ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

This paper describes the rota gaps and vacancies for junior doctors and dentists across the Trust and some of the actions taken to address them. It is mandated that this annual report is presented to the Board and it is likely to form part of future CQC and HEE inspections. It will be available publicly on the Trust Website.

Introduction

The 2016 junior doctors contract has increased recognition of the effect that rota gaps can have on the quality of training and wellbeing. Gaps in rotas are frequently cited as a leading concern of our junior medical workforce and can have a significant effect on morale.

High level data

Number of doctors / dentists in training (including fellows)	c690
Number of doctors / dentists in training on 2016 TCS (total):	563
Annual sickness absence rate among this staff group:	c1%

Annual data summary

Rota Gaps

Many of the rotas across the Trust have suffered from intermittent gaps due to fluctuations in numbers of deanery trainees, sickness, maternity leave or failure to attract suitable candidates at interviews. There have also been some relatively short notice resignations from our Trust grade doctors. The resulting gaps and steps taken to cover these, where this information has been available, is summarised in appendix A.

As shown in the table many of these gaps have been covered using internal locums (doctors already working on the rota undertaking additional shifts) or by the use of external agency shifts. It is disappointing that we continue to have as many gaps across the year especially as the Trust invested in an additional 25 “trust grade” posts from August 2017 in anticipation of increased rota gaps resulting from stricter working hours regulations in the new contract.

Having to cover gaps using internal locum staff increases the number of doctors breaching safe working limits, increases fatigue and sickness and makes it harder for doctors in training to access educational activities and study leave.

Internal Locum Usage

As stated above the Trust continues to rely on our junior doctors undertaking additional locum shifts to cover rota gaps. This additional work results in a significant cost pressure on divisions. At present we have no mechanism for monitoring this additional activity in “real time” to ensure that these additional hours do not result in junior doctors breeching safe working limits set by the 2016 contract. This data does not include external locum agency usage as this is lower and does not impact our own staff in the same way.

Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total 2017-18	Apr-18	May-18	Total Year to Date 2018-19
D&T	2,810	4,140	2,120	2,460	-585	4,720	-175	8,401	990	2,760	3,113	853	**31,606**	-	-	**-**
Medicine	14,604	7,750	10,943	25,881	27,360	6,205	3,171	6,608	23,394	13,733	26,226	16,935	**182,808**	20,640	16,225	**36,865**
Specialsied	11,467	35,986	4,596	12,670	8,034	8,634	8,705	22,952	12,031	2,209	7,368	24,184	**158,833**	13,539	25,939	**39,478**
Surgery	28,136	35,286	29,644	33,223	12,000	48,729	21,958	20,740	20,488	34,134	52,943	39,766	**377,046**	36,403	43,746	**80,149**
Women's and Children's	26,554	31,098	28,324	53,123	42,210	41,004	23,300	50,975	18,616	40,093	42,199	38,165	**435,659**	29,190	22,914	**52,104**
Trust Services	633	-633	-	-	-	-	-	-	-	-	-	275	**275**	-	-	**-**
Total (£)	**84,203**	**113,627**	**75,627**	**127,355**	**89,019**	**109,291**	**56,959**	**109,675**	**75,519**	**92,928**	**131,848**	**120,177**	**1,186,228**	**99,771**	**108,824**	**208,595**

Cost of additional internal locum work by junior doctors

Sickness absence

Recorded sickness rates remains remarkably low in the junior doctor staff groups and well below that seen in other groups of staff. Whilst it is reassuring that the intensity of workload does not appear to be causing sickness it is also clear that the majority of rota gaps are likely to be caused by other factors. There may also be an element of failure to record sickness correctly on central HR databases with this group of staff.

		Cumulative % Abs Rate (FTE)
387 UH Bristol NHS Foundation Trust		1.27%
	387 Diagnostics And Therapies	0.57%
	387 Medicine	1.35%
	387 Specialised Services	0.76%
	387 Surgery	1.81%
	387 Trust Services	0.40%
	387 Womens And Childrens	1.02%

GMC training survey

This years GMC survey contains several questions which give an insight into the intensity of the workload undertaken by junior doctors and the effect that rota design and rota gaps has on their wellbeing.

