

Trust that made derogation request	Date of request	Details of request	Outcome of request	Service impact of decision	Requestor	Additional notes	BMA reason for rejection
University Hospitals of Derby and Burton NHS Foundation Trust	12/08/23	Emergency department- 2 ED senior decision makers 2200-0800 shift on Saturday 12/08/23	Rejected	The impact was minimal due to last minute cover being sourced to ensure patient safety	Interim executive medical director		Rejected as clear and immediate risk to patients had not been demonstrated and other mitigations were possible
University Hospitals of Derby and Burton NHS Foundation Trust	13/08/23	Emergency department: 1 ED senior decision maker night shift on Sunday 13/08/23	Rejected	The impact was minimal due to last minute cover being sourced to ensure patient safety	Interim executive medical director		Rejected as clear and immediate risk to patients had not been demonstrated and other mitigations were possible
University Hospitals of Derby and Burton NHS Foundation Trust	14/08/23	Emergency department: 3 senior decision maker night shifts on Monday night 14/08/23	Rejected	The impact was minimal due to last minute cover being sourced to ensure patient safety	Interim executive medical director		Rejected as clear and immediate risk to patients had not been demonstrated and other mitigations were possible
University Hospitals of Derby and Burton NHS Foundation Trust	12/08/23	Urology - middle grade 8am-8pm on Saturday 12/08/23	Rejected	The impact was minimal due to last minute cover being sourced to ensure patient safety	Interim executive medical director		Rejected as clear and immediate risk to patients had not been demonstrated and other mitigations were possible
Great Western Hospitals NHS Foundation Trust	28/12/2023	Breast surgery: Request was for 1x junior doctor for half a day to allow a consultant breast surgeon to do 2x breast cancer surgeries on 04/01/2024	Rejected	The rejection led to 2x patients on a breast cancer pathway having their surgery delayed	The trust's deputy chief medical officer	Derogation requests were only made for the January strikes as it was made clear by NHSE that we (the trust) could request regarding cancer appointments and urgent antenatal care whereas before it was only emergency care which we have managed to cover with support from consultants and locums	P2 activity should not be scheduled for strike days, with non-urgent care rescheduled around strike days to allow P2 activity to take place then instead. Meanwhile information was not made available to the BMA or shared in time
Great Western Hospitals NHS Foundation Trust	28/12/2023	Endoscopy: Request was for 2 x junior doctors to free up consultants covering gastroenterology wards to do 2 week wait cancer referral pathway endoscopy lists 03-05/01/2024	Rejected	The rejection led to the reschedule of 6 endoscopy lists to be rebooked	The trust's deputy chief medical officer		P2 activity should not be scheduled for strike days, with non-urgent care rescheduled around strike days to allow P2 activity to take place then instead. Meanwhile information was not made available to the BMA or shared in time
Great Western Hospitals NHS Foundation Trust	28/12/2023	General surgery: Request was for a junior doctor for a full day shift 04/01/24 and 08/01/24 to allow a consultant having to cover the junior doctor on the ward to do their cancer surgery	Rejected	This resulted in 2x hemicolectomy and 1x transanal endoscopic operation being rescheduled, delaying treatment	The trust's deputy chief medical officer		P2 activity should not be scheduled for strike days, with non-urgent care rescheduled around strike days to allow P2 activity to take place then instead. Meanwhile information was not made available to the BMA or shared in time
Great Western Hospitals NHS Foundation Trust	28/12/2023	Gynaecology: Request was for 2x junior doctors for a full day shift 04/01/24 to free up 2x consultants that were having to provide ward cover to complete surgery	Rejected	This resulted in 4 x diagnostic hysteroscopies and biopsies alongside 2x myosure TCI. 1x total abdominal hysterectomy due to cancer being rescheduled	The trust's deputy chief medical officer		P2 activity should not be scheduled for strike days, with non-urgent care rescheduled around strike days to allow P2 activity to take place then instead. Meanwhile information was not made available to the BMA or shared in time
Great Western Hospitals NHS Foundation Trust	28/12/2023	Obstetrics: Request was for 1 junior doctor for a full day shift on 03/01/24 and 04/01/24. Junior doctor will cover wards freeing up consultants to run urgent, time critical ante-natal clinics	Rejected	On the day additional junior doctors opted to work so that the clinics could go ahead	The trust's deputy chief medical officer		BMA understood number of junior doctors working exceeded those expected to be absent. Trust was able to secure staff to deliver urgent clinic on Monday

