

QUARTERLY REPORT ON SAFE WORKING HOURS: RESIDENT DOCTORS AND DENTISTS

University Hospitals Bristol and Weston (UHBW) Bristol sites

1st August to 31st October 2025

Introduction

This paper summarises the mechanisms in place to ensure that safe working practices, for all resident medical and dental staff, are being adhered to across the Bristol sites of the Trust (UHB). A separate report is submitted for Weston sites which have their own Guardian of Safe Working Hours (GOSWH). Information is sourced from the Allocate exception reporting system, HR staffing reports, internal bank and agency reports, Locum's Nest reports and direct email communication. This information is rationalized and reviewed and is the basis upon which I can give an opinion on compliance with safe working practices.

Sourcing reliable staffing data remains challenging. It is missing for some specialities (due to being amalgamated with broad categories) and data for headcount (as opposed to whole time equivalent WTE) continues to be unavailable. Work is ongoing to try and resolve these issues and it is hoped that the same data sourcing, now being employed in Medicine, will be expanded to all other Divisions in the future. Data, as provided to me, is shown in **Appendix 1**.

Exception reporting data is monitored and collated through an electronic platform, provided by Allocate. This provides a breakdown of exception reports by type, speciality and location (Bristol or Weston). Whilst a small degree of error occurs, usually due to users selecting an incorrect speciality (as previously seen in Acute Medicine vs Medicine Out of Hours and Take and now resolved with amended labels), this data is now felt to give an accurate picture.

I consider exception reporting data to be the most powerful indicator of whether capacity is meeting demand. Exception reporting provides a narrative on the final output of all theoretical staffing modelling, once known and unknown, confounding factors have been factored in. These might include geographical footprint, resource accessibility (particularly IT and dedicated workspace), rota design, sickness, leave of all kinds, covering outliers on unfamiliar wards and the consequences of unscheduled overnight working when non-resident on call (NROC).

Monthly reports, summarising exception reporting (with narrative) by speciality and grade, are forwarded to Divisional and Departmental leads (copied to Director of Medical Education) soon after the month end. The readily accessible data, included in these summaries, continues to be widely welcomed and provides individual departments with a real time overview of exception reporting patterns. This has been shown to contribute towards the implementation of changes to address underlying issues, in real time. Exception reporting data is provided in **Appendix 2** for reference.

Resident doctor's, and dentist's, bank and agency locum hours are broken down by specialty and grade. The current data shows minimal bank locum use and virtually no reliance on agency staff. Locum's Nest has become the overwhelming dominant route of locum sourcing.

Historically Locum's Nest data was not reported to the required level of detail, with most hours falling under the heading of 'General / Acute Medicine'. Development work has resulted in a new system of

‘shift tagging’. Whilst this remains work in progress, the first output from this new process is included in this report and marks significant progress. Locum data is provided in **Appendix 3** for reference.

The information available allows triangulation of these three data streams. Staffing data remains sub-optimal, but locum and exception reporting data is reliable and given the most weight. Triangulated data is included in the main report and has been analysed to flag specialities raising concerns relating to capacity and demand. Specialities raising concerns, in any quarter are compared to previous quarters. In the event of sustained concerning data, the speciality will be flagged and highlighted, through the Medical and Dental Workforce Advisory Group (MWAG). This report is also distributed to all speciality and divisional leads with a request that any ‘red flags’ are reviewed and feedback on action plans provided. Other information brought to the attention of GOSWH, through direct contact or Immediate Safety Concern flags, will also be taken into consideration when making recommendations.

This paper will be presented to the People Committee of Trust Board and MWAG. It is published on the Trusts external website. It may also form part of future CQC inspections.

Background

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust, from August 2019. The contract requires that regular reports are submitted to the Trust Board describing how the Trust ensures all resident doctors are working in line with safe working regulations.

University Hospitals Bristol and Weston Foundation Trust operates over two geographically remote sites with replication of departments over the two sites. Each site presents many different challenges, specific to location, with local knowledge being of paramount importance in understanding and addressing these often-complex issues. For this reason, separate guardians are appointed for each location. Currently Dr James McDonald (BRI ED Consultant) covers the Bristol sites and Dr William Hicks (WGH Radiology Consultant) covers Weston General Hospital (and now also the North Bristol Trust). There has been significant progress made towards collaborative working between both guardians and work is ongoing to try and align as many of the common processes as possible across both sites. At present, the differences, and geographical separation, between the two sites along with variations in data sources and historical report format makes writing a single report for UHBW impractical. This report is from the Bristol based GOSWH, James McDonald, and refers to the Bristol hospitals of UHBW.

