

Annual Report of the Clinical Fellowship Programme 4 June 2018

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Agenda Item No: 10.1

Trust Board Report

Meeting Date:	04 June 2018
Title:	Annual Report of the Clinical Fellowship Programme
Executive Summary:	<p>A summary of the reports key headlines are as follows;</p> <ul style="list-style-type: none"> • During 2017/18 the CFP team structure was reviewed and the role of Clinical Programme Lead was separated from the Trust's Clinical Tutor role. • The CFP has now developed 4 tiers of fellow posts. These posts range from SHO level up to acting consultant level. • Standard NHS aligned pay scales are in place for Fellow and Senior Posts and pay scales have been developed for the Advanced Fellow tiers. These are to be presented at the Trusts LNC meeting in June 2018 (Appendix A). • As at 31 March 2018 the Trust employs 104 clinical fellows. 47 fellows were appointed during 2017/18. • The Divisional Medical Director (Medicine) and HR Senior Resourcing Manager have re-visited rota commitments which in turn we hope will address the current challenges with the points based system for Tier 2 visas.
Or Report of:	<p>To provide an update to the Trust's Board on the achievements of the Clinical Fellowship Programme during 2017/18 and set out future areas requiring development for 2018/19 and 2019/20.</p> <p>The report is presented under the following sections;</p> <ul style="list-style-type: none"> • Governance arrangements • Programme development • Recruitment and retention • Quality and safety • Education • Finance
Action Requested:	Receive
For the attention of the Board	
Assure	
Advise	
Alert	<ul style="list-style-type: none"> • The UK Visa and Immigration (UKVI) Division of the Home Office enacted a points based system for the approval of visas
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Links to Trust Strategic Objectives	<ol style="list-style-type: none">1. Create a culture of compassion, safety and quality2. Proactively seek opportunities to develop our services4. Attract, retain and develop our staff, and improve employee engagement5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	A business case is to be presented to C&C 12 June.

CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>								
Equality and Diversity Impact	EIA Completed								
Risks: BAF/ TRR	<table border="1"> <thead> <tr> <th>ID</th> <th>RISK</th> <th>CURRENT STATUS</th> </tr> </thead> <tbody> <tr> <td>4562</td> <td>HR Directorate – Agency/Locum costs - If gaps in medical posts continue to be unfilled, then this could result in a high level of expense for locum's engaged via PSC's or external agencies.</td> <td>RED</td> </tr> </tbody> </table>			ID	RISK	CURRENT STATUS	4562	HR Directorate – Agency/Locum costs - If gaps in medical posts continue to be unfilled, then this could result in a high level of expense for locum's engaged via PSC's or external agencies.	RED
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Risk: Appetite									
Public or Private:	Public								
Other formal bodies involved:	Trust Management Committee								
References									
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 								

Report Details	

1.0 BACKGROUND

1.1 In 2016 The Royal Wolverhampton NHS Trust (RWT), in partnership with The University of Wolverhampton - Academic Institute of Medicine (AIM) established the Clinical Fellowship Programme (CFP). A high quality training programme for junior doctors seeking experiential service based learning outside of the standard UK training programmes.

