Recommendation

Trust Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.

Summary

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working is required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust

Grade Doctors) are encouraged to raise exception reports; therefore the figures provided in this report include both Trainees and Trust Grade doctors.

From 1st March to 31st May 2023, 115 exceptions reports have been recorded, which is a decrease of 36 from the previous quarter. In addition to this figure, 1 exception report was submitted by one doctor working as a FY2 Doctor in GP Practice, but contracted and employed by UHL as a Lead Employer.

Main report detail

1. Introduction

- 1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board with the following information:
- Management of Exception Reporting
 - Work pattern penalties
 - Data on junior doctor rota gaps
 - Details of unresolved serious issues which have been escalated by the GSW
- 1.2 The report is shared with the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Management of Exception Reporting

- 2.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.
- 2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education. Therefore, this report includes exceptions raised by Junior Doctors in Training and Trust Grade Doctors.
- 2.3 This report will also refer to exception reports raised by F2 doctors working in GP Practice as they are contracted and employed by UHL (GP Practices do not have a mechanism to manage exception reporting).

3. Guardian of Safe Working at UHL

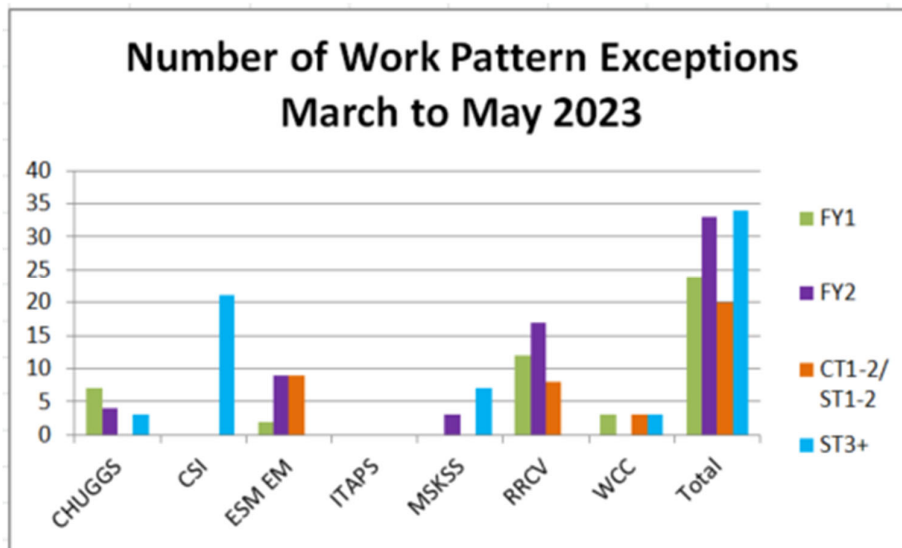
3.1 High Level Data

Established Number of Doctors in Training	971
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	3 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25 per trainee, up to a maximum of 1 PA

4. Number of Exceptions Recorded in this Quarter

- 4.1 From 1st March to 31st May 2023, a total of 115 Exception Reports have been recorded, 111 of which related to Hours, Working Pattern and Service Support, of which 10 were Immediate Safety Concerns (ISCs). There were 4 Education exceptions during this period, which represents an increase of 3 since the previous quarter.
- 4.2 In addition to the above figure, there was 1 exception submitted by one F2 Doctor working in GP Practice (contracted and employed by UHL). The graphs below represent exceptions submitted by doctors working on-site at UHL and do not therefore include this exception.
- 4.3 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in the last quarter only.

