

<b>Meeting title:</b>	Trust Leadership Team/People and Culture Committee/ <b>Trust Board</b>
<b>Date of the meeting:</b>	TLT (23.01.24) PCC (25.01.24) <b>Trust Board (8.02.24)</b>
<b>Title:</b>	Junior Doctors Contract Guardian of Safe Working Report
<b>Report presented by:</b>	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Medicine Raunak Singh, Guardian of Safe Working and Consultant in Medicine
<b>Report written by:</b>	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Medicine Vidya Patel, Medical Human Resources Manager

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

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

<b>Impact assessment</b>
Not applicable.

Acronyms used: ISC – Immediate Safety Concern
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### **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.

### **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 1<sup>st</sup> September to 30<sup>th</sup> November 2023, 187 exceptions reports have been recorded, which is significantly higher than recorded in any previous quarters but comparable with the same period in previous years.

## **Main report detail**

### **1. Introduction**

- 1.1 In compliance with the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide the Trust Board with a quarterly report containing information on Exception Reporting Management, Work Pattern Penalties, Rota Gaps, and details of any immediate safety concerns escalated via exception reporting.
- 1.2 The Exception Reporting Management process encourages all junior doctors to raise reports on work pattern or educational issues.
- 1.3 This report is reviewed and discussed at the Trust Leadership Team and People and Culture Committee meetings. This report is also presented to the Trust Board, Local Negotiating Committee, Medical Oversight Group, and the Trust Junior Doctors Forum for their review and oversight.

### **2. Management of Exception Reporting**

- 2.1 In line with the Trust procedure for Exception Reporting, all doctors employed on the 2016 contract 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.

### 3. Guardian of Safe Working at UHL

#### 3.1 High Level Data

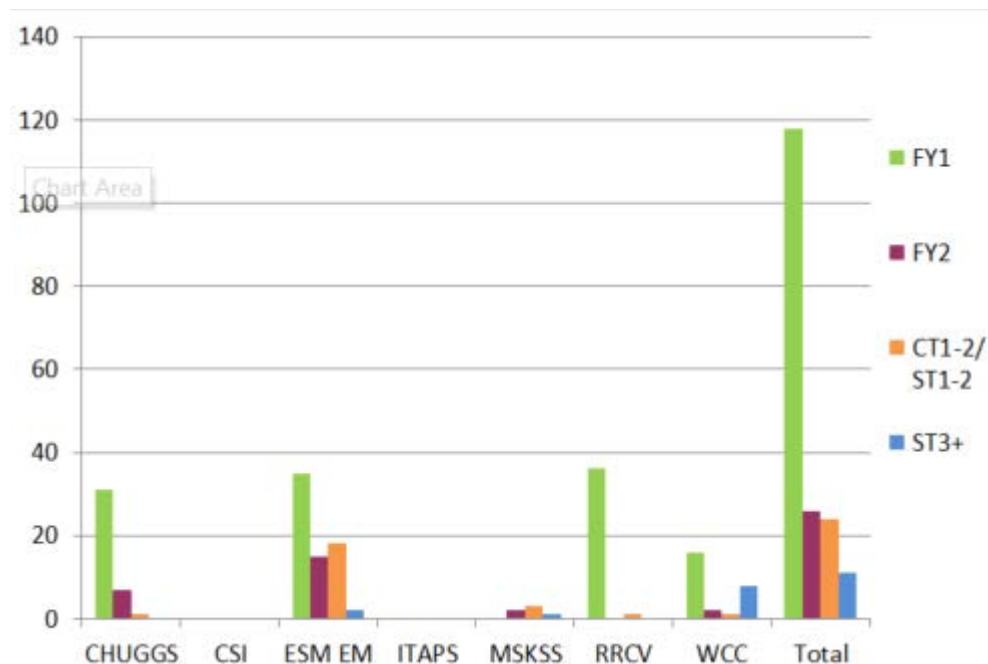
Established Number of Doctors in Training	971
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	3 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25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

### 4. Number of Exceptions Recorded in this Quarter

4.1 From 1<sup>st</sup> September to 30<sup>th</sup> November 2023, a total of 187 Exception Reports have been recorded, 179 of which related to Hours and Working Pattern, and 8 of which related to Education.

4.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in this quarter only. The number of exception reports is higher than previous quarters; however the total number is comparable to the same quarter in previous years. This is the highest number of exception reports recorded in Obs and Gynae, however, it is also worth noting that a representative from Obs and Gynae attending the Trust JD Forum advised that they felt well supported by the consultant colleagues.