Wye Valley NHS Trust	04/01/2024	<p>This request is in response to the current operational pressure and the volume of escalation beds open / high numbers of patients "boarding" on our wards and the reduced ability to process patients in their pathways due to below minimum levels of staffing. Outside of this period of IA, normal process to manage additional pressure would be to flex our workforce which is based on 95% occupancy to manage surge beds, outliers etc. However, due to reduced staffing as a result of the IA, we do not have the current workforce to support and flex to meet the increased bed occupancy of 115%. Current staffing due to IA is at below minimum level of staffing required to safely manage high bed occupancy levels.</p> <p>Rotas have been covered based on usual 95% bed occupancy, however, due to the clinical risk the organisation is facing, additional staff are required, and are not available due to providing strike cover, in order to provide a safe level of medical staff to undertake patient care and pathway progression leading to congestion on wards/ED and additional escalation beds that, if not resolved, could impact on P2/Cancer work through lack of available beds. This request is asking for 10 Junior Doctors to return to work for Friday 5 and Monday 8 January or at a minimum 5 junior doctors for both days.</p>	Rejected	Congestion on wards/ED and additional escalation beds that, if not resolved, could impact on P2/Cancer work through lack of available beds	The trust's chief medical officer	<p>The BMA refused this request because the Trust had not considered a derogation as a last resort. The Trust was previously advised - as recently as the previous week - that, to request a derogation, it should first consider cancellation of elective work which evidently had not taken place. The Trust planned for normal day services and sought a derogation for junior doctors to provide that service. Mitigations to avoid requesting a derogation were not sufficiently explored, and, in addition to allowing normal elective activity to go ahead, rates were far below BMA suggested rates.</p> <p>The BMA received this derogation request on 05.01.2024 (not on the 4th as stated below) at 10:37 so they asked for cover on the same day. We responded at 12:00</p>
University College London Hospitals NHS Foundation Trust	15/07/2023 (this was the date that the final submission of the form was made to the BMA but we submitted originally 12 July 2023 to ICB	<p>The emergency medicine team at UCLH requested derogation for the emergency medicine rota for one night (2200-0800) on 15 July 2023 to support delivery of safe staffing to the emergency department during this shift. The night medical team in ED are responsible for the safe clinical management of the emergency department including assessment of patients, clinical decision making, prescribing and giving treatments, and crucially delivering resuscitation level care to those patients who need it. Without cover for the emergency medicine rota the ED would become unsafe and any patient requiring emergency medical intervention could come to serious harm. Safe staffing is defined as 7 clinicians at a minimal number at night with only 3 clinicians expected to work the full night shift on Saturday 15 July.</p>	Rejected	The trust declared an internal/business continuity incident	<p>Consultant emergency medicine and divisional clinical director for emergency services.</p> <p>This was also supported by both a medical director and director of workforce</p>	<p>UCLH did not take expected actions to avoid a derogation request, including raising rates to an appropriate level for doctors to cover. Trust did not provide staffing details in the request form or inform NHSE of a critical incident</p>

Lewisham and Greenwich NHS Trust	3-5 Jan 2024	Request made on 3 Jan. Derogation request for University Hospital Lewisham (UHL) Medicine general medicine ward cover: 20 junior doctors for long day shifts 8-5	Request withdrawn	Service impact being evaluated	Initial derogation request from divisional medical director and then to trust's chief medical officer	N/A
Lewisham and Greenwich NHS Trust	3-5 Jan 2024	Request made on 3 Jan. Derogation request for Queen Elizabeth Hospital (QEH) general medicine ward cover: 20 junior doctors for long day shifts 8-5	Request withdrawn	Service impact being evaluated	Initial derogation request from divisional medical director and then to trust's chief medical officer	N/A
Lewisham and Greenwich NHS Trust	04/01/2024	Derogation request for Queen Elizabeth Hospital general medicine ward cover: 3 junior doctors for long day shifts 8-8	Rejected	Service impact being evaluated	Initial derogation request from divisional medical director and then to trust's chief medical officer	Rejected because significantly more people were covering the shift (42) than normally required for a bank holiday shift (16)
Lewisham and Greenwich NHS Trust	05/01/2024	Request made on 4 Jan. Derogation request for University Hospital Lewisham neonatology dept: One junior doctor short day 8-4	Approved		Initial derogation request from divisional medical director and then to trust's chief medical officer	N/A
Lewisham and Greenwich NHS Trust	6-7 Jan 2024	Request made on 5 Jan 2024. Derogation request for Queen Elizabeth Hospital general medicine ward cover: 3 doctors (for each day) for long days 8am-8pm	Rejected	Service impact being evaluated	Initial derogation request from divisional medical director and then to trust's chief medical officer	After a request for more information this was rejected as NHSE confirmed that the department was staffed to non-strike day levels
Lewisham and Greenwich NHS Trust	08/01/2024	Request made on 8 Jan 2024. Derogation request for Queen Elizabeth Hospital general medicine ward cover: 2 doctors for 8am-8pm	Rejected	Service impact being evaluated	Initial derogation request from divisional medical director and then to trust's chief medical officer	Rejected as it was unclear whether all staff had been communicated to appeal for availability to work. NHSE withdrew request