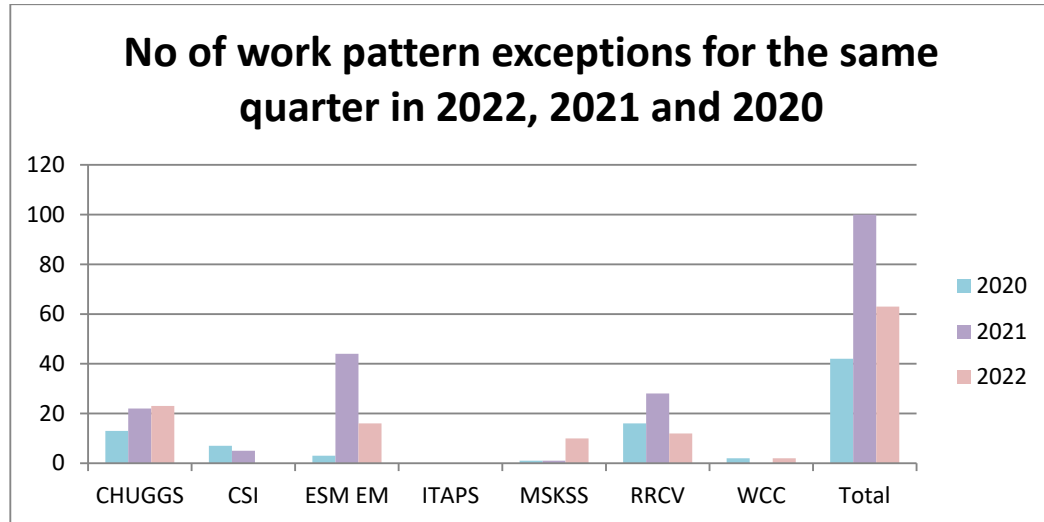
Graph 1



- 4.3.1 In this quarter, we continued to receive exception reports from senior trainees in Imaging due to doctors not being able to take adequate breaks during night shifts. Following feedback from trainees and the high number of exception reports recorded, the Clinical Director for CSI chaired a regular meeting to find a solution. The meetings were attended by trainee representatives, imaging consultants and management, the Guardians of Safe Working and Medical HR. A number of options were explored to support doctors to be able to take adequate breaks; this included various adjustments to the rota template; fostering a supportive culture to take breaks; consultants providing cover; and outsourcing. The trainees' view was that the only viable short and long term option was to outsource imaging to a private company. With effect from 7th June 2023, an outsourcing company has been in place to allow doctors to take adequate breaks.

4.4 Graph 2 shows the number of exception reports for the same quarter in 2022, 2021 and 2020.

Graph 2



4.4.1 With the exception of the increased number of exceptions in Imaging, the number of exceptions received in this quarter is comparable to the same period in previous years.

5. Trajectory of exceptions by grade since the introduction of exception reporting

5.1 Table 1 shows the number of exceptions submitted by grade and year since the exception reporting process was introduced in December 2016.