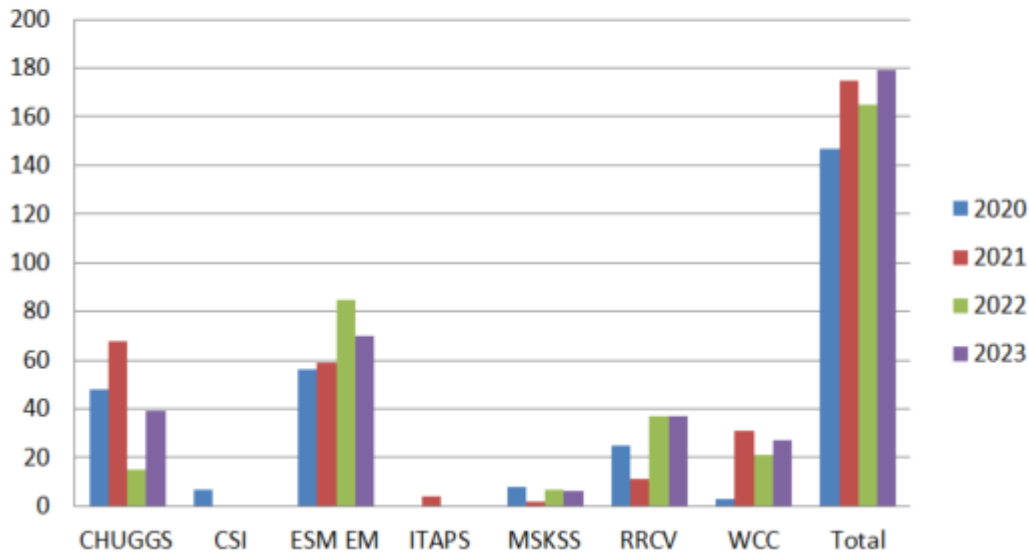
**Graph 1**



4.3 For comparison, Graph 2 shows the number of exception reports for the same quarter in 2023, 2022, 2021 and 2020.

**Graph 2**

**No. of work pattern exceptions for the same quarter in 2023, 2022, 2021 & 2020**

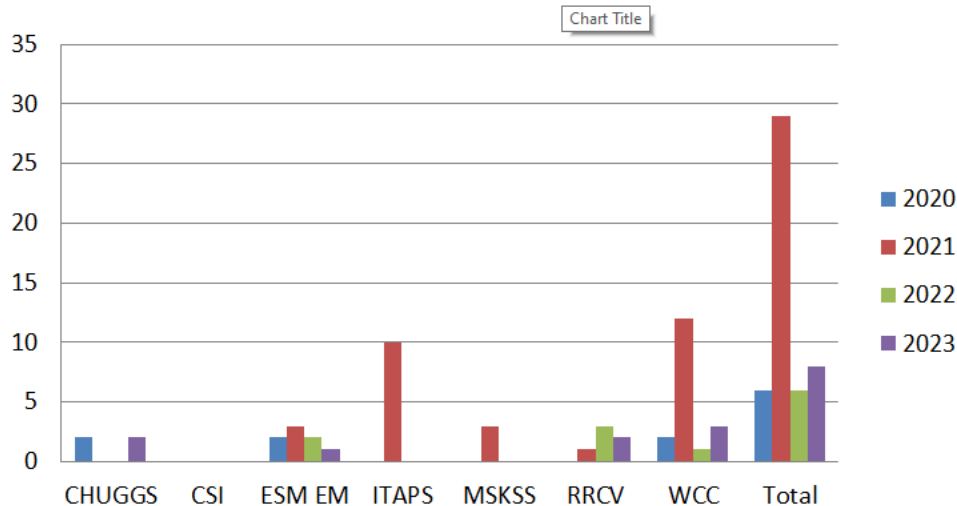


4.3.1 The number of exception reports for the same quarter in 2023 is slightly higher but still comparable with the number of exceptions in the same quarter in previous years.

4.4 In this quarter, 8 Education exception reports were submitted. Graph 3 shows the number of education exception reports for the same quarter in 2022, 2021 and 2020.