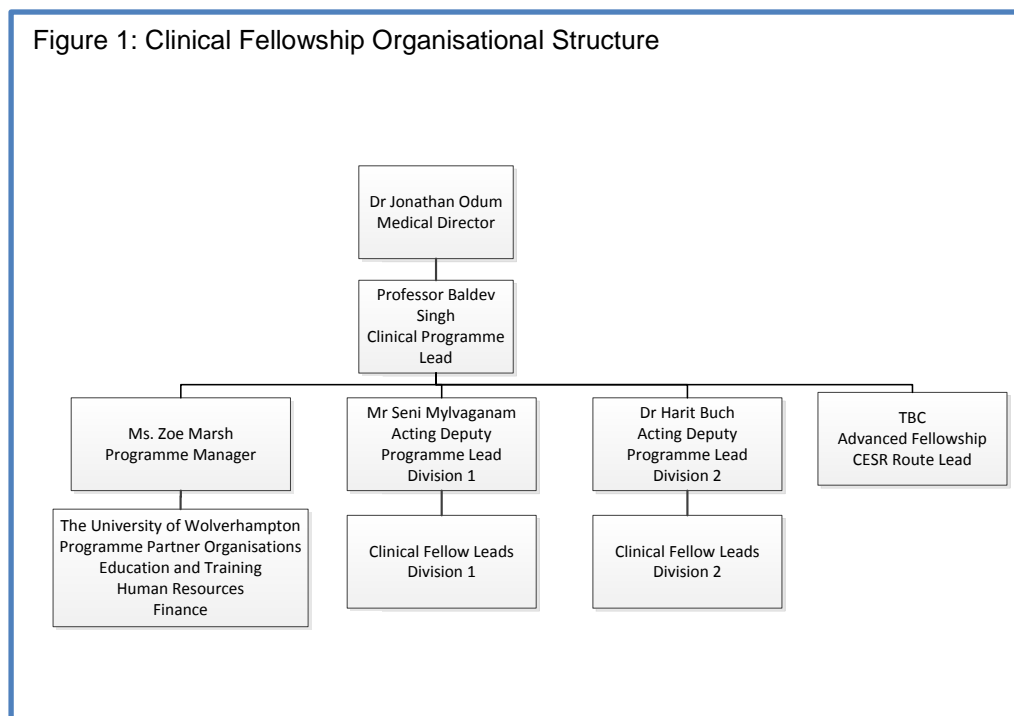
1.2 The primary goals of the programme are to attract high quality medical staff with an attractive training and benefit package thereby reducing reliance on costly short-term locum staff to support service delivery.

2.0 GOVERNANCE ARRANGEMENTS

Organisational Structure

2.1 During 2017/18 the CFP team structure was reviewed and the role of Clinical Programme Lead was separated from the Trust's Clinical Tutor role.

2.2 The Trust's organisational structure¹ for CFP is shown in Figure 1.

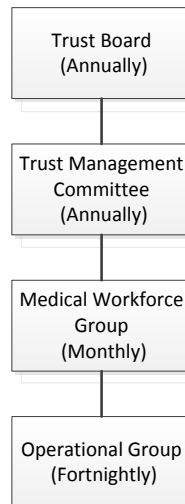


¹ Note that Leads/Departments do not have a direct reporting line to Lead/Manager. The chart shows lines of communication as required for the programme.

Governance Reporting Structure

2.5 The Trust's governance reporting structure for the Clinical Fellowship Programme is shown in Figure 2.

Figure 2: Governance Reporting Structure

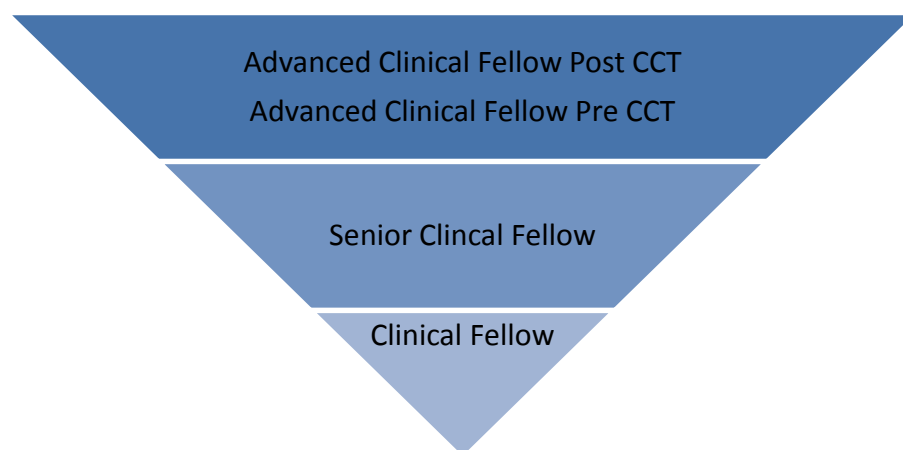


2.6 The medical workforce group is in the process of being established.

3.0 PROGRAMME DEVELOPMENT

Clinical Fellow Career Structure

3.1 The CFP has now developed 4 tiers of fellow posts. These posts range from SHO level up to acting consultant level.



3.2 Standard NHS aligned pay scales are in place for Fellow and Senior Posts and pay scales have been developed for the Advanced Fellow tiers. These are to be presented at the Trusts LNC meeting in June 2018 (Appendix A).