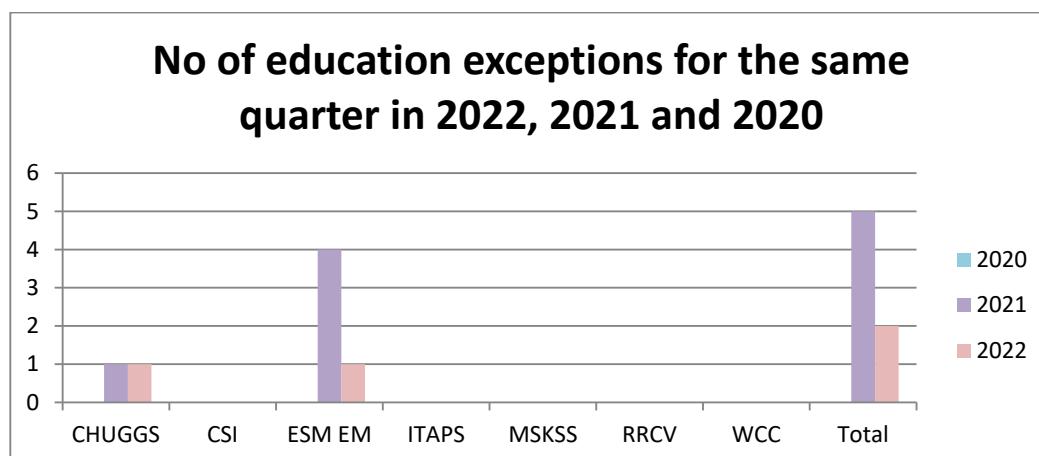
Table 1

Grade	2016 Dec 2016 only	2017	2018	2019	2020	2021	2022	2023 01.01.23 to 30.06.23
FY1	15	175	367	257	263	335	279	68
FY2	0	72*	294*	235*	77	121	165	61
ST1-2	0				78	53	153	36
CT1-2	0	69**	56**	20	34	50	48	59
ST3+	0			19	30	29	18	1
ST6+	0							
TOTAL	15	316	717	531	482	588	663	225

*indicates number of exceptions shown as 'Junior Trainee' under 'Tier' as no 'Grade' entered.
**indicates number of exceptions shown as 'Senior Trainee' under 'Tier' as no 'Grade' entered.

4.5 In this quarter, 4 Education exception reports were submitted. Graph 3 shows the number of education exception reports for the same quarter in 2022, 2021 and 2020, for comparison.

Graph 3



4.7 There were 10 exception reports raised as Immediate Safety Concerns (ISCs). A summary of the ISCs raised, and Service responses, is provided below.

Table 2 Immediate Safety Concerns

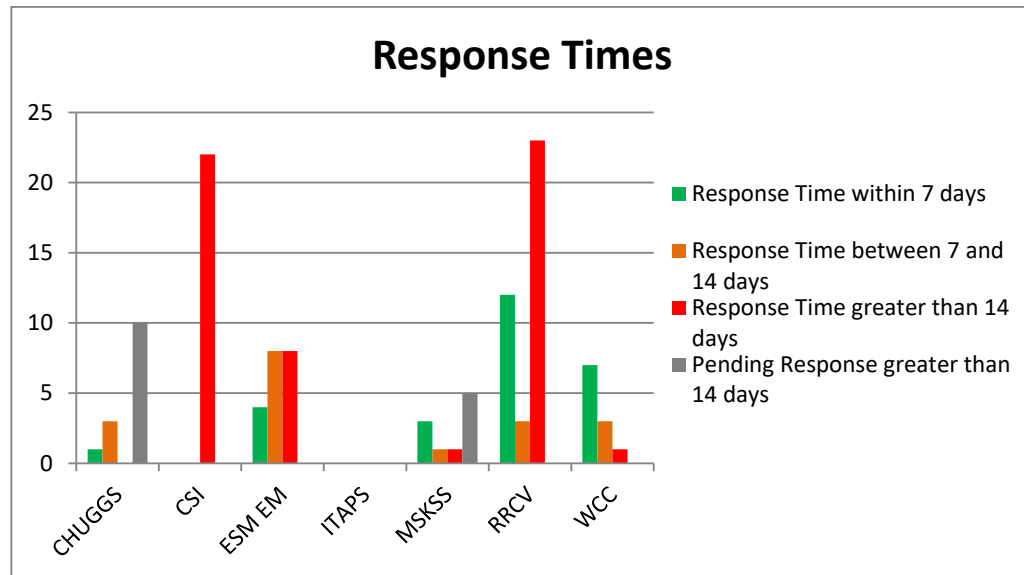
Grade, Specialty Date Occurred & Submitted	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY2 Medicine Occurred 17/04/23 Submitted 19/04/23	Providing evening cover to top floor and medical outliers. Due to a gap in cover was also required to cover the gastro ward. The registrar was also aware and covering gastro as well, however, a patient became unwell and was not seen a timely manner resulting in the patient deteriorating.	This exception was escalated to the Clinical Director, who has reviewed the rota templates from August 2023, providing additional ward cover.
ST4 Imaging Occurred -5 exceptions received for the period 27/03/23 – 1/04/23 Submitted 01/04/2023	Unable to take a break during the night shift (9pm - 930am), as breaks are not protected.	Please refer to paragraph 4.3.1 above.
ST4 Imaging Occurred 30/03/2023 Submitted 01/04/2023	Had to work the night shift alone with no twilight registrar for help.	Unfortunately there was a gap in the rota due to the twilight doctor calling in sick at the last minute. Locum cover was sought, however as it was during the exam period, the service could not find cover.
ST5 Imaging Occurred-2 15/04/2023 & 16/04/23 Submitted 17/04/2023	No contractual break taken, rushed and delayed reports due to no twilight person and double the workload for 1 person. Fatigued decision making with no rest. Constant interruptions	These exceptions reports relate to weekend nights, when there is no twilight covered rostered. This will be reviewed with the Service to ask if twilight cover is required at the weekend.