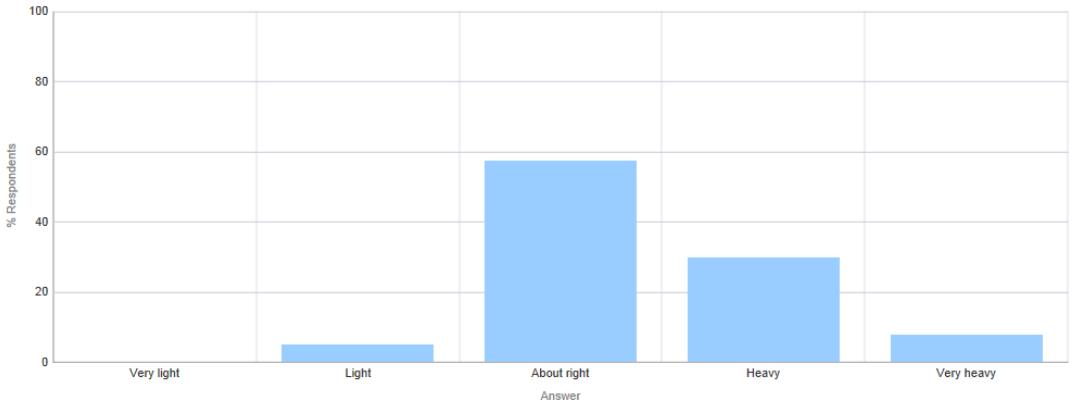
Although we are similar to many Trusts in this regard (and not an outlier in any of these data fields) there are some results which are concerning – especially around adequate rest and intensity of workload. There also appears to be a trend towards less satisfaction overall.

Trust / Board	Indicator	2012	2013	2014	2015	2016	2017	2018
University Hospitals Bristol NHS Foundation Trust	Overall Satisfaction	82.31	81.05	80.69	81.04	80.98	79.40	76.73
	Work Load	45.20	44.46	46.44	46.30	42.55	46.16	48.38
	Teamwork						77.06	74.55
	Study Leave	62.14	60.29	58.82	60.90	60.49	52.92	55.23
	Rota Design							55.16

GMC Training survey results (Each box above contains a score out of 100, which represents how positively or negatively trainees answered the questions for that indicator.)

How would you rate the intensity of your work by day in this post?

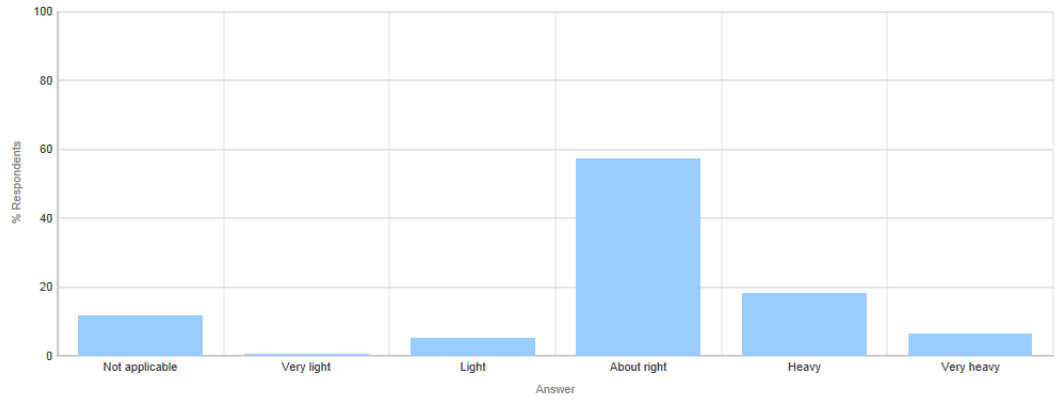
Q: How would you rate the intensity of your work, by day in this post?
n Range: 336 to 340



Answer	% Respondents
Very light	0.30
Light	5.04
About right	57.27
Heavy	29.67
Very heavy	7.72
Grand Total	100.00

How would you rate the intensity of your work by night in this post?