Moves to amalgamate NBT with UHBW, along with significant changes to the resident contract due for implementation in February 2026, will offer further opportunities for development of a Trust-wide role and the potential for a project to create aligned data sourcing and hence a single report.

High level data for Bristol sites of UHBW

Total number of junior doctors/dentists (Headcount): **Approximately 862**

Number of whole-time equivalents in post: **818**

Number of junior doctors/dentists in training: **582** (of which 369 Full time, 213 Less than full time)

Number of locally employed doctors: **Approximately 280**

Amount of time available in job plan for guardian: 2 PAs

Amount of job-planned time for educational supervisors: 0.125 PAs per trainee

Establishment by division is shown in the following table: (previous quarter)

| | Establishment vs planned WTE | Locum WTE |
|----------------------|------------------------------|----------------------|
| D&T | 6.28 (1.50) | 0.53 (0.00) |
| Medicine | 1.39 (1.46) | 6.62 (13.62) |
| Specialised | -0.51 (3.35) | 2.53 (5.08) |
| Surgery | 0.98 (-19.22) | 10.11 (13.25) |
| Women and Children's | 44.62 (36.73) | 8.71 (9.97) |
| TOTAL | 52.76 (23.82) | 28.50 (41.92) |

Overall establishment vs planned WTE appears to have gone up in this quarter, particularly in Surgery. Whilst the data for Women's and Children's (W&C) is questionable, other divisions appear to have aligned planned workforce with recruitment. The reduction in locum hours is also encouraging, and the overall picture potentially suggests a positive trend towards a more stable capacity vs demand profile.

If the data for W&C is discounted the previous disparity between establishment and the need for locum hours has significantly reduced and now represents a workforce deficit of approximately 37 WTE (4.5% of UHB workforce).

Exception reports

Summarised data, manually extracted from the Allocate exception reporting system, is provided in **appendix 2** for reference.

This quarter shows an increase in overall exception reports (180 vs 149 last quarter). This spike is consistently seen during this quarter and is thought to represent new residents 'finding their feet.' Of note is the significant decrease compared to the same quarter last year (304). This is reassuring and there has also been no concerning spike in reports flagged as raising an Immediate Safety Concern (ISC) (Four vs 11 last quarter and three in the same quarter of the previous year).

Almost all reports highlight additional hours being worked to meet workload. High levels of exception reporting were seen in Care of the Elderly (all grades), Colorectal surgery (all FY1), Haematology (senior grades) and Oncology (ST1-2).

Cardiology continues to return low levels of reporting (seven, all FY1) compared to earlier quarters.

Immediate safety concerns (ISC)

Four exception reports were flagged as representing an Immediate Safety Concern this quarter. All escalated and discussed appropriately with supervisor.

Paediatric Haematology and Oncology

1. ST5 20/08/25

'Issues with transport, childcare -personal . issues with out of hours administration of intrathecal chemotherapy in a young child breaching protocol , due to lack of prioritisation of procedures.'

2. ST5 22/08/25

'Theatre delays due to surgical team on service not agreeing to prioritise procedures, and thus having to wait 2 extra hours while having no pre-planned childcare in place.'

Steps taken to resolve matters:

'None so far. No respect for C/F OR trainees work schedule. No compensation in place for overtime. No transportation or childcare for those of us with issues regarding these 2 which seriously get affected if staying overtime doing jobs which are of urgent nature.'