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	11/04/2023	Emergency department and acute medicine Derogation request was for one medical SpR and two medical F2 (or above) during the day shifts for the duration of the strike.	Accepted then revoked	During periods of industrial action. the safety of patients is our top priority. When applying for the derogation we provided information requested by the BMA that accurately reflected our concerns about risk to patient safety, during what is a fast-moving situation. These concerns were supported by consultants providing cover. As part of our established operational planning for periods of industrial action we explored all avenues for ensuring sufficient cover for key services over the course of the period, as well as each day responding to unplanned absences. Colleagues stepped in to provide medical cover, which made the difference in ensuring that we had sufficient staffing without ultimately having had to draw on the derogations requested	Deputy chief medical officer at the trust	Nothing further to add to info trust supplied
Oxford University Hospitals NHS Foundation Trust	01/10/2023	Acute Ambulatory Unit (AAU) John Radcliffe Hospital. 9 doctors being requested. Requesting a mix of SpR / SHO / FY1 grade doctors to ensure suitable seniority and capability. Cover needed from 2-5 Oct 0900–2100 – 12 hours	Rejected	The risk, therefore, is that we have two days of standard weekend cover (Sat 30 Sep to Sun 1 Oct) and then a further three days of joint industrial action, during which time activity will be at normal weekday levels. AAU is core to our urgent care acute medicine offering within the trust. The risk is that: <ul style="list-style-type: none"> • Slower response to time critical interventions such as sepsis • Lack of response to 999 calls and GPs • More patients being redirected to ED and causing increased congestion • Lack of review of investigations • Lack of commencement of treatment following investigation • Delays in treatment and diagnosis 	Interim chief medical officer, OUH	Rejected due to lack of information around what non-emergency care was still scheduled, and no evidence that enhanced rates were being offered to doctors to cover. Rowan Ambulatory Unit at Horton hospital is closed at weekends, and therefore a derogation request could not be considered

Oxford University Hospitals NHS Foundation Trust	29/09/2023	Acute general medicine and geratology – acute medicine and rehabilitation directorate. 11 doctors being requested. A mix of SpR / SHO / FY1 grade doctors to ensure suitable seniority and capability. Cover needed from 2-5 Oct (9-5pm)	Rejected	<p>The risk, therefore, is that we have two days of standard weekend cover (Sat 30 Sep to Sun 1 Oct) and then a further three days of industrial action, which could lead to some patients (estimated at around over 50%+) that may not be seen by any grade of doctor during this extended period. Which could result in:</p> <ul style="list-style-type: none"> • Slow deterioration may be unseen until the patient becomes critically unwell. • No conversations/communication with relatives of NOK • Slower discharges impacting hospital flow – including the emergency department and potentially delaying ambulance off-load. • Lack of review of investigations • Lack of commencement of treatment following investigation • Delays in treatment and diagnosis • Increased length of stay 	Interim chief medical officer, OUH	Rejected due to lack of information around what non-emergency care was still scheduled, and no evidence that enhanced rates were being offered to doctors to cover. Rowan Ambulatory Unit at Horton hospital is closed at weekends, and therefore a derogation request could not be considered
Oxford University Hospitals NHS Foundation Trust	01/10/2023	Rowan Ambulatory Unit (RAU) – acute medicine and rehabilitation directorate Horton Hospital (HH). 15 doctors being requested. A mix of SpR / SHO / FY1 grade doctors to ensure suitable seniority and capability. Cover needed from 2-5 Oct (9am-5pm)	Rejected	<p>The risk, therefore, is that we have two days of standard weekend cover (Sat 30 Sep to Sun 1 Oct) and then a further three days of joint industrial action, during which time activity will be at normal weekday levels. AAU is core to our urgent care acute medicine offering within the trust.</p> <p>The risk is that:</p> <ul style="list-style-type: none"> • Slower response to time critical interventions such as sepsis • Lack of response to 999 calls and GPs • More patients being redirected to ED and causing increased congestion • Lack of review of investigations • Lack of commencement of treatment following investigation • Delays in treatment and diagnosis 	Interim chief medical officer, OUH	Rejected due to lack of information around what non-emergency care was still scheduled, and no evidence that enhanced rates were being offered to doctors to cover. Rowan Ambulatory Unit at Horton hospital is closed at weekends, and therefore a derogation request could not be considered