<p>ST5 Haematology Occurred 03/04/2023 Submitted 07/04/2023</p>	<p>Left late on bank holiday as a busy shift and then returned back on site during the night for patient with acute leukaemia. Remained on site for almost 8 hours.</p>	<p>Due to a number of exceptions received, a suggestion was made to convert weekend on-call duties to a shift pattern. This option and the exceptions received were discussed with the trainees and consultants and the feedback was that issues arise due to non-urgent calls disturbing rest overnight and how this needs to be addressed as opposed to any changes in the rota. We will continue to monitor the exception reports received.</p>
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5. Outcome of the Exception Reports in this Quarter

- 5.1 For the majority of the Exception Reports, time off in lieu (TOIL) is allocated. In the last quarter, out of the 111 work related exceptions received, TOIL has been allocated for 48 exceptions. 48 exceptions did not require any further action. There were 14 instances where exceptions raised resulted in payment being made for extra hours worked. There are 18 exceptions still open and requiring a response in CHUGGS (10 pending), CSI (2 pending), and MSKSS (6 pending). Action to provide responses is being sought through the CMG via Workforce meetings and JDAs.
- 5.2 One exception was raised by an F2 in GP Practice, the doctor was allocated TOIL and this exception is closed.
- 5.3 Junior Doctors are required to raise Exception Reports within 14 days (7 days if payment is being requested) of the issue occurring. CMGs are required to provide a response to exceptions submitted within 7 calendar days, which has proven to be challenging, particularly over holiday periods/doctors' off-duty days. The response time for exceptions in the last quarter is detailed in Graph 4 below.
- 5.3 Exceptions shown as 'Pending Response greater than 7 days' indicate where the services are in the process of obtaining further information (often from the doctor who has submitted the exception). In order to improve the response times, Medical HR has been sending regular reminders to close any open exception reports. From January 2023, to further improve response times, Medical HR are building exception reporting into monthly catch up meeting with JDAs.

Graph 4 Response Times



5.4 Table 3 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

6. Work Schedule Changes

6.1 In preparation for August 2023 changeover, Medical HR have been working with a number of services to review, draft, undertake consultation, and agree, rota template changes. This was in response to feedback from trainees, and to accommodate an increase in training numbers (Foundation expansion and redistribution of NTN numbers).

6.2 In total, 41 rota template changes were agreed for August implementation. Details of the specific changes can be found in Appendix 2.

7. Penalty Payments

7.1 Following review of potential breaches of the contract with the Guardian of Safe Working, 6 penalty payments have been applied (2 in Medicine, 2 for Ophthalmology, 1 in Urology and 1 for Haematology).

7.2 There have been no disbursements from the Guardian's account to date.

8. Actions from previous report

8.1 One of the actions from the previous report was to provide data on the number of exceptions raised by grade since the introduction of the contract; this has now been provided in section 5 above.

8.2 The second action was to break down the number of exceptions received from LED doctors separately. Unfortunately, at present the software package used does not allow for a differential, therefore we are in contact with the software provider to request a change to the package.

9. Conclusion

9.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time.