Review meeting notes (same resident both reports)

'Discussed event Discussed options for management including preparing for list, asking colleagues to help, cancellation of procedure No other IT trained colleagues available to help Cancellation not discussed at time with attending but high-risk patient needing procedure'

Oncology

1. CT2 24/10/25

*'Unable to finish Ward round before 17:30pm
Poor staffing along with sick and complex patients.
Steps taken to resolve matters
Sending email to ES for support'*

Review meeting notes

'Concerns escalated to management'

2. CT1 21/10/25

*'Only 3 doctors so patient cases at times rushed and difficult discharging pts with appropriate medications. '
'Also not able to attend IMT teaching.
Oncall consultant informed.'*

Review meeting notes

Will discuss this day and workload when we next week

Other

BHOC – Haematology

Email communication received from Speciality registrar:

‘During three recent night shifts, I worked extremely hard to meet patient needs and nursing colleagues' questions. We supported each other, yet I still felt that the service being delivered at BHOC overnight is not safe. I very much appreciated the outstanding support from the non-resident registrars, but the workload for a single resident SHO overnight (with only the twilight shift until midnight) was, in my view, beyond what one SHO can safely manage, especially when several patients are deteriorating at the same time. Nursing colleagues have informed me that this has been the practice at BHOC for years, and that a 15:00–00:00 twilight shift was introduced this August to support the night doctor. I know I will not be able to change the system, but I am worried as haematology and oncology are very specialised and would genuinely like to understand more.

In the daytime, there are typically around six resident doctors on the teams, in addition to registrars and consultants, yet overnight this reduces to just one resident SHO. This sharp contrast leaves me concerned that the service we provide at night is not safe for patients, and I have been reflecting on whether I may be missing important structural or organisational considerations.’

Forwarded to supervisor and management team for information.

Work schedule reviews:

T&O

FY2 identified that they were working ‘14 nights compared to some of the other F2s working as little as 7.’

This is likely to be because of the continued use of a generic repeating pattern. Escalated for work schedule review.

Paediatric surgery

The rota review project identified an inconsistency between the work schedule and rostered hours with residents working beyond the maximum 48-hour week average. This was escalated to the appropriate management team for resolution.

OMFS

The review of working patterns and compliance with work schedules is ongoing. A diary exercise has been implemented and the outcome of this is awaited. There was only a single exception report submitted, for this quarter, despite anonymity, for the reporter, being implemented.

Fines.

Three fines were issued, for rota rule breaches in this quarter, as follows:

- 48-hour average week rule Paediatric gastroenterology. One incident £79.07
- 13-hour maximum shift length WATCh. Two incidents £349.90

The Resident Doctor's Forum continues to enjoy increased attendance since being rescheduled as a monthly lunchtime meeting. Refreshments and cakes are provided and funded from the Guardian fines account.

Further expenditure from the Guardian fines account includes breakfast club funding in Oncology and Trauma and Orthopaedics, Foundation induction catering and Resident Doctor Forum launch event catering and catering for an O&G welcome event. The Guardian fines account currently has a healthy balance and ideas for using some of these funds are invited.

No progress has been made in reinstating study budget for locally employed resident doctors. This makes UHBW an outlier in the region. This is causing significant unhappiness amongst residents. A suggested action to put in PCP requests for funding, when recruiting to vacancies, has not resulted in any requests being agreed to my knowledge.

Locum bookings

Summarised data, provided by the UHBW Locum bank, Agency locum administrators and Locum's Nest is provided in **Appendix 3** for reference.

Overall locum hours, for the quarter, represent 28.5 WTE which is equivalent to approximately 3.5% of the overall WTE workforce. This has fallen along with an increase in establishment. Overall, this would suggest increasing stability in capacity matching demand.

Triangulated data: Staffing, exception reporting and locum August, September, October 2025

Blank cells indicate a value of zero (or no data available).

Patterns showing concerning frequency of exception reporting, or locum hours, are highlighted as **RED** indicative of compromised capacity vs demand.