International Partnerships

3.3 The CFP recruits UK and Non-UK Graduates through a number of routes. One route for non-UK Graduate recruitment is through our international partnerships with, Oman, South Africa and Nigeria.

3.4 We are in the first round of recruitment with Oman and South Africa. To-date 9 doctors have progressed to interview stage. South Africa (n=4) Oman (n=5). Nigeria has now commenced their second round of recruitment and is at advert stage. During 2017/18 the Trust appointed 13 doctors through our partnership with Lagos State University - Nigeria.

External Endorsements

3.5 Gina Naguib-Roberts, Policy Director at NHS Improvement and team visited the Trust in January 2018 to hear more about the CFP. Nina and her team of policy advisors were impressed with the programme and its innovative approach to supporting the medical workforce. The NHSI team encouraged the Trust to seek expansion of the programme to other Trust's and also to share best practice with NHS Trust's. Early discussions are under way between RWT and Burton Hospitals NHS Foundation Trust to pilot the CFP within their organisation.

3.6 Deloitte published a case study of the CFP in their 2018 publication "Time to care: Securing a future for the hospital workforce in the UK". The CFP was cited as best practice and celebrated the success of the programme on supporting the Trust's workforce agenda.

4.0 RECRUITMENT AND RETENTION

Clinical Fellow Summary

4.1 The table below shows the numbers of fellows in post as at 31 March 2018.

Clinical Fellows	48
Senior Clinical Fellows	55
Advanced Clinical Fellows	1

4.2 During 2017/18 the Trust appointed 47 Clinical Fellows.

Visas and sponsorship

4.3 Britain hit its cap on visas for skilled non-European workers in December 2017, as a result the UK Visa and Immigration (UKVI) Division of the Home Office enacted a points based system for the approval of visas. The points-based immigration system prioritises applicants according to their advertised salary. To ensure the impact of this was minimised for the CFP, where the UKVI Panel declined Tier 2 visas, the recruitment team sought Tier 5 visas through the MTI process, this was successful for 12 of our applicants. There are 6 fellows where Tier 5 wasn't an viable route and these doctors are still in the Tier 2 application proces. However, the Divisional Medical Director (Medicine) and HR Senior Resourcing Manager have re-visited rota commitments which in turn we hope will address the current challenges with the points based system to support the 6 doctors, as well as future international fellow appointments.

4.4 The GMC are bringing in changes to the application process from 11th June which will require all applicants to have their Primary Medical Qualification verified by the Education Commission for Foreign Medical Graduates (ECFMG). This process costs the applicant between £190-£260 and can take up to 3 months. To ensure this does not impact on the timeline of international recruitment to the CFP we will ask candidates to complete this process at application stage. International partners will be advised of these changes to ensure their internal applicants do not face delays.

Exit Routes

4.5 **33** fellows left the programme during 2017/18. The exits routes of these fellows are shown in the table below.

Clinical Fellow Exit Route	Total
UK Deanery Programme	12
Other NHS Trust	0
Return to home country	7
Relocated overseas	2
Unknown	12
TOTAL	33

4.6 The CFP team will re-visit the exit interview process to ensure that exit route destinations are established for all fellows.

5.0 QUALITY AND SAFETY

Serious Untoward Incident Data

5.1 The table below the numbers of trainees and clinical fellows directly involved in Serious Untoward Incidents during 2016/17 and 2017/18.

16/17 Serious Untoward Incidents	17/18 Serious Untoward Incidents
Trainee doctors	
7	7
Clinical Fellows	
0	0

Appraisal & Revalidation

5.2 As at 31 March 2018, 100% of clinical fellows are compliant with their annual appraisal requirements. There has been 1 deferral and 0 non-engagement recommendations made to the General Medical Council for clinical fellows during the 2017/18 revalidation cycle to-date.

Recommendation Type	Total
Positive	9
Deferral	1
Non-engagement	0
TOTAL	10

5.3 The deferral of one fellows revalidation recommendation was made due to insufficient supporting information in their appraisal portfolio. A revalidation recommendation is now due for this doctor in 6 months time.