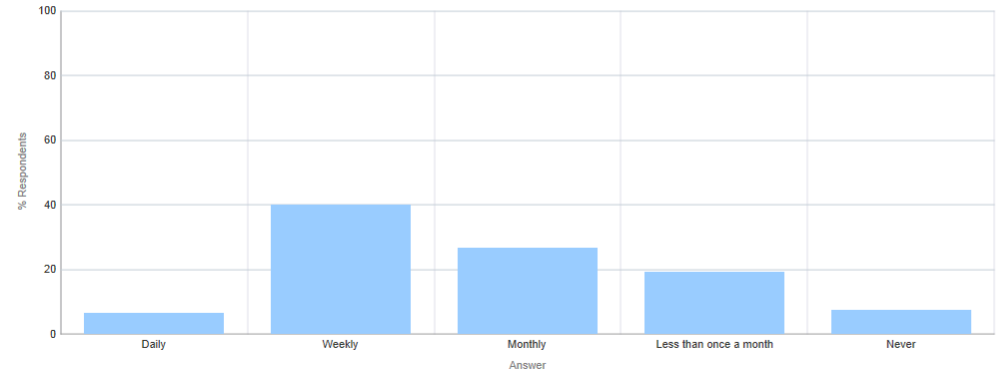
Q: How would you rate the intensity of your work, by night in this post?
n Range: 336 to 340



Answer	% Respondents
Not applicable	11.87
Very light	0.59
Light	5.34
About right	57.27
Heavy	18.40
Very heavy	6.53
Grand Total	100.00

In this post how often have you worked beyond your rostered hours?

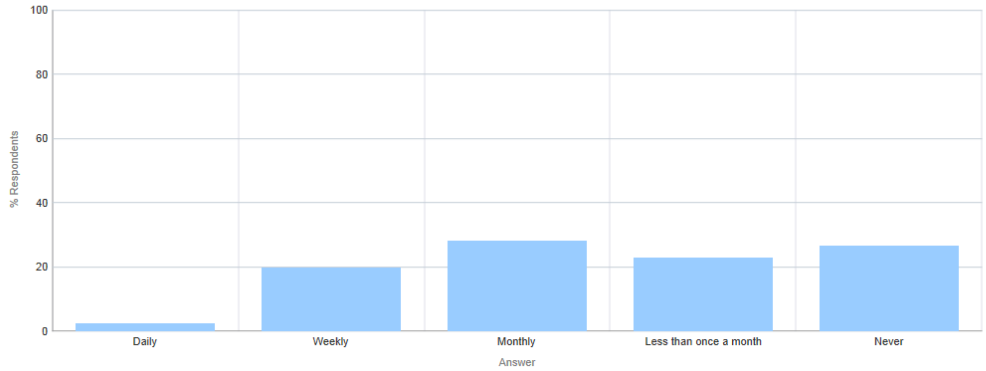
Q: In this post, how often (if at all) have you worked beyond your rostered hours? (Excl. Pharmaceutical Medicine)
In this post, how often (if at all) have you worked beyond your contracted hours? (Pharmaceutical Medicine only)
n Range: 336 to 340



Answer	% Respondents
Daily	6.53
Weekly	40.06
Monthly	26.71
Less than once a month	19.29
Never	7.42
Grand Total	100.00

In this post how often did your working pattern leave you feeling short of sleep when at work?

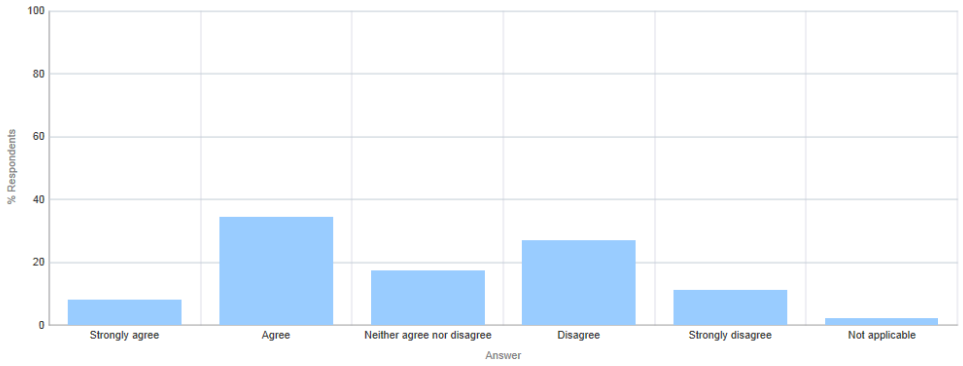
Q: In this post, how often (if at all) did your working pattern leave you feeling short of sleep when at work?
n Range: 336 to 340