9.2 The next report for the period June to August 2023 will be presented to:

- Trust Leadership Team on 26th September 2023
- People and Culture Committee on 28th September 2023
- Trust Board on 12th October 2023

Supporting documentation

No supporting documentation is required

Appendix 1

Table 2 Reasons for ER over last quarter by specialty & grade

Reasons for ER over last quarter by specialty & grade							
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding	
Immediate patient safety issues	Cardiology	FY1	1	0	0	1	
	General medicine	FY2	0	1	1	0	
	General medicine	ST6	2	0	0	2	
	General surgery	Foundation house officer 1	4	0	0	4	
	General surgery	FY1	3	0	0	3	
	General surgery	FY2	1	0	0	1	
	Haematology	ST5	0	1	0	1	
	Medical oncology	ST5	1	0	0	1	
	Nephrology	Foundation house officer 1	1	0	0	1	
	Plastic surgery	CT2	1	0	0	1	
	Radiology	Specialty registrar 4	0	6	0	6	
	Radiology	ST5	2	2	0	4	
	Respiratory Medicine	FY2	1	0	0	1	
	Surgical specialties	Foundation house officer 1	7	0	0	7	
	Surgical specialties	FY1	1	0	0	1	
	Surgical specialties	FY1 (2016)	2	0	0	2	
	Urology	Foundation house officer 1	4	0	0	4	
	Unknown specialty	Unknown grade	6	0	0	6	
Total			37	10	1	46	
No. relating to hours/pattern	Accident and emergency	ST2	1	0	0	1	
	Acute Medicine	FY2 *	1	0	0	1	
	Anaesthetics	ST6	1	0	0	1	
	Cardiology	Foundation house officer 1	2	0	0	2	

Unclassified

Cardiology	FY1	8	0	0	8
Cardiology	FY2	6	8	4	10
Cardio-thoracic surgery	Foundation house officer 1	1	0	0	1
Cardio-thoracic surgery	FY2 *	1	0	0	1
Cardio-thoracic surgery	FY2 *	1	0	0	1
Clinical Oncology	Foundation house officer 1	1	2	0	3
Clinical Oncology	Foundation house officer 2	1	0	0	1
Communicable diseases (infectious diseases)	CT1	1	0	1	0
Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
Gastroenterology	CT1	1	0	0	1
Gastroenterology	FY1	3	0	0	3
Gastroenterology	FY2	1	0	0	1
Gastroenterology	FY2	2	0	0	2
General medicine	CT1	8	6	4	10
General medicine	CT2	1	0	0	1
General medicine	Foundation house officer 1	12	1	1	12
General medicine	Foundation house officer 2	2	0	0	2
General medicine	Foundation house officer 2 *	9	0	0	9
General medicine	FY1	15	1	4	12
General medicine	FY1 *	1	0	0	1
General medicine	FY1 (2016) *	1	0	0	1
General medicine	FY1 *	1	0	0	1
General medicine	FY2	26	1	1	26
General medicine	FY2 *	5	6	6	5
General medicine	FY2 (2016)	1	0	0	1
General medicine	FY2 *	1	0	0	1
General medicine	Specialty registrar 3 *	1	0	0	1
General medicine	ST1	4	0	0	4
General medicine	ST1 *	0	1	0	1

General medicine	ST2	1	0	0	1
General medicine	ST3	2	0	0	2
General medicine	ST6	10	0	0	10
General practice	FY2 *	3	1	0	4
General surgery	CT1	4	0	0	4
General surgery	Foundation house officer 1	13	1	2	12
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	14	3	0	17
General surgery	FY2	7	2	0	9
General surgery	FY2 *	8	0	0	8
	Specialty registrar in core training				
General surgery	1	2	0	0	2
Geriatric medicine	CT1	0	2	2	0
Geriatric medicine	FY2	0	1	1	0
Geriatric medicine	FY2 *	3	0	1	2
Geriatric medicine	ST1	3	0	0	3
Haematology	Foundation house officer 1	2	0	0	2
Haematology	FY2	3	1	2	2
Haematology	FY2 *	1	0	0	1
Haematology	ST5	0	3	0	3
Histopathology	FY1	1	0	0	1
Medical microbiology and virology	ST3	4	0	0	4
Medical microbiology and virology	ST3 *	4	0	0	4
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST5	1	0	0	1
Nephrology	Foundation house officer 1	2	2	2	4
Nephrology	FY1	4	5	5	6
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1