Service Improvement & Audit

5.4 **28** clinical fellows have completed, or are in the process of completing, service improvement projects and audits. Examples of the service improvement projects and audits can be found below;

- a) Redesign and implementation of new primary PCI Response Sheet for documentation of 'Door To Balloon Time' and 'Call To Balloon Time' in STEMI patients treated with primary PCI.
- b) Improving handover accuracy of junior doctors on a paediatric ward
- c) Malnutrition assessment scoring (using MUST) in patients with Small Bowel Obstruction
- d) Improve the VTE assessment and prescription compliance for all the Haematology patients admitted on CHU as per NICE and Trust guidelines.
- e) Identification of Baseline Cortisol Level Which Predicts Normal Adrenal Function in Abbott ARCHITECT® Cortisol Assay and Evaluate the Impact of its Implementation
- f) Handover Audit for Patients on Transfer from Theatre to Intensive Care Unit (ICU) after Cardiothoracic Surgery.
- g) Implementation of new NICE Guidelines for Chest Pain of Recent Onset in Rapid Access Angina Clinic(RAAC) routine
- h) To improve the adherence to the NICE and local trust guidelines for the mechanical VTE prophylaxis
- i) To ensure that 4th year medical students achieve the professional standards in line with the British Association of Dermatology and GMC graduate outcome by the end of their rotation.
- j) Audit of all patients identified with NSAP referral to psychotherapy and/ or pain clinic specialist.
- k) Audit of Prevalence of Urinalysis in patients presenting in AMU with Acute Kidney Injury
- l) Audit of hand hygiene in non-medical staff in a neonatal unit
- m) Improvement of the Rapid Assessment and Triage process in the Emergency Department
- n) Documentation audit within the General Surgery and Urology departments
- o) Ensure all patients have improved choice regarding future NIV intervention
- p) Sepsis 6 Audit –Improving compliance with Sepsis 6 bundle of care.
- q) Improving the clerking process and ensuring that all documentation on the clerking pro-form especially the medication history is fully and appropriately completed.

5.5 Currently **9** Students are planning Service Improvement projects to be submitted to the University of Wolverhampton in June 2018.

6.0 Education

Academic Institute of Medicine Enrolment

6.1 The table below shows Academic Institute of Medicine activity since the start of the programme in August 2016 to 31 March 2018.

Module Title	Completed	Currently Studying Towards	TOTAL
Career & Personal Development	39	19 ²	58
Service Improvement	19	9	28
Design & Deliver Medical Education	1	1	2
Critical Reflection & Reflexivity in Professional Learning	3	0	3
Specialist Practice	14	7	21

6.2 The Trust has 14 Clinical Supervisors and 35 Educational Supervisors supporting clinical fellows.

7.0 FINANCE

7.1 In September 2017, The Royal Wolverhampton NHS Trust commissioned Deloitte to conduct an independent review of the Clinical Fellowship Programme. The report found that trust-wide, the Junior Doctor temporary spend had reduced by accumulative £2.38m following the introduction of the Junior Doctor Clinical Fellowship Programme to June 2017.

2017/18 Finance Overview

7.2 In relation to the 2016/17 outcomes (independently evidence by Deloitte), savings in agency and bank spend continue but the significant reduction in total spending (c£1.3M) for non-consultant doctors has not been sustained as far as total spend is concerned .

7.3 Division 2 total spend has fallen by 3% (despite recruitment, pay rises and the new trainee doctor contract, and A/E) with agency and bank spend reduced by 41% compared to base line Q1 2016/17.

7.4 In Division 1 total spend has increased to 7% (vs 3% at end 1st year). Agency and bank spend has risen by 20% compared to the baseline 2016/17. It is important to note that division 1 is very engaged in the CFP and during the last Qtr. of 2017/18 there was significant recruitment activity across many high spend areas. These doctors are due to start with us within Quarters 1 and 2 of 2018/19.

7.5 A detailed breakdown of the Trust spend can be found in Appendix B.

2018/19 Objectives

7.6 Division 2 must sustain their attained position by effective forward planning, specifically review the position in Oncology and A/E. A strategic review of medical manpower deployment to extract greater benefit out the expansion in trainee doctor numbers must be conducted.

7.7 In Division 1, we hope to see the positive impact of the recruitment carried out during 2017/18 in reducing agency spend across many of its specialties. There is an urgent need for a review of bank spend within the division.

7.8 The Trust's HR Senior Resourcing Manager is currently reviewing the process for Trust medical agency bookings.

2019/20 Objective

7.9 Agency and bank service to be performance managed to below 10% of total spend at trust, divisional and service levels.