**Graph 3**

**No. of education exceptions for the same quarter in 2023, 2022, 2021 & 2020**



4.4.1 The number of exception reports in the same quarter is comparable to 2020 and 2022.

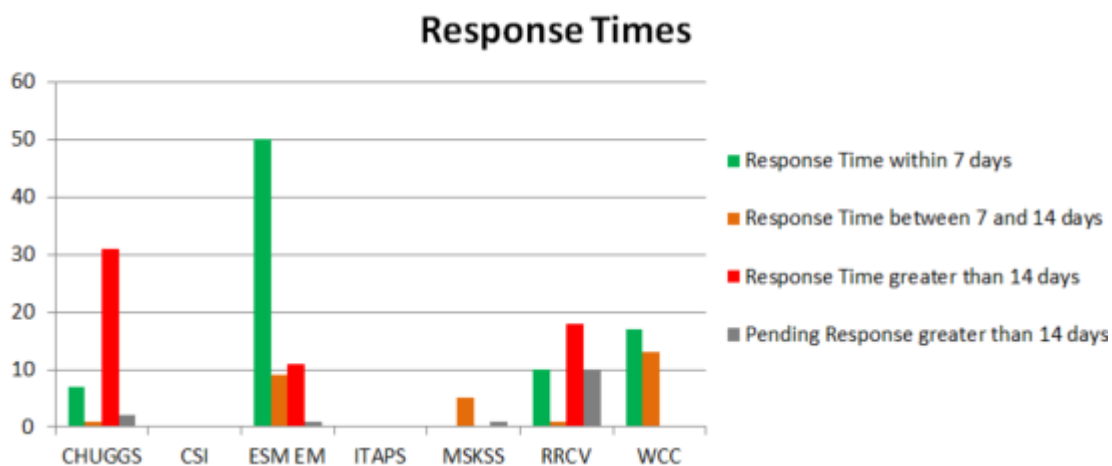
4.5 There were 13 exception reports raised as Immediate Safety Concerns (ISCs). A summary of the ISCs raised, and Service responses, is provided below in Table 1 (Appendix 1). Due to the number of exception reports raised in Surgery the Guardians had planned to meet with the doctors in post for a discussion, however, there are already ongoing meeting with the Service, junior doctors and Medical Education due to concerns raised on the Staff Survey therefore the Guardians will link in with the Director of Medical Education rather than to organise a separate meeting.

**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, TOIL has been allocated for 87 exceptions. 26 exceptions did not require any further action. There were 55 instances (31 in CHUGGS) where exceptions raised resulted in payment being made for extra hours worked. This is a significant increase on the number of exceptions where payment has been made previously. There are 14 exceptions still open and requiring a response. These are in RRCV (10), CHUGGS (2), ESM (1) and MSKSS (1).

- 5.2 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. To further improve response times, Medical HR is building exception reporting into monthly catch up meeting with JDAs.

#### Graph 4 Response Times



- 5.4 Table 2 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

## 6. Penalty Payments

- 6.1 Following review of potential breaches of the contract with the Guardian of Safe Working, 5 penalty payments have been applied (3 in Medicine, 1 in Vascular and 1 in Paediatrics). In addition, following revised guidance from NHS Employers, a review of the Radiology breaks exception reports will be re-assessed and penalty payments back dated as appropriate.
- 6.2 There have been no disbursements from the Guardian's account to date.