Answer	% Respondents
Daily	2.37
Weekly	19.88
Monthly	28.19
Less than once a month	22.85
Never	26.71
Grand Total	100.00

To what extent do you agree: In my current post education / training opportunities are RARELY lost due to gaps in the rota

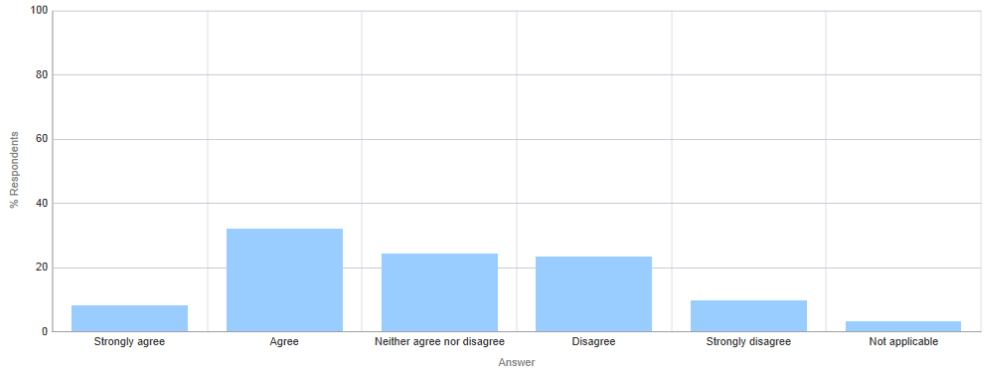
Q: To what extent do you agree or disagree with the following statement?
In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.
n Range: 321 to 325



Answer	% Respondents
Strongly agree	8.05
Agree	34.37
Neither agree nor disagree	17.34
Disagree	26.93
Strongly disagree	11.15
Not applicable	2.17
Grand Total	100.00

To what extent do you agree: In my current post gaps in the rota are dealt with appropriately to ensure my education and training is not adversely affected

Q: To what extent do you agree or disagree with the following statement?
In my current post, gaps in the rota are dealt with appropriately to ensure my education and training is not adversely affected.
n Range: 321 to 325



Answer	% Respondents
Strongly agree	8.05
Agree	31.89
Neither agree nor disagree	24.15
Disagree	23.22
Strongly disagree	9.60
Not applicable	3.10
Grand Total	100.00

Issues arising

As discussed above the reason for the gaps across the rotas in the Trust are complex and multifactorial. Some of these are more predictable than others.

Fluctuating numbers of trainees from the Deanery and delays in information being sent to the Trust.

Competency based training means that there may be some trainees who have training needs that can be achieved elsewhere. This was a particular issue on our paediatric neurosurgery rota this year when the Deanery sent no trainees in February – this almost resulted in having to intermittently close the service or reduce elective work. This is currently covered by external locums from across the South West.

We also continue to get information about which trainees are coming (or not) very late from the Deanery on occasion. For the latest rotation the Trust only had information on 68% of rotas within the 12 week deadline set out in the new contract. Recruiting into posts at such short notice, especially in highly specialised areas, is extremely challenging.

Trust grade doctors resigning before the end of their contract

Many of the doctors who undertake Trust grade posts do so as a "bridge" to a Deanery training post. This inevitably means that some will resign before the end of their posts to take up a training number. We have also had a small number resign due to unhappiness with their training or workload over the past year.

It is important to stress that in most areas these additional Trust grade doctor posts have been a great success and have contributed additional capacity on vulnerable rotas. Without their hard work our rota gaps would have been much worse over the past year.

Reduced willingness / ability to undertake additional activity

In some areas junior doctors are increasingly reluctant to undertake additional activity to cover rota gaps – often because they are already tired from working additional hours (either at the end of each day or as internal locum) over previous months. There is increasing frustration about being asked to cover gaps at short notice and feeling pressure to do so to ensure the service keeps running. This is likely to be made worse by a reduction in rates of pay for these shifts mandated in the 2016 contract.

Lack of a central staff locum bank

Currently the Trust does not have a central locum bank or an easy way to match up junior doctors willing to undertake extra work with available shifts. There is also no mechanism to monitor additional hours undertaken against the safe working limits mandated in the 2016 contract. It is likely that some junior doctors are working in excess of these limits as a result of internal locum cover.