² This Number includes those currently awaiting grades.

Appendix A – Clinical Fellow Pay scales

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Clinical Fellow	£30,605	£32,478	£35,093	£36,675	£38,582	£40,491											
Senior Clinical Fellow	£30,605	£32,478	£35,093	£36,675	£38,582	£40,491	£42,399	£44,307	£46,215	£48,123							
Advanced Clinical Fellow – Level 1	£50,895	£54,138	£54,138	£57,453	£57,453	£60,770	£60,770	£64,086	£64,086	£64,086	£67,402	£67,402	£67,402	£70,718			
Advanced Clinical Fellow – Level 2															£76,761	£79,165	£81,568

A request for approval will be presented to June’s LNC meeting.

Appendix B – Financial breakdown

Baseline comparator

The CFP was agreed in early 2016, implementation commenced in Q1 2016 which is taken as the comparator, noting that recruitment only reflected into post occupancy by Q2 2016/17

Trust Level (Table 1 and Figure 1)

Agency expenditure has collapsed by 48% but an uncontrolled rise in Bank spending during 2017/18 by 278% reduced the fall in combined Agency + Bank spending to 21% or minus £587, 441 per quarter by Q4 2017/18 or minus £2,349,764 annualised. Substantive spend rose. The net total spends increased by £218,933 per quarter by Q4 2017/ 20178 or £875,732 annualized representing a **2 %** total increase compared to baseline. Please note that this is not adjusted for pay increases and the impact of the new junior doctor's contract.

Divisional Level (Table 2 and Figure 2)

Div 2

Agency expenditure fell by 58% (£4.032M annualised) Agency + Bank expenditure has fallen by 41% (£3,074,004 annualised) *but the trend in Bank expenditure should be noted*, expenditure on substantive appointments rose by 26%, and so the Total spend fell by 3%.

Div 1

Despite some advances in the first 3 quarters of 2016/17, significant reversals in 2017/18 have led to an increase in Agency + Bank expenditure by 20% (£0.72M annualized), and in Total expenditure by 7% (£1.436M annualised) with a telling lack of significant rise in substantive expenditure.

Invest to save principle

This can only be assessed using Div 2 data where a £2,524,222 increase in expenditure on substantive posts was associated with a £3,074,004 fall in Agency + Bank expenditure meaning a ratio of 1.22 such that each unit investment in substantive posts saved 22% in Agency+ Bank expenditure.

Service level (Table 3 and Table 4)

Table 3 shows outcome by service (120 descriptor “groups”) for last Q 2017/18 with comparison to baseline (Ranking 1 = worst).

Service are ranked either by total spend or ratio of Agency+ Bank to total spend.

Utilising $A+B > £0.2M$ AND ratio $A+B/Total > 0.2$ identifies 6 services of major concern: Emergency services (all A/E), Critical Care, T&O, Cardiothoracic Surgery, Oncology / Haematology (all Oncology), O&G in rank order.

Of particular note

- A/E remains a massive challenge (plan developing)
- The position in Critical care is as was (plan in place, recruitment underway, ongoing dialogue).
- The position in T&O has substantially deteriorated (plan developing, recruitment underway, ongoing dialogue).
- The position in Cardiothoracic has substantially deteriorated (plan developing, recruitment plan and further dialogue required).
- The Critical care and Cardiothoracic positions need to be addressed jointly.
- Whist Onc / haematology overall has improved, this is all due to very positive gains in Haematology and masks a poor and worsening position in Oncology alone where there has been a substantial 79% increase in A+B spend over 2 years (Table 4 and 5).
- O/G has made very significant progress (plan in place , recruitment underway, ongoing dialogue)
- The CFP ops group is aware of plans in place or plans developing and of recruitment plans or all of the above services save Oncology.

Table 1

Baseline and end FY financial outcomes vs baseline (£, quarterly figures with Q4 2017/18 annualised). Top and bottom panel give absolute and relative values respectively.