Oxford University Hospitals NHS Foundation Trust	4 Jan to 8 January inclusive (0000-0800)	Emergency medicine doctors working nights (0000-0800) at John Radcliffe (JR) emergency department only. 3 doctors per night at the JR for 5 remaining nights of IA	Rejected	<p>Cover is currently forecast to be 3 doctors out of 6 overnight at the JR to cover both adults and paediatrics (= 50% of normal staffing). There are sustained urgent and emergency care (UEC) pressures resulting in both high attendance and acuity of presentation and ambulance conveyances and likely to be >100 patients at night in the department.</p> <p>Derogation will allow timely review of time critical interventions for acutely ill patients in an overcrowded emergency department (ED) and enable the trust to maintain tertiary major trauma centre provision</p> <p>Broadly the risks may be summarised as follows:</p> <ul style="list-style-type: none"> • Insufficient medical staff to ensure safe overview, assessment and treatment of emergency patients • Delays in clinical assessment, leading to delayed recognition of potentially serious or life-threatening conditions that require time-critical interventions • Delays in delivery of time-critical medical interventions due to large demand capacity mismatch, with very real potential for serious patient harm including death • Overcrowding in ED due to delays in clinical assessment and care, leading to additional harm (such as long trolley waits for frail patients), further inefficiencies in care delivery (e.g. due to need to find appropriate space for medical assessment and treatment) • Risk to nursing and personal care of patients in ED due to overcrowding which risks overwhelming the available nursing/AHP staff, further reducing the ability of these staff groups to support the medical team • Delays in ambulance handovers due to overcrowding in ED, which will impact the ability of the ambulance service to respond to emergencies in the community in a timely fashion • Increased risk to the vulnerable population in the Horton General Hospital catchment area and wider Northamptonshire and Warwickshire boarder patients if we need to close the ED at the Horton to consolidate staffing at the JR resulting in a higher risk of patient harm and sub-optimal outcomes. • Further impact on staff wellbeing, including the moral injury, sickness and burnout that will all be exacerbated by working in the stressful environment of a severely under-resourced emergency department currently envisaged overnight at the John Radcliffe 	Clinical lead for the emergency department	Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover
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Oxford University Hospitals NHS Foundation Trust	6 Jan to 9 Jan inclusive (0000-0800)	Emergency medicine doctors working nights (00:00-08:00) at John Radcliffe (JR) emergency department only. 2 doctors per night at the JR. 4 remaining nights of IA	Rejected	<p>Cover is currently forecast to be 3 doctors out of 6 overnight at the JR to cover both adults and paediatrics (= 50% of normal staffing). There are sustained UEC pressures resulting in both high attendance and acuity of presentation and ambulance conveyances and likely to be >100 patients at night in the department.</p> <p>Derogation will allow timely review of time critical interventions for acutely ill patients in an overcrowded ED and enable the trust to maintain tertiary Major Trauma Centre provision</p> <p>Broadly the risks may be summarised as follows:</p> <ul style="list-style-type: none"> • Insufficient medical staff to ensure safe overview, assessment and treatment of emergency patients • Delays in clinical assessment, leading to delayed recognition of potentially serious or life threatening conditions that require time critical interventions • Delays in delivery of time critical medical interventions due to large demand capacity mismatch, with very real potential for serious patient harm including death • Overcrowding in ED due to delays in clinical assessment and care, leading to additional harm (such as long trolley waits for frail patients), further inefficiencies in care delivery (e.g. due to need to find appropriate space for medical assessment and treatment) • Risk to nursing and personal care of patients in ED due to overcrowding which risks overwhelming the available nursing/AHP staff, further reducing the ability of these staff groups to support the medical team • Delays in ambulance handovers due to overcrowding in ED, which will impact the ability of the ambulance service to respond to emergencies in the community in a timely fashion • Increased risk to the vulnerable population in the Horton General Hospital catchment area and wider Northamptonshire and Warwickshire boarder patients if we need to close the ED at the Horton to consolidate staffing at the JR resulting in a higher risk of patient harm and suboptimal outcomes. • Further impact on staff wellbeing, including the moral injury, sickness and burnout that will all be exacerbated by working in the stressful environment of a severely under-resourced emergency department currently envisaged overnight at the John Radcliffe 	Clinical lead for the emergency department	Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover
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Oxford University Hospitals NHS Foundation Trust	7 Jan to 8 Jan inclusive (0000-0800)	Emergency medicine doctors working nights (0000-0800) at John Radcliffe (JR) emergency department only. 2 doctors per night at the JR	Rejected	<p>Cover is currently forecast to be 4 doctors out of 6 overnight at the JR to cover both adults and paediatrics (= 66% of normal staffing). There are sustained urgent and emergency care (UEC) pressures resulting in both high attendance and acuity of presentation and ambulance conveyances and likely to be >100 patients at night in the department.</p> <p>Derogation will allow timely review of time critical interventions for acutely ill patients in a busy emergency department (ED) and enable the trust to maintain tertiary major trauma centre provision</p> <p>Broadly the risks may be summarised as follows:</p> <ul style="list-style-type: none"> • Insufficient medical staff to ensure safe overview, assessment and treatment of emergency patients • Delays in clinical assessment, leading to delayed recognition of potentially serious or life threatening conditions that require time critical interventions • Delays in delivery of time critical medical interventions due to large demand capacity mismatch, with very real potential for serious patient harm including death • Overcrowding in ED due to delays in clinical assessment and care, leading to additional harm (such as long trolley waits for frail patients), further inefficiencies in care delivery (e.g. due to need to find appropriate space for medical assessment and treatment) • Risk to nursing and personal care of patients in ED due to overcrowding which risks overwhelming the available nursing/AHP staff, further reducing the ability of these staff groups to support the medical team • Delays in ambulance handovers due to overcrowding in ED, which will impact the ability of the ambulance service to respond to emergencies in the community in a timely fashion • Increased risk to the vulnerable population in the Horton General Hospital catchment area and wider Northamptonshire and Warwickshire boarder patients if we need to close the ED at the Horton to consolidate staffing at the JR resulting in a higher risk of patient harm and suboptimal outcomes. • Further impact on staff wellbeing, including the moral injury, sickness and burnout that will all be exacerbated by working in the stressful environment of a severely under-resourced emergency department currently envisaged overnight at the John Radcliffe 	Clinical lead for the emergency department	Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover
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Oxford University Hospitals NHS Foundation Trust	8 Jan to 9 Jan inclusive (0000-0800)	Emergency medicine doctors working nights (0000-0800) at John Radcliffe (JR) emergency department only. 2 doctors tonight at the JR	Rejected	<p>Cover is currently forecast to be 4 doctors out of 6 overnight at the JR to cover both adults and paediatrics (=66% of normal staffing). There are sustained urgent and emergency care (UEC) pressures resulting in both high attendance and acuity of presentation and ambulance conveyances and likely to be >100 patients at night in the department.</p> <p>Derogation will allow timely review of time critical interventions for acutely ill patients in a busy emergency department (ED) and enable the trust to maintain tertiary major trauma centre provision</p> <p>Broadly the risks may be summarised as follows:</p> <ul style="list-style-type: none"> • Insufficient medical staff to ensure safe overview, assessment and treatment of emergency patients • Delays in clinical assessment, leading to delayed recognition of potentially serious or life threatening conditions that require time critical interventions • Delays in delivery of time critical medical interventions due to large demand capacity mismatch, with very real potential for serious patient harm including death • Overcrowding in ED due to delays in clinical assessment and care, leading to additional harm (such as long trolley waits for frail patients), further inefficiencies in care delivery (e.g. due to need to find appropriate space for medical assessment and treatment) • Risk to nursing and personal care of patients in ED due to overcrowding which risks overwhelming the available nursing/AHP staff, further reducing the ability of these staff groups to support the medical team • Delays in ambulance handovers due to overcrowding in ED, which will impact the ability of the ambulance service to respond to emergencies in the community in a timely fashion • Increased risk to the vulnerable population in the Horton General Hospital catchment area and wider Northamptonshire and Warwickshire boarder patients if we need to close the ED at the Horton to consolidate staffing at the JR resulting in a higher risk of patient harm and sub-optimal outcomes. • Further impact on staff wellbeing, including the moral injury, sickness and burnout that will all be exacerbated by working in the stressful environment of a severely under-resourced emergency department currently envisaged overnight at the John Radcliffe 	Clinical lead for the emergency department		Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover
Oxford University Hospitals NHS Foundation Trust	January 2024 (the 6 day strike from 7am 3 Jan to 7am 9 Jan):	Emergency medicine doctors as above	Rejected	As above	Clinical lead for the emergency department		Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover
Oxford University Hospitals NHS Foundation Trust	January 2024 (the 6 day strike from 7am 3 Jan to 7am 9 Jan)	Emergency medicine doctors as above	Rejected	As above	Clinical lead for the emergency department		Rejected because the trust could not demonstrate that all reasonable alternatives had been exhausted before putting in the request, including offering enhanced rates to cover