## 7. Conclusion

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

**Supporting documentation** No supporting documentation is required

## Appendix 1

**Table 1 Immediate Safety Concerns**

Grade, Specialty Date Occurred & Submitted	Summary of Concern Raised by the Doctor	Summary of Response from Service	Guardian of Safe Working Review
<b>CT1 Medicine</b> Occurred & Submitted 09/11/23	Was required to work an additional 30 minutes extra as there was a suspected case of MDS and Covid positive on reviewing blood report at 05:05 PM (low platelet). Following advice from Haematology consent form was filled in and prescribed the platelets.	Thank you for the exception report, this has been reviewed by the service and TOIL allocated.	The actions taken by the doctor meant that this did not result in an immediate safety concern.
<b>FY1 Medicine</b> Occurred & Submitted 29/10/23	Additional 1 hour worked due to clocks going back.	This was discussed at the workforce meeting, doctors were encouraged to exception report the additional hour worked and TOIL allocated.	This is unavoidable and not considered to be an immediate safety concern.
<b>FY2 Medicine</b> Occurred 12/10/23 Submitted 17/10/23	<p>Extremely busy day on the ward, all 3 doctors leaving at 7pm.</p> <p>Phlebotomists did not collect bloods required for patient care decisions. This responsibility fell to the doctors managing a number of high acuity patients and 2 inpatient falls.</p> <p>Escalated the bloods to management unfortunately they were unable to support.</p> <p>Raising as a safety concern because this led to delays in patient care, decisions being made and ultimately patient flow.</p>	This exception report was reviewed by the Clinical Director who agreed that it was busy on this day with some unwell patients, but advised that there was at least three juniors on the ward which works out as approximately 9 patients per doctor. This is above national recommendations and should be sufficient to deal with the level of acuity described. It is unfortunate that phlebotomy did not collect the bloods, when they should have been available to do one. The Service is reviewing and working with CSI to improve phlebotomy cover. The Clinical Director advised that this is not deemed to be an immediately safety concern. In addition TOIL was allocated for the additional hours worked.	<p>The Guardians are in agreement with the Clinical Director and are happy with the response provided.</p> <p>Whilst this is not deemed to be an immediate safety concern, there does appear to be a communication issue regarding the doctors not being aware in advance that the Phlebotomist service was not in operation. This has been flagged up with the Service.</p>
<b>CT1 Medicine</b>	Working along in outliers, had to review, order tests and refer patients after the shift had ended, before handing	This exception report was reviewed by the Clinical Director, who advised that this was not an	The Guardians are in agreement with the Clinical

<p>Occurred &amp; Submitted 09/10/23</p>	<p>over. One patient had raised sodium and infection markers. Doctor was required work an additional 1.5 hours.</p>	<p>immediate safety concern, however the Clinical Director also informed that there should be a minimum of two doctors to cover outliers and will be reinforced. In addition TOIL was allocated for the additional hours worked.</p>	<p>Director that this is not an immediate safety concern.</p>
<p><b>FY1 Surgery</b> Occurred 06/10/23 Submitted 07/10/23</p>	<p>Green team was understaffed today, with only two juniors (one junior from the orange team) and 60 patients. The morning ward round finished at 1.30 p.m. and the afternoon ward round finished at around 4.30 p.m, doctor was required to stay late to ensure urgent jobs were completed.</p>	<p>Lead consultant met with the doctor to discuss the issues and will discuss the issues raised with colleagues to seek ways to reduce administration time.</p> <p>In addition the Lead Consultant has also agreed to discuss with consultant colleagues their expectation of the F1 doctors and for the doctors to work as a larger team.</p>	<p>This is not deemed to be an immediate safety concern.</p>
<p><b>F1 Surgery</b> Occurred 30/09/23 Submitted 03/10/23</p>	<p>No break for 12 hours, due to the workload from the day team numerous patients spiking temperatures and number of urgent jobs during the weekend of nights. Doctor advised that they needed more support from Senior doctors to manage the workload. In addition the Hospital @night coordinators were unable to support by providing clinical aids as they were already busy.</p>	<p>Clinical Supervisor met with the doctor to discuss the issues and concerns raised.</p>	<p>Whilst this is not deemed to be an immediate safety concern, due to the number of exception reports raised in Surgery, all exception reports have been escalated to the Head of Service.</p>
<p><b>F2 Oncology</b> Occurred 24/09/23 Submitted 25/09/23</p>	<p>Locum doctor covering AMU South Ward 40 did not attend shift. Rota did not include Locum doctors' details. The issue was escalated to the ST3+ and Consultant on-call. Only able to take 20 minutes break for the entire shift.</p>	<p>This occurred when the Oncology wards were being refurbished and location of the wards was changed. A locum doctor was booked and did attend for duty. In future locum doctors' details will be made clear on the rota to ensure all staff are aware.</p>	<p>This is not deemed to be an immediate safety concern.</p>