	2016/17 Q1	2016/17 Q4	2017/18 Q4	2017/18 Annualised (Q4*4*)
Substantive	6,520,889	7,162,739	7,327,263	29,309,052
Bank	337,900	192,609	939,091	3,756,364
Agency	2,469,113	1,627,885	1,280,480	5,121,921
Agency + Bank	2,807,012	1,820,494	2,219,571	8,878,286
Total cost	9,327,901	8,983,233	9,546,834	38,187,337
	2016/17 Q1	2016/17 Q4	2017/18 Q4	
A+B / Total	0.30	0.20	0.23	

	2016/17 Q1	2016/17 Q4	2017/18 Q4	2017/18 Annualised (Q4*4*)
Substantive	0	641,850	806,374	3,225,496
Bank	0	-145,291	601,191	2,404,765
Agency	0	-841,228	-1,188,632	-4,754,529
Agency + Bank	0	-986,518	-587,441	-2,349,764
Total cost	0	-344,668	218,933	875,732

Fig 1

Top Panel Whole Trust, £ monetary change by quarter with Q1 2016/17 as baseline
 Bottom Panel As above but proportional change

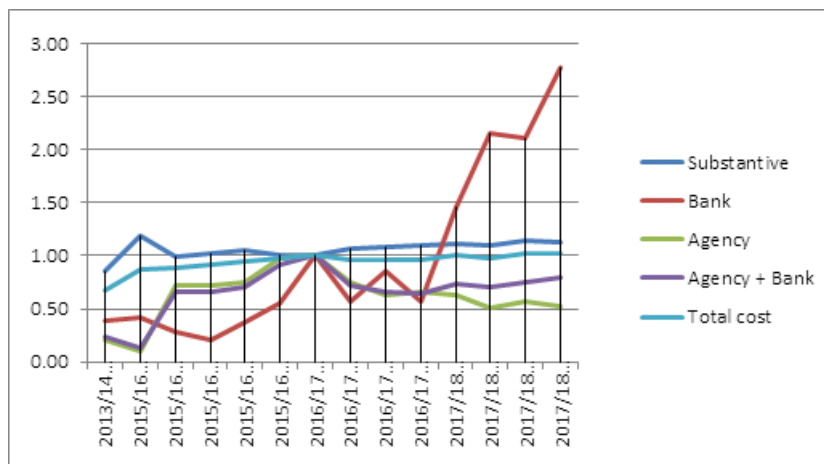
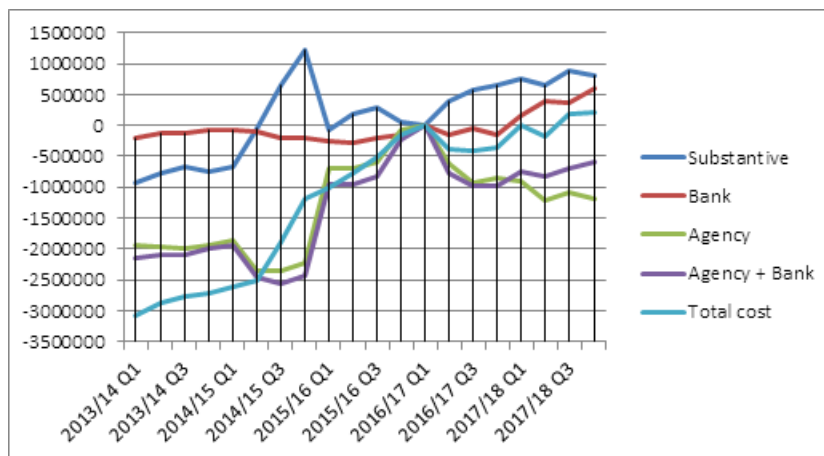


Table 2

Financial outcomes by Division vs baseline

Cat	Qtr. 1 16/17	Qtr. 4 17/18	Ratio	Annualised
D1 Agency	0	-180,684	0.76	-722,734
D1 Bank	0	360,761	3.07	1,443,044
D1 Bank& Agency	0	180,078	1.20	720,310
D1 Substantive	0	178,989	1.04	715,957
D1 Total	0	359,067	1.07	1,436,267
D2 Agency	0	-1007949	0.42	-4,031,794
D2 Bank	0	239448	2.47	957,790
D2 Bank& Agency	0	-768501	0.59	-3,074,004
D2 Substantive	0	631055	1.26	2,524,222
D2 Tot	0	-137446	0.97	-549,785