Limited pool of doctors to recruit into vacant posts

In many specialities there seems to be a very small pool of doctors available to employ into vacant posts. Anecdotally this has become much worse since the contract dispute of 2016 and may reflect an increasing number of doctors who choose to go abroad for training or take time out rather than staying in the UK. Most Trusts in the UK have been having similar problems and it also seems that increased "competition" for the small number of doctors available may be having an effect. Finally, there have also been issues with restrictions on recruiting international medical graduates caused by

restricted numbers of visas being issued, although I believe this has recently been resolved at a national level. There have been several jobs which have been advertised but have failed to attract any suitable candidates.

Actions taken to resolve issues

In addition to the immediate actions described in the table of Appendix A, the Trust have undertaken significant efforts over the past year to address some of the organisational issues. I hope that many of these will have an observable effect over the coming year.

Deanery issues

There is ongoing communication with NHS Employers and feedback to Heath Education England around the fluctuations in numbers and the delays in information coming to the Trust. The Trust was due to be part of a national streamlining pilot but I understand that this may have been delayed nationally due to unforeseen complexities.

Allocate eRostering system

The Trust has made a significant investment in an eRostering system for medical staff, similar to that used for nursing staff. This should allow greater visibility of rota gaps and will improve compliance with the safe working rules within the new contract. It will also allow the Trust to have a centralised locum bank for the first time. This will be a major change in working for many of the departments in the hospital and there is likely to be a significant bedding in process. There is a risk that it may, paradoxically, make rota gaps worse in the short term as it will require more stringent observance of rota rules than currently exists. I will monitor this over the coming year.

This system is being gradually introduced from September 2018

Reorganisation of Medical HR functions and increased resource

There has been a significant redesign of the medical HR function and an increase in resilience following changes instigated by the Director of people earlier this year. There is also ongoing work in improving the flow of data from divisional management to the Medical HR team with the aim of anticipating and addressing potential rota gaps more quickly.

Focus on wellness and improving communication with junior doctors

There are several major projects underway to address wellbeing being lead by both the Trust Executive and the medical education team under the direction of Dr Aspinall the Director of Medical Education. There are also projects looking at improving communication with junior doctors and trying to make them feel more integrated with the strategic objectives of the Trust. These are all extremely positive and have my full support.

Summary

Like all major NHS Trusts there are a number of rotas with gaps caused by a range of complex factors. I am reassured by many of the actions taken by the Trust to resolve these and am pleased to see the importance that is being placed on addressing some of the structural issues which have affected junior doctor rotas for many years.

I am concerned by some of the results from the GMC training survey – especially those showing the effect of rota gaps on tiredness and access to training – however, it is positive that the Trust is making major efforts to improve this situation.

Questions for consideration

I ask the Board notes the considerable challenges being faced by the Trust and the significant work being undertaken to address these. The support of the Board in the introduction of the eRostering system for junior doctors will also be vital for its long term success.

Finally, I would ask that the Board note the significant efforts being made by junior doctors across the Trust in ensuring the delivery of high quality safe healthcare to our patients.