<p><b>F1 Nephrology</b> Occurred 19/09/23 &amp; 14/09/23 Submitted 21/09/23</p>	<p>Only two doctors allocated to the ward (normally there are 3 doctors on duty). This has been escalated to the Head of Service. Was required to work an hour extra on both occasions.</p>	<p>There were only two doctors on duty, due to a vacancy, which has been filled by the service and the doctor was allocated time off in lieu.</p>	<p>This is not deemed to be an immediate safety concern.</p>
<p><b>F1 Oncology</b> Occurred 14/09/23 Submitted 15/09/23</p>	<p>Evening shift gap on the rota resulted in the wards being understaffed putting patients at risk. Was required to cover both oncology and haematology jobs.</p>	<p>The Lead consultant advised that from August 2023 an extra doctor was introduced to provide 3 resident doctors on duty during the evening, unfortunately due to gaps this left the evening with less cover. To support the gap the haematology registrar stayed on site until night handover and carried out the majority of tasks required in Haematology.</p>	<p>This is not deemed to be an immediate safety concern.</p>
<p><b>CT3 Medicine</b> Occurred 14/09/23 Submitted 15/09/23</p>	<p>Only doctor covering 8 to 9 wards of medical, rehab and surgical patients while also providing medical registrar cover to urology and obs/gynae.</p> <p>No H@N coordinator due to staff shortages so no one else available on most wards who can bleed, cannulate and do male catheters.</p> <p>Anaesthetic/HDU registrar also covering theatres for emergency obs, gynae, urology or orthopaedics so no guaranteed airway support available during shift.</p> <p>DART available but also seeing HDU discharges and doing airway visits.</p> <p>Unsafe level of cover, if required to attend an emergency or arrest there will be no cover for dozens of other patients.</p>	<p>This exception report was reviewed and discussed at the Medical workforce meeting, where the Clinical Director made a decision for an additional doctor to be allocated at the LGH site, ensuring a minimum of two doctors on duty.</p>	<p>Whilst this is not deemed to be an immediate safety concern, if the issue had not been raised and additional doctor allocated to provide cover, this could have resulted in an immediate safety concern occurring.</p>

<p><b>ST3 Neonates</b> Occurred 11/09/23 Submitted 12/09/23</p>	<p>Scheduled to work a night shift at LGH. I was moved to night shift at LRI without being notified and came to work at LGH.</p>	<p>The lead consultant in Neonates met with the trainee to discuss the issues raised in this exception report. This is dual site rota template. The change of site was made a week in advance; however the doctor had not seen this revision to the rota. In future if changes are made to the roster the doctors will also be notified of the change.</p>	<p>This is not deemed to be an immediate safety concern.</p>
<p><b>F1 Surgery</b> Occurred 04/09/23 Submitted 06/09/23</p>	<p>No time for break and 3 juniors for 60 patients unable to complete all the urgent tasks, and has become a regular theme of finishing late now</p>	<p>Head Of Service has also been made aware of the issues.</p>	<p>This is not deemed to be an immediate safety concern.</p>

**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	CT3	0	4	0	4
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	0	1	0	1
	General medicine	CT1	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
	Geriatric medicine	CT1	0	1	0	1
	Haematology	ST5	1	0	1	0
	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	6	0	0	6
	Radiology	ST5	4	0	0	4
	Respiratory Medicine	CT3	0	13	0	13
	Respiratory Medicine	FY1	0	2	2	0
	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
	Trauma & Orthopaedic Surgery	CT2	0	1	0	1

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	Urology	Foundation house officer 1	4	0	0	4
	Unknown specialty	Unknown grade	6	0	0	6
	<b>Total</b>		<b>46</b>	<b>23</b>	<b>4</b>	<b>65</b>
	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	2	0
	Cardiology	FY1	8	0	0	8
	Cardiology	FY2	10	6	6	10
	Cardiology	ST4	0	1	1	0
	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	3	1	3	1
	Clinical Oncology	Foundation house officer 2	1	0	0	1
No. relating to hours/pattern	Dermatology	CT1	0	1	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	10	1	0	11
	General medicine	CT2	1	0	0	1
	General medicine	CT3	0	2	2	0
	General medicine	Foundation house officer 1	12	1	0	13
	General medicine	Foundation house officer 2	2	0	0	2
	General medicine	Foundation house officer 2 *	9	2	0	11
	General medicine	FY1	12	6	0	18
	General medicine	FY1 *	1	0	0	1

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General medicine	FY1 (2016) *	1	0	0	1
General medicine	FY1 *	1	0	0	1
General medicine	FY2	26	0	0	26
General medicine	FY2 *	5	4	2	7
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	1	1	4
General medicine	ST1 *	1	4	0	5
General medicine	ST2	1	0	0	1
General medicine	ST3	2	0	2	0
General medicine	ST6	10	0	0	10
General practice	FY2 *	4	0	0	3
General surgery	CT1	4	0	0	4
General surgery	Foundation house officer 1	12	5	0	17
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	17	23	0	40
General surgery	FY1 *	0	7	0	7
General surgery	FY2	9	0	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	1	0	1
Geriatric medicine	CT3	0	1	0	1
Geriatric medicine	FY1	0	2	0	2
Geriatric medicine	FY2 *	2	0	0	2
Geriatric medicine	ST1	3	0	0	3
Haematology	Foundation house officer 1	2	0	0	2