Figure 2

Financial outcomes by Division with Q1 2016/17 as baseline

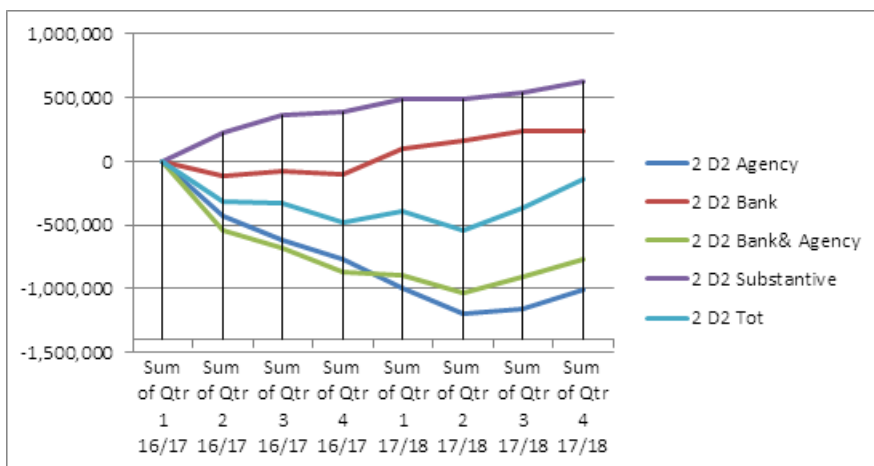
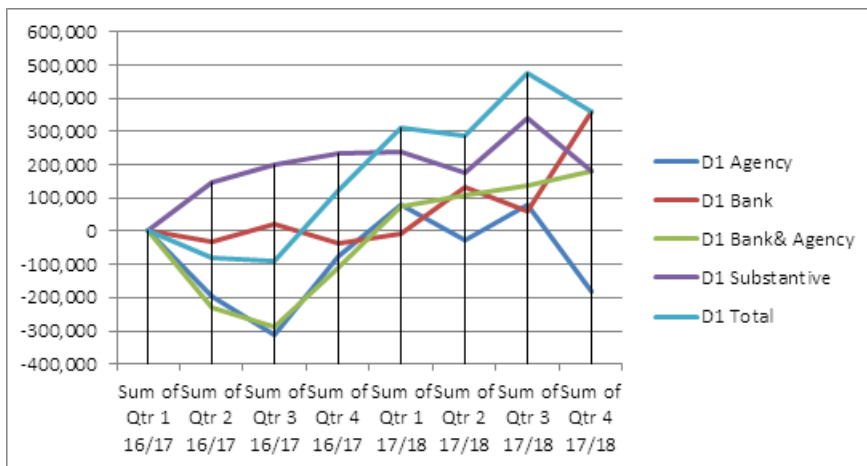


Table 3

Outcome by service for last Q 2017/18 with comparison to baseline (Ranking 1 = worst)

120 Descriptor	LAST Q					Analysis last Q				
	A Qtr. 4 17/1 8	B Qtr. 4 17/1 8	A + B Qtr. 4 17/18	Sub Qtr. 4 17/1 8	Tot Qtr. 4 17 /18	Annualis ed A+B (last Q x 4)	(A+B / Tot ratio) for last Q	Ratio A+B Q1 16-17 / last Q 17_18	Rank A+B Last Q	Rank (A+B/Tot) for last Q
Emergency services Group	650,623	220,859	871,482	793,977	1,665,460	3,485,928	0.52	0.82	1	1
Critical care	124,345	202,089	326,434	519,068	845,502	1,305,735	0.39	1.00	2	3
T&O	178,177	81,436	259,614	559,740	819,353	1,038,455	0.32	2.06	3	5
Cardiothoracic surgery	99,706	81,076	180,782	248,181	428,962	723,126	0.42	5.65	4	2
Oncology/ Haematology	31,734	137,195	168,930	347,663	516,592	675,718	0.33	0.67	5	4
Obs & Gynae	101,792	23,071	124,863	416,653	541,516	499,451	0.23	0.59	6	7
Children's services	11,540	53,324	64,864	636,899	701,763	259,457	0.09		7	9
Urology	39,747	4,858	44,605	136,350	180,955	178,421	0.25		8	6
General Surgery	8,553	24,928	33,481	397,368	430,848	133,923	0.08		9	10
Head & Neck	1,178	27,215	28,393	374,408	402,801	113,572	0.07		10	11
Radiology	0	23,919	23,919	127,389	151,309	95,678	0.16		11	8
Medical Services Group	172	22,330	22,502	992,502	1,015,003	90,007	0.02		12	14
Rehab & Amb Group	1,609	19,106	20,716	743,198	763,914	82,863	0.03		13	12
Ophthalmology	0	12,770	12,770	495,518	508,287	51,078	0.03		14	12
Cardiology	0	227	227	301,603	301,830	907	0.00		15	15
Pathology	0	0	0	81,192	81,192	0	0.00		16	16