Appendix A – Summary of rota gaps table

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Comments: was the gap covered and how?
Surgery	F1 General Surgery	11 WTE	11 - Deanery Funded	0 WTE	11																	F1 Deanery Gap	No gaps until December 2018.
Surgery	F2 General Surgery	11 WTE	11 Deanery Funded (4 x F2's, 5 x CT1/2).	2 Trust Funded posts (1 x Clinical Fellow, 1 x ACF)	10							1 Deanery gap (Feb - Aug)											1st Gap covered by Clinical fellow, 2nd Gap covered by Locum and agency as no one was appointmentable at interview.
Surgery	ST3-8 General Surgery	12 WTE	8 Deanery Funded (7 x Deanery ST3-8, 1 ACF)	4 Trust funded Fellows	12		1 Deanery gap (Sep - Oct)							1 Fellow Gap (Apr - Jun)							1 Fellow Gap		1 ACF gap due to maternity this was covered by clinical fellow. However, we received 1 supernumery in May so no actual gap on the rota as there were 13 people. Fellow Gap in Nov (resignation), PCP requested to recruit.
Surgery	F2 & CT1/2 T&O	12 WTE	6 Deanery Funded (3 x F2's, 3 x CT1/2)	6 Trust Funded (4 x Clinical Fellows, 2 x ACF)	6.6		4.5 CF gaps (Aug - Dec)			3.5 CF gaps (Dec 17 - Feb18)		4.5 CF gaps (Feb - Apr)		3.5 CF gaps (Apr - Aug)									Unable to fil all CF gaps. Gaps largely covered with Locum shifts.
Surgery	ST3-8 T&O	12 WTE	12 Deanery Funded	0 WTE	12			1 Gap (27 Oct-13 Nov)															Short gap as there was a delay in deanery recruiting into deanery gap.
Surgery	GP ENT	5 WTE	5 Deanery Funded (5 x GPVTs)	0 WTE	5					1 Gap (Dec - Apr 18)				0.4 Gap (Apr - Aug)									Gap filled by 2 x 0.8 LTFT GPs creating a 0.4 gap. Gaps filled with Locum shifts.
Surgery	ST1-2 ENT	5 WTE		5 Trust Funded (3 x Clinical fellows, 1 x ACF)	5					2 Gaps (Dec 17 - Feb 18)		3 Gaps (Feb - Apr 18)		4 Gaps (Apr-Aug 18)									NBT Neurosurgery post now withdrawn; Gaps filled with locum shifts.
Surgery	ST3-8 ENT	7 WTE	7 Deanery Funded	0 WTE	7																		No gaps, received and additional WTE in Feb 2018.
Surgery	GP Ophthalmology	2 WTE	2 Deanery Funded	0 WTE	1		1 Gap (Aug - Dec)							1 Gap April - July)									Episodes of long term sickness. All reported to the Deanery. Locum insitu for August - November 17 gap. No suitable locum available to cover gap from April - August.
Surgery	ST3-8 Ophthalmology 1st on-call	6 WTE	6 Deanery Funded	0 WTE	4					2 Gaps (Apr - Mar)			1.2 Gap (Feb - May)	2 Gaps (May - Aug)				1 Gap (Aug - Dec)					2.0 wte doctors (1 x LTS and 1 x unfit on OH advice) from April 17 - March 18. Reduced to 1.2 wte gap from Feb - May 18. 2.0 wte gap from May - Aug 18 due to OH recommendation and maternity leave. Aug 18 - clinical fellow joining the rota to cover ST gap for rotation Aug 18-Feb 19 for maternity leave. Currently 1.0 wte ST gap (OH recommendation) hopefully to be coverd by SAS doctor awaiting confirmation. Cover provided by clinical fellow and SAS doctor filling the gaps and not permanent. PCP'd gaps and covered inhouse by current on-call team.
Surgery	ST3-8 Ophthalmology 2nd on-call	6 WTE	3 Deanery Funded	3 Trust funded	5					1 Gap (Dec 17 - Apr 18)				1 Gap (Apr - Aug)									1.0 gap Dec 17 - Apr 18 due to clinical fellow coming off rota to take up consultant role. Clinical Fellow joined rota on 09.05.18 to cover this ST gap. Replaced by ST joining rota Aug 18. 1.0 ST gap Apr - Aug 18 due to maternity leave. Clinical Fellow to join rota on 29.06.18 to cover maternity leave. All gaps pcp'd and covered inhouse by on-call team.
Surgery	ST3-8 Paediatric Anaesthesia	8 WTE	4 Deanery Funded	4 Trust funded (fellows)	8.8						2.5 Gap			3.5 Gap									Vagaries of Deanery rotations makes this very difficult to define as there can be gaps in some areas and surplus in others depending on the training needs of trainees in any particular rotation. Paeds also had a gap in clinical fellows.
Surgery	ST3-8 General Anaesthesia 1st on-call	8 WTE	Usually plan for 10-12.	Deanery Funded, 10-12 fellows / post-CCT fellows across these	8.6																		