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Haematology	FY1 *	0	1	0	1
Haematology	FY2	2	0	0	2
Haematology	FY2 *	1	0	0	1
Haematology	ST3	0	1	1	0
Haematology	ST5	3	0	3	0
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	CT2	0	1	1	0
Nephrology	Foundation house officer 1	2	0	1	1
Nephrology	FY1	4	2	2	4
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1
Nephrology	FY2 *	0	1	1	0
Neurology	FY2 *	0	2	0	2
Neurology	ST1 *	0	1	0	1
Obstetrics and gynaecology	Foundation house officer 1	7	2	4	5
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	1	0	0	1
Ophthalmology	Specialty registrar 5	1	0	0	1
Ophthalmology	ST2	2	0	0	2
Ophthalmology	ST3	3	0	0	3
Ophthalmology	ST5	3	0	0	3
Ophthalmology	ST6	1	0	0	1

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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	1	5
Otolaryngology (ENT)	FY2 *	3	0	3	0
Otolaryngology (ENT)	Senior registrar *	1	0	0	1
Otolaryngology (ENT)	ST5	3	0	1	2
Otolaryngology (ENT)	ST6 *	1	0	1	0
Paediatric cardiology	Registrar	2	0	0	2
Paediatrics	FY1	2	0	1	1
Paediatrics	ST3	2	0	0	2
Paediatrics	ST4	0	2	0	2
Paediatrics	ST6	1	0	0	1
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Radiology	Specialty registrar 4	3	0	0	3
Radiology	ST3	17	0	0	17
Radiology	ST5	13	0	0	13
Radiotherapy	CT2	4	0	0	4
Radiotherapy	FY1 *	0	1	0	1
Renal Medicine	FY1	1	0	0	1
Respiratory Medicine	CT1	1	0	1	1
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	0	0	2
Respiratory Medicine	Foundation house officer 2 *	1	0	0	1
Respiratory Medicine	FY1	7	2	2	7
Respiratory Medicine	FY2	2	2	0	4
Surgical specialties	Foundation house officer 1	9	0	0	9

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Surgical specialties	FY1	1	0	0	1	
Surgical specialties	FY1	36	0	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	CT2	0	1	0	1	
Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0	1	
Trauma & Orthopaedic Surgery	FY2	4	2	3	3	
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	0	0	12	
Urology	FY2	2	0	0	2	
Vascular Surgery	FY1	28	0	0	28	
Vascular Surgery	FY1 *	5	0	0	5	
Unknown specialty	Unknown grade	88	0	0	88	
<b>Total</b>		<b>564</b>	<b>90</b>	<b>46</b>	<b>608</b>	
No. relating to educational opportunities	Accident and emergency	ST6	3	0	0	3
	Anaesthetics	ST5	1	0	0	1
	Cardiology	CT3	0	4	0	4
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	1	0	0	1
	General medicine	CT2	2	0	0	2
	General medicine	CT3	0	2	1	1
	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	FY1	0	1	0	1
	General medicine	FY2	1	0	0	1



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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	0	0	1	
Paediatrics	ST2	0	0	0	1	
	Specialty registrar in core training					
Plastic surgery	2	2	0	0	2	
Radiology	Specialty registrar 4	1	0	0	1	
Respiratory Medicine	CT2	1	0	0	1	
Respiratory Medicine	CT3	0	13	0	13	
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	
<b>Total</b>		<b>29</b>	<b>20</b>	<b>1</b>	<b>50</b>	
No. relating to service support available	Cardiology	FY2	3	1	0	4
	Clinical Oncology	Foundation house officer 1	0	2	2	0
	General medicine	CT1	0	1	1	0
	General surgery	Foundation house officer 1	2	0	0	2
	General surgery	FY1	5	0	0	5
	General surgery	FY1 *	0	1	0	1
	Obstetrics and gynaecology	ST3	1	0	0	1

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Ophthalmology	ST3	1	0	0	1
Paediatric cardiology	Registrar	4	0	0	4
Paediatrics	FY1	1	0	0	1
Radiology	Specialty registrar 4	2	0	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
<b>Total</b>		<b>40</b>	<b>5</b>	<b>3</b>	<b>42</b>