Table 4

For identified services, outcome by service for last Q 2017/18 with comparison to Q4 2016 /17 and baseline Q1 2016/17

Acute medicine and haematology have shown significant improvement but are shown to highlight the position in A/E and Oncology respectively.

Division	Level 120	Level 113	Category	Qtr. 1 16/17	Qtr. 4 16/17	Qtr. 4 17/18
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Div 1	Cardiothoracic surgery	Cardiothoracic surgery	Agency	1,242	15,676	99,706
Div 1	Cardiothoracic surgery	Cardiothoracic surgery	Bank	30,781	-5,342	81,076
Div 1	Cardiothoracic surgery	Cardiothoracic surgery	Bank& Agency	32,022	10,334	180,782
Div 1	Cardiothoracic surgery	Cardiothoracic surgery	Substantive	284,447	293,199	248,181
Div 1	Critical care	Critical care	Agency	260,534	223,143	124,345
Div 1	Critical care	Critical care	Bank	67,352	61,255	202,089
Div 1	Critical care	Critical care	Bank& Agency	327,886	284,398	326,434
Div 1	Critical care	Critical care	Substantive	536,794	590,735	519,068
Div 1	Obs & Gynae	Obs & Gynae	Agency	212,293	103,415	101,792
Div 1	Obs & Gynae	Obs & Gynae	Bank	1,138	7,371	23,071
Div 1	Obs & Gynae	Obs & Gynae	Bank& Agency	213,431	110,785	124,863
Div 1	Obs & Gynae	Obs & Gynae	Substantive	373,275	411,811	416,653
Div 1	T&O	T&O	Agency	111,822	198,034	178,177
Div 1	T&O	T&O	Bank	14,296	48,066	81,436
Div 1	T&O	T&O	Bank& Agency	126,118	246,101	259,614
Div 1	T&O	T&O	Substantive	637,487	601,761	559,740
Div 2	Emergency services Group	Acute Medicine	Agency	61,544	836	0
Div 2	Emergency services Group	Acute Medicine	Bank	8,157	3,183	1,955
Div 2	Emergency services Group	Acute Medicine	Bank& Agency	69,701	4,019	1,955
Div 2	Emergency services Group	Acute Medicine	Substantive	183,619	237,019	232,488
Div 2	Emergency services Group	Emergency services	Agency	903,320	651,992	650,623
Div 2	Emergency services Group	Emergency services	Bank	83,625	46,369	218,905
Div 2	Emergency services Group	Emergency services	Bank& Agency	986,945	698,361	869,527
Div 2	Emergency services Group	Emergency services	Substantive	434,636	406,164	561,489
Div 2	Oncology & Clin Haem	Clinical Haematology	Agency	132,436	107,982	31,305
Div 2	Oncology & Clin Haem	Clinical Haematology	Bank	6,092	-7,477	3,171
Div 2	Oncology & Clin Haem	Clinical Haematology	Bank& Agency	138,527	100,504	34,476
Div 2	Oncology & Clin Haem	Clinical Haematology	Substantive	113,808	122,966	133,164
Div 2	Oncology/ Haematology	Oncology	Agency	90,204	138,002	31,734
Div 2	Oncology/ Haematology	Oncology	Bank	4,011	-2,276	137,195
Div 2	Oncology/ Haematology	Oncology	Bank& Agency	94,215	135,726	168,930
Div 2	Oncology/ Haematology	Oncology	Substantive	379,885	397,243	347,663

Oncology				
	Qtr. 1 16/17	Q4 2016/17	Q4 2017/18	Annualise d
Substantive	0	17,358	-32,222	-128,889
Bank	0	-6,287	133,184	532,737
Agency	0	47,798	-58,470	-233,879
Bank & Agency	0	41,511	74,715	298,858
Total		100,380	117,207	468,828