Nephrology	ST1	0	3	3	0
Nephrology	ST1 *	0	2	2	0
Obstetrics and gynaecology	Foundation house officer 1	5	2	0	7
Obstetrics and gynaecology	FY2	6	0	0	6
Obstetrics and gynaecology	Specialty registrar 3	1	0	0	1
Obstetrics and gynaecology	ST4	2	0	0	2
Obstetrics and gynaecology	ST7	2	0	1	1
Ophthalmology	Specialist registrar	1	0	1	0
Ophthalmology	Specialty registrar 5	1	0	0	1
Ophthalmology	ST2	2	0	0	2
Ophthalmology	ST3	3	0	0	3
Ophthalmology	ST4	3	0	3	0
Ophthalmology	ST5	0	5	2	3
Ophthalmology	ST6	1	0	0	1
Ophthalmology	ST6	2	0	0	2
Ophthalmology	ST7	2	0	0	2
Ophthalmology	ST7 *	1	0	0	1
Ophthalmology	ST7 *	1	0	0	1
Otolaryngology (ENT)	CT1	6	0	0	6
Otolaryngology (ENT)	FY2 *	2	1	0	3
Otolaryngology (ENT)	Senior registrar *	1	0	0	1
Otolaryngology (ENT)	ST5	2	1	0	3
Otolaryngology (ENT)	ST6 *	0	1	0	1
Paediatric cardiology	Registrar	2	0	0	2
Paediatrics	FY1	1	1	0	2
Paediatrics	ST2	0	3	3	0
Paediatrics	ST3	2	0	0	2
Paediatrics	ST4	0	2	2	0
Paediatrics	ST6	1	0	0	1

Palliative medicine	ST2	1	0	0	0
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Radiology	Specialty registrar 4	0	3	0	3
Radiology	ST3	5	9	0	17
Radiology	ST5	4	7	0	13
Radiotherapy	CT2	4	0	0	4
Renal Medicine	FY1	1	0	0	1
Respiratory Medicine	CT1	1	3	2	2
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	1	1	2
Respiratory Medicine	Foundation house officer 2 *	1	0	0	1
Respiratory Medicine	FY1	7	0	0	7
Respiratory Medicine	FY2	1	6	5	2
Respiratory Medicine	FY2 *	0	1	1	0
Surgical specialties	Foundation house officer 1	9	0	0	9
Surgical specialties	FY1	1	0	0	1
Surgical specialties	FY1	32	4	0	36
Surgical specialties	FY1 *	3	0	0	3
Surgical specialties	FY1 (2016)	4	0	0	4
Thoracic medicine	CT1	1	0	0	1
Thoracic medicine	Foundation house officer 1	1	0	0	1
Trauma & Orthopaedic Surgery	CT1	2	0	0	2
Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0	1
Trauma & Orthopaedic Surgery	FY1	1	0	1	0
Trauma & Orthopaedic Surgery	FY2	3	2	1	4
Trauma & Orthopaedic Surgery	ST1	1	0	0	1
Urology	Foundation house officer 1	20	0	0	20
Urology	Foundation house officer 2	1	0	0	1