| Speciality | Grade | Over/ under establishment (WTE) | Exception reports (ISC) | Total locum hours | Total locum WTE | Comment |
|----------------------------|-------|--|-------------------------|-------------------|-----------------|--|
| A&E Bristol | FY1 | | | | 1.72 | ST1-2 staffing increased. Significant proportional reduction in ST1-2 locum hours. |
| | FY2 | 0.00 | | | | |
| | ST1-2 | 0.15 | | 488 | | |
| | ST3+ | (0.71) | | 407 | | |
| Acute Medicine | FY1 | 0.00 | 3 | | 0.33 | Stable and reassuring. |
| | FY2 | 0.00 | 3 | | | |
| | ST1-2 | 2.00 | | 172 | | |
| | ST3+ | 1.01 | | | | |
| Care of the Elderly | FY1 | (1.00) | 5 | | 0.18 | Exception reporting reduced but remains high. Persisting staffing deficit. |
| | FY2 | 0.00 | 1 | | | |
| | ST1-2 | (2.29) | 6 | 94 | | |
| | ST3+ | 4.07 | | | | |
| Dermatology | FY1 | | | | 0.04 | Stable. |
| | FY2 | | | | | |
| | ST1-2 | (0.20) | | | | |
| | ST3+ | 1.02 | 3 | 22 | | |
| Diabetes and Endocrinology | FY1 | | | | 0.25 | Stable |
| | FY2 | | | | | |
| | ST1-2 | 0.81 | 1 | 132 | | |
| | ST3+ | 0.60 | | | | |
| Gastroenterology | FY1 | 0.00 | 3 | | 0.03 | Stable |
| | FY2 | | | | | |
| | ST1-2 | 0.80 | | 16 | | |
| | ST3+ | 0.61 | | | | |
| Hepatology | FY1 | 0.00 | 8 | | 0.02 | Increased staffing deficit and exception reporting. |
| | FY2 | | | | | |
| | ST1-2 | (1.06) | 1 | 8 | | |
| | ST3+ | (1.00) | | | | |
| Liaison Psychiatry | FY1 | 0.00 | | | | |
| | FY2 | 0.00 | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |

| Speciality | Grade | Over/ <u>under</u> establishment (WTE) | Exception reports | Total Locum Hours | Total locum WTE | Comment |
|---|-------|--|----------------------|-------------------------|-----------------------|--|
| Respiratory Medicine | FY1 | 2.00 | | | 0.22 | Increased staffing and reduced exception reporting. |
| | FY2 | 1.00 | | | | |
| | ST1-2 | (0.57) | | 88 | | |
| | ST3+ | (1.02) | 4 | 25 | | |
| General Internal Medicine (A518) Incl. Outliers | FY1 | | | | 1.49 | Locum spend suggests planned capacity not meeting demand. |
| | FY2 | | | | | |
| | ST1-2 | 0.00 | 2 | 774 | | |
| | ST3+ | 0.00 | | | | |
| Rheumatology | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | 0.00 | | | | |
| | ST3+ | 1.15 | | | | |
| SARC (Sexual assault referral centre) | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Unity Sexual Health | FY1 | | | | | |
| | FY2 | 0.00 | | | | |
| | ST1-2 | 1.00 | | | | |
| | ST3+ | (0.55) | | | | |
| Sleep / NIV | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | 0.00 | | | | |
| 'General Medicine' (Unspecified) | FY1 | (3.00) | | | | Persistent staffing deficit. |
| | FY2 | 0.00 | | | | |
| | ST1-2 | 0.91 | | | | |
| | ST3+ | (4.11) | | | | |
| Medicine Out of hours and take | FY1 | | 5 | 112 | 2.33 | High locum spend but very reduced exception reporting. |
| | FY2 | | | 13 | | |
| | ST1-2 | | | 838 | | |
| | ST3+ | | | 251 | | |

| Speciality | Grade | Over/ under establishment (WTE) | Exception Reports | Total Locum Hours | Total locum WTE | Comment |
|----------------------------------|-------|--|----------------------|-------------------------|-----------------------|--|
| Anaesthetics | FY1 | | | | 0.43 | |
| | FY2 | | | | | |
| | ST1-2 | 7.97 | | | | |
| | ST3+ | (3.66) | | 223 | | |
| Cardiac Anaesthetics | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | 0.00 | | | | |
| Colorectal Surgery | FY1 | | 25 | | | Very high levels of FY1 exception reporting suggesting a speciality specific issue. |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Endoscopy | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | 0.80 | | | | |
| ENT | FY1 | | | | 1.75 | Stable |
| | FY2 | | | | | |
| | ST1-2 | 1.90 | | 517 | | |
| | ST3+ | (0.91) | | 392 | | |
| Hepatobiliary Surgery | FY1 | | 4 | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Intensive Care | FY1 | (0.08) | | | 2.44 | Significant reduction in locum spend in proportion to increased establishment. |
| | FY2 | 0.00 | | | | |
| | ST1-2 | 1.51 | | 195 | | |
| | ST3+ | 3.45 | | 1073 | | |
| Oesophago- Gastric Surgery | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | (1.00) | | | | |