Surgery	ST3-8 General Anaesthesia 2nd on-call	8 WTE			9.6																		
Surgery	ST3-8 Obstetrics Anaesthesia	6 WTE			5				1 Gap			1 Gap			1 Gap				0.4 Gap				
Surgery	ST3-8 Cardiac Anaesthesia	8 WTE	6 Deanery Funded	2 Trust funded (fellows)	7.6										0.4 Gap								
Surgery	ST3-8 Intensive Care Advanced	3 WTE	1.0 Deanery Funded	2 Trust funded	3.6																		
Surgery	ST3-4 Intensive Care/CT1/2 Intensive Care	10 WTE	4 Deanery Funded	6 Trust funded (specialty doctors & fellows)	6				1 Gap (Nov)	2 Gap (Dec 17 - Feb 18)		2 Gaps (Feb - Apr)		2 Gaps (Apr)	3 Gaps (May - Jul)		4 Gaps (Jul)						Combination of issues - trainees from the Deanery not needing ICM training and not being able to appoint to fellow posts. Using agency specialty doctor as well.
SPS	FY2 and CMT Heam/Onc	8 WTE	2 x FY2 and 6 CMT's	0 WTE	8																		No Gaps the MHR are aware of - Unconfimed by the department
SPS	Haematology Out of hours	8.5 WTE	8.5 Deanery funded	0 WTE	7.6		1 ACF Gap															1.4 Gap	Shared rota, see bellow
SPS	Haematology SpR	12 WTE	6	6 Trust funded posts 2 x SAS, 4x fellows	10							1 Gap		2 Gaps									- The main impact on service delivery has been vacancies in Fellow posts which are used both to provide service and to backfill the lieu time post on call – one post was only created to start in Aug 2017 and was filled until Jan 2018 then has been vacant since Feb 2018 mainly due to visa restriction incoming post. - There has been a gap since March of this year again a visa issue so someone is appointed to it.
SPS	Medical/Clinical Oncology SpR	22 WTE	17 Deanery funded	5 Trust Funded (2 x Clinical fellows, 2 x CEF 1 x Research fellow)	13.5	4 x deanry gaps, 2.6 x fellow gaps		4 x deanry gaps, 2.6 x fellow gaps			4 x deanry gaps, 3.6 x fellow gaps	2 x deanery, 3.6 x fellow gaps	2 x deanery, 3 x fellow gaps	1 x deanery, 2 x fellow gaps	1 x deanery, 2.8 x fellow gaps			1 x fellow gaps				Gaps in Apr - May 18/Apr-Jul 18/ Jan 17 - July 18/ Mar 17 - Mar 18/ Jun - July 18/ Jul - May 18/ Sep 17 - Sep 18 - due to Maternity Leave. - Unconfimed by the department
SPS	Cardiology SpR	17 WTE	9	8 WTE	17		0.6 Deanery Gap																0.6 gaps that MHR are aware of. - Unconfimed by the department
SPS	Cardiac Surgery SpR	13	7	6	13			1 CF Gap															Recruited CF to cover the gap. Appointed in Feb.
Medicine	General Medicine F1 (including Cardiology)	21 WTE	21	0 WTE											0.5 Gap	0.5 GAP							0.5 Long Term Sickness. Locums for ward and on-call shifts.
Medicine	General Medicine SHO	31 WTE	30	1 WTE	31		1 GAP (LTS)		1 GAP (LTS) 1 ML (covered by CF)	2 GAPS (LTS)		2 GAP (LTS - 1 CF appointed)		2.5 GAPS (1 reduction to LTFT (health) 2 resignations)									1 ML - CF APPOINTED IN OCT. 1 CF covering GP gap Aug-Feb and Feb - Aug. 1 CF appointed to cover ACCS gap Deanery withdrew funding. Aug - 31 mar. One junior doctor resigned March.
Medicine	General Medicine Higher	18 WTE	15	3 WTE	18	1 GAP (MAT LEAVE) not covered,	1 GAP (MAT LEAVE) covered by CRF	1 GAP (ACTING UP) not covered				1 GAP (1 TO NBT - NO REPLACEMENT) managed rota with this knowledge.					1 GAP (MAT LEAVE) not covered. Covered with locums						
Medicine	ED SHO	14 WTE	2 ACCS / 4 GPVTS / 1 Deanery (2017-18 only) / 1 Military	7 WTE	12.15	2 wte Gaps	1.25 wte Gaps (75/25 split posts)				1.65 wte Gaps (75/25 split posts) + LTFT		2.4 Gap (split posts / LTFT / sick)	3.4 Gap (split posts / LTFT / sick)									14 people needed to cover gaps and split posts. Locums / rota tweaking to cover gaps
Medicine	ED Middle Grade	10 WTE	6 wte	4 wte	8.1	0.6 Gap	0.4 Gap	0.2 Gap					0.6 Gap	2 Gaps									Many Maternity leave gaps. Deanery sent 1 person from February. Advertised for 3 CF to cover deanery gaps but only 1 appointed and this person unable to work nights. Locums cover where needed.