	Urology	FY1	12	1	1	12
	Urology	FY2	7	0	5	2
	Urology	ST7	1	0	1	0
	Vascular Surgery	FY1	28	0	0	28
	Vascular Surgery	FY1 *	5	0	0	5
	Unknown specialty	Unknown grade	88	0	0	88
	Total		527	105	71	569
No. relating to educational opportunities	Accident and emergency	ST6	3	0	0	3
	Anaesthetics	ST5	1	0	0	1
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	0	1	0	1
	General medicine	CT2	2	0	0	2
	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	FY2	1	0	0	1
	General practice	FY2	2	0	2	0
	General surgery	CT1	1	0	0	1
	Geriatric medicine	FY1	1	0	0	1
	Haematology	CT2	1	0	0	1
	Haematology	FY1	1	0	0	1
	Nephrology	Foundation house officer 1	1	0	0	1
	Nephrology	FY1	1	0	0	1
	Nephrology	ST3	1	0	0	1
	Obstetrics and gynaecology	FY2	1	0	0	1
	Paediatrics	FY1	1	0	0	1
	Paediatrics	ST1	0	1	0	1
	Paediatrics	ST2	0	1	0	1
	Plastic surgery	Specialty registrar in core training 2	2	0	0	2
	Radiology	Specialty registrar 4	0	1	0	1
	Respiratory Medicine	CT2	1	0	0	1

Unclassified

	Respiratory Medicine	Foundation house officer 1	1	0	0	1
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 *	1	0	0	1
	Thoracic medicine	CT2	1	0	0	1
	Urology	FY1	1	0	0	1
	Total		29	4	2	31
	Cardiology	FY2	1	2	0	3
	General medicine	FY2	0	1	1	0
	General surgery	Foundation house officer 1	2	0	0	2
	General surgery	FY1	5	0	0	5
	Medical oncology	FY2	0	1	1	0
	Obstetrics and gynaecology	ST3	0	1	0	1
	Ophthalmology	ST3	1	0	0	1
	Paediatric cardiology	Registrar	4	0	0	4
	Paediatrics	FY1	1	0	0	1
	Radiology	Specialty registrar 4	0	2	0	2
	Radiology	ST5	1	0	0	1
	Renal Medicine	ST3	1	0	0	1
	Respiratory Medicine	Foundation house officer 1	3	0	0	3
	Respiratory Medicine	FY2	1	0	0	1
	Surgical specialties	Foundation house officer 1	6	0	0	6
	Surgical specialties	FY1 (2016)	2	0	0	2
	Urology	Foundation house officer 1	1	0	0	1
	Vascular Surgery	FY1	1	0	0	1
	Unknown specialty	Unknown grade	5	0	0	5
	Total		35	7	2	40

No. relating to
service
support
available

Appendix 2

Table 4 Work Schedule Changes

CMG	Rota template	Reason for change an changes establishment	Improvement for Doctors	Improvement for Service
W&C	Paediatrics FY1 LRI	Foundation Expansion x 2 posts	Improved ability to take leave, less frequent out of hours cover	Improved daytime cover, reduced frequency of out of hours work
W&C	Paediatrics F2 VTS LRI	Foundation Expansion x 1 post	Improved ability to take leave, less frequent out of hours cover	Increased Friday evening cover
W&C	Paediatrics ST4+ General LRI	Increased out of hours cover following feedback from trainees. NTN numbers are established posts, now fully staffed allowing the rota template to change from a 9 to 12 person rota template.	Improved ability to take breaks during night shifts	Increased weekend long day cover and night shifts from 1 to 2 doctor on duty
W&C	O&G FY1 LRI & LGH	Foundation Expansion x 2 posts		
W&C	O&G F2 GPVTS ST1-2 LRI & LGH	In order to improve training, the LRI and LGH site rota templates have been merged to form a 18 rota template	Equal share of out of hours cover and ability to take leave	
W&C	O & G ST3+	NTN post increase x 1		
W&C	Neonates ST1-3 LRI	NTN post increase x 2. SPA time built into the rota template.	Improved ability to take leave, less frequent out of hours cover	Increased evening weekend cover
W&C	Neonates F2 ST1-3 LGH	SPA time built into the rota template.		
ESM EM	ED Paediatrics ST4+ LRI			
ESM EM	ED Junior Trust Grade LRI	Additional admin/development time built into the rota template		

ESM EM	ED Paediatrics ST4+ LRI	Additional admin/development time built into the rota template		
ESM EM	ED EDU & ED CT & TRUST GRADE LRI	Additional admin/development time built into the rota template		
ESM EM	Medicine FY1 LRI (x 2)	Foundation Expansion x 7 posts	Improved ability to take leave, less frequent out of hours cover	Improved daytime cover
ESM EM	All F2 CT Level Rota templates in Medicine (x 5)	Following feedback from trainees, to reduce out of hours cover frequency, improve ability to take leave, improve consistency between the number of doctors working out of hours. In addition with the increase in beds additional cover is also required.	Improved ability to take leave, less frequent out of hours cover	Improved OOH and daytime cover
ESM EM	Medicine LED LRI	New rota template to improve daytime cover and reduce locum spend		
ESM EM	Medicine AMU IM3 Rota LRI	Following feedback from trainees, an additional off duty day was allocated to trainees post weekend long days		
ESM EM	Medicine Wards IM3 Rota LRI	Following feedback from trainees, an additional off duty day was allocated to trainees post weekend long days		

RRCV	Cardiac Thoracic Vascular F2 CT GH	Foundation expansion of 1 post. Need to increase evening cover.		Increased evening cover from 1 to 2 doctors. Dedicated doctor allocated to Cardiac and Thoracic surgery
RRCV	Thoracic FY1 GH	Changes to work pattern		
RRCV	Respiratory & Cardiology F1 GH	Foundation Expansion x 4 posts	Improved ability to take leave, less frequent out of hours cover	Increased weekend long day cover
MSK SS	Breast Surgery FY1 GH	Foundation Expansion x 1 post		
MSK SS	ENT FY1 LRI	Foundation expansion x 2 posts	F1 trainees to training and provide cover in ENT only to improve training	Additional weekend OOH daytime cover
MSK SS	Plastics FY1 LRI	Foundation expansion x 2 posts	F1 trainees to training and provide cover in plastics only to improve training	Additional weekend OOH daytime cover
MSK SS	Plastics F2 LRI	Foundation expansion x 1 post. No change to the rota template		
MSK SS	ENT Fellows and Rotational TG Rota	Additional posts in ENT x 5 plus existing fellows to provide additional cover.		Increased cover Monday to Thurs to midnight and overnight at Friday to Sunday
MSK SS	Trauma and Orthopaedics F1 LRI	Foundation expansion x 2 posts		
MSK SS	Plastic Surgery ST3+ LRI	NTN Expansion of 1 post	Improved ability to take leave, less frequent out of hours cover	
ITAPS	Anaesthetics ST3+ on-call Rota (inc. PC)	New rota template to accommodate post CCT trainee, training requirements	New	
CHUGGS	Surgery FY1 GH	Foundation Expansion x 1 post		

CHUGGS	Oncology & Haematology FY1 LRI	Foundation Expansion x 1 post	Improved ability to take leave, less frequent out of hours cover	Increased long day cover on Wednesday and Thursday to match the remainder of the week
CHUGGS	Oncology & Haematology F2 Ct LRI	Improve service cover		Built in OAU daytime cover and increased weekend cover
CHUGGS	Urology FY1 LGH	Foundation Expansion x 1 post	Improved ability to take leave, less frequent out of hours cover	
CHUGGS	Urology ST3+ LGH	NTN Expansion of 1 post and expansion of 1 TG.	Improved ability to take leave, less frequent out of hours cover	Following feedback from trainees work pattern changed to rolling on calls rather than fixed days.
CSI	Imaging ST1 LRI, LGH & GH	NTN increase x 2 posts. Slight increase to out of hours cover		
CSI	Imaging ST2 LRI, LGH & GH	Increase to 11 doctors		
CSI	Imaging ST3+ LRI, LGH & GH	Increase to 20 doctors		