Medicine	Dermatology	6	4.6 wte	2 wte	5.6							1.4 wte Gaps. (2 wte resignations)	0.4 gap.										Gaps managed by re-writing rota. New recruitment episodes for 2 CFs from August 2018.
W&C	O&G FY2 & ST1-2	11 WTE	11 WTE	0 WTE	11																		
W&C	O&G ST3-5	10	8 WTE	2 WTE	6																		
W&C	O&G ST6+	9	6 WTE	3 WTE	6																		
W&C	PICU ST1-2	3	3 WTE	0 WTE	3	0.4 Gap (LTFT)																	Gaps covered by locums
W&C	PICU ST3-8	15	7.5	9 WTE	15	1 Deanery Gap						1.4 Deanery Gap	1.4 Deanery Gap	1.7 deanery gap	0.8 Deanery Gap	0.8 Deanery Gap	0.8 Deanery Gap						Gaps filled by locums
W&C	Paeds Cardiac Surgery	3	0 WTE	3 WTE	3		1 CF Gap																Unconfimed by the department
W&C	Paeds Neurosurgery	6	2 WTE	4 WTE	3	1 wte deanery Gap			2 wte deanery Gap			2 denery wte gaps		2 Deanery wte gaps / 1 CF									Ad hoc Locum shifts to cover gaps. Recruitment underway (Visas required)
W&C	Paeds Surgery FY2 & ST1-2	7	1 F2 / 3 ST1-2	3 CF	7																		No Gaps the MHR are aware of - Unconfimed by the department
W&C	Paeds Surgery ST3+	9	5 wte	4 wte	8	1 gap						2 gaps			1 gap								Covered by locums
W&C	NICU ST1-3	9	6 wte	4 wte	9																		No Gaps the MHR are aware of - Unconfimed by the department
W&C	NICU ST4+		6 wte	3 wte																			No Gaps the MHR are aware of - Unconfimed by the department
W&C	Paediatric Oncology ST6-8	6	3 wte	3 wte	6																		No Gaps the MHR are aware of - Unconfimed by the department
W&C	Paediatric Cardiology ST3-8	6	6 wte	3 wte (1 CF st1-2, 2 ST3-8)	6																		No Gaps the MHR are aware of - Unconfimed by the department
W&C	General Paeds F2 & GPVTS	6 wte	6 WTE 3 F2 / 3 GPVTS	0 wte	6 wte					0.5 gap (LTFT)													filled with locums
W&C	General Paeds ST1-3	13 wte	13 wte (2 ED F2s / 11 ST1-	0 wte	13		0.5 gap (LTFT)						0.5 gap for nights only										0.6 gap from Sep-Mar covered with float. Locums covering Mar-July.
W&C	General Paeds ST3-8	27 WTE	23 wte	4 wte	25		2.5 wte Deanery Gap and LTFT	3.5 wte Gap (2.5 Deanery + 1 LTS)	3.5 wte Gap (2.5 Deanery + 1 LTS)	4 wte Gaps. 1 Maternity , 1 LTS, LTFT	1 resignation, filled by 0.6 / 1 LTS / LTFT	4.5 wte gaps. 1 resignation / 1 maternity / 1 LTS / LTFT	3.5 wte gaps. 0.5 Maternity / 0.5 resignation / LTFT	2.5 wte gap. 1 deanery gap / 0.5 maternity / 1 gap due to health	2.5 wte gap. 1 deanery gap / 0.5 acting up / 1 gap due to health	2 wte gaps. 0.5 acting up / 0.5 health / 1 deanery gap	2.5 wte gap. 0.5 ML / 0.5 Health / 0.5 Acting up/ 1 deanery gap					Appointed 0.6 CF from November to cover 0.6 gap from September to Oct. Other gaps managed by locums.
D&T	Radiology	9	9	0	9																		
D&T	Chemical Pathology	2	2	0	2																		No Gaps the MHR are aware of - Unconfimed by the department
Key																							
	No rota gaps during month																						
empty	No data at present																						