| Speciality | Grade | Over/ <u>under</u> establishment (WTE) | Exception Reports | Total Locum Hours | Total locum WTE | Comment |
|----------------------------------|-------|--|-------------------|-------------------|-----------------|--|
| Ophthalmology | FY1 | | | | 1.41 | Staffing increased along with locum hours with resolution of previously very high exception reporting. |
| | FY2 | | | | | |
| | ST1-2 | (1.00) | | | | |
| | ST3+ | (0.89) | 4 | 733 | | |
| Oral Maxillofacial Surgery | FY1 | | | | 1.34 | Increased staffing. Low levels of exception reporting despite anonymity. |
| | FY2 | | | | | |
| | ST1-2 | | | 179 | | |
| | ST3+ | 1.94 | 1 | 517 | | |
| Thoracic Surgery Cardiothoracics | FY1 | | 1 | | 0.78 | Stable |
| | FY2 | | | | | |
| | ST1-2 | | | 130 | | |
| | ST3+ | 0.00 | | 276 | | |
| Trauma and Orthopaedics | FY1 | 0.00 | 1 | | 0.46 | Stable |
| | FY2 | 1.00 | 1 | | | |
| | ST1-2 | 0.00 | 4 | 79 | | |
| | ST3+ | (1.71) | | 162 | | |
| 'General surgery' (Unspecified) | FY1 | 0.62 | | 35 | 1.44 | Stable |
| | FY2 | (1.51) | | | | |
| | ST1-2 | 1.00 | | 261 | | |
| | ST3+ | (1.86) | | 452 | | |
| Surgery Out of hours and take | FY1 | | 5 | | | Moderate but increased exception reporting |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Dental | FY1 | | | | 0.13 | |
| | FY2 | | | | | |
| | ST1-2 | | | 32 | | |
| | ST3+ | | | 36 | | |

| Speciality | Grade | Over/ under establishment (WTE) | Exception Reports | Total Locum Hours | Total locum WTE | Comment |
|--------------------|-------|--|----------------------|-------------------------|-----------------------|--|
| Cardiac Surgery | FY1 | | | | | Stable |
| | FY2 | | | | | |
| | ST1-2 | (1.00) | | | | |
| | ST3+ | 0.00 | | | | |
| Cardiac MRI | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Cardiology | FY1 | 0.00 | 7 | | 1.00 | Improved FY1 and ST1-2 staffing with reduced exception reporting and locum spend |
| | FY2 | 0.00 | | | | |
| | ST1-2 | 1.50 | | 243 | | |
| | ST3+ | 0.29 | | 276 | | |
| Clinical Genetics | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | (1.50) | | | | |
| Haematology | FY1 | 0.00 | 3 | | 0.39 | Slightly improved staffing but escalating exception reporting with reduced locum spend |
| | FY2 | 0.00 | 4 | | | |
| | ST1-2 | 0.00 | 1 | 42 | | |
| | ST3+ | (1.03) | 7 | 161 | | |
| Oncology | FY1 | 0.00 | 9 | | 1.14 | Very concerning escalation in already high levels of exception reporting including ISCs |
| | FY2 | 0.00 | 3 | | | |
| | ST1-2 | 0.94 | 39(2) | 483 | | |
| | ST3+ | (1.05) | | 111 | | |
| Palliative Care | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | 1.00 | | | | |
| | ST3+ | (2.22) | | | | |
| St Peter's Hospice | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |

| Speciality | Grade | Over/ under establishment (WTE) | Exception reports | Total Locum Hours | Total locum WTE | Comment |
|-------------------------------------|-------|--|----------------------|-------------------------|-----------------------|--|
| Community Paediatrics | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | (1.24) | | | | |
| | ST3+ | 0.00 | | | | |
| General Paediatrics | FY1 | | | | 0.86 | |
| | FY2 | (0.11) | | | | |
| | ST1-2 | 10.90 | | 104 | | |
| | ST3+ | 11.29 | 2 | 341 | | |
| General Paediatrics OOH and take | FY1 | | | | | |
| | FY2 | | 1 | | | |
| | ST1-2 | | 1 | | | |
| | ST3+ | | 1 | | | |
| SoNAR | FY1 | | | | 0.56 | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | 4 | 289 | | |
| Neonatal Intensive Care (NICU) | FY1 | | | | 0.84 | |
| | FY2 | | | | | |
| | ST1-2 | (4.50) | | 34 | | |
| | ST3+ | 8.08 | | 404 | | |
| O&G | FY1 | (1.00) | | 14 | 0.53 | Increased staffing with reduced locum spend |
| | FY2 | 0.00 | 2 | | | |
| | ST1-2 | 0.80 | 4 | 102 | | |
| | ST3+ | 7.50 | | 162 | | |
| Paediatric A&E | FY1 | | | | 1.93 | Increased staffing with reduced locum spend |
| | FY2 | | | | | |
| | ST1-2 | 4.23 | | 127 | | |
| | ST3+ | 3.10 | | 879 | | |
| Paediatric Anaesthetics | FY1 | | | | | New staffing deficit at ST3+ |
| | FY2 | | | | | |
| | ST1-2 | (1.00) | | | | |
| | ST3+ | (3.41) | | | | |
| Paediatric gastroenterology | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | 2 | | | |
| Paediatric Obesity | ST3+ | (0.80) | | | | |

| Speciality | Grade | Over/ <u>under</u> establishment (WTE) | Exception Reports | Total Locum Hours | Total Locum WTE | Comment |
|---|-------|--|-------------------|-------------------|-----------------|--|
| Paediatric Cardiac Surgery | FY1 | | | | 0.54 | Increased staffing |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | 1.64 | | 283 | | |
| Paediatric Cardiology | FY1 | | | | 0.96 | Stable |
| | FY2 | | | | | |
| | ST1-2 | 0.69 | | | | |
| | ST3+ | (0.18) | 4 | 500 | | |
| Paediatric Surgery | FY1 | | | | 0.56 | |
| | FY2 | 1.00 | | | | |
| | ST1-2 | 5.89 | | 115 | | |
| | ST3+ | 1.14 | | 174 | | |
| Paediatric Intensive Care (PICU) | FY1 | | | | 0.68 | |
| | FY2 | | | | | |
| | ST1-2 | (1.37) | | 20 | | |
| | ST3+ | 8.38 | | 336 | | |
| Paediatric Neurosurgery | FY1 | | | | 1.20 | New staffing deficit which appears to be matched by proportional increase in locum spend |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | (1.03) | | 623 | | |
| Paediatric Oncology and Haematology | FY1 | | | | 0.01 | Increased staffing deficit at ST3+. This does not appear to be the reason behind the ISCs. |
| | FY2 | | | | | |
| | ST1-2 | 0.96 | | | | |
| | ST3+ | (4.29) | 2(2) | 5 | | |
| Paediatric Plastic Surgery / Burns | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | 0.00 | | | | |
| Paediatric Trauma and Orthopaedic Surgery | FY1 | | | | 0.03 | New and significant staffing deficit at ST1-2 |
| | FY2 | | | | | |
| | ST1-2 | (3.00) | | 18 | | |
| | ST3+ | (0.05) | | | | |
| Cardiac services | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |

| Speciality | Grade | Over/ under establishment (WTE) | Exception Reports | Total Locum Hours | Total Locum WTE | Comment |
|------------------------------|-------|--|----------------------|-------------------------|-----------------------|---------|
| Paediatric neurology | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | 1 | | | |
| | ST3+ | | | | | |
| Paediatric respiratory | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Paediatric Edndocrinology | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | 1 | | | |
| | ST3+ | | | | | |
| Radiology | FY1 | | | | 0.53 | |
| | FY2 | | | | | |
| | ST1-2 | 1.14 | | 33 | | |
| | ST3+ | 5.75 | | 245 | | |
| Microbiology Pathology | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | (0.60) | | | | |
| | ST3+ | | | | | |
| Laboratory Medicine | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Clinical Teaching Fellow | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Occupational Health | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |
| Other | FY1 | | | | | |
| | FY2 | | | | | |
| | ST1-2 | | | | | |
| | ST3+ | | | | | |

Discussion

Whilst encouraging reductions, in exception reporting, have been seen in several specialities concerning levels of exception reporting persist in Care of the Elderly, Haematology and Oncology. This is an issue which has been seen across many previous quarters and multiple intakes of resident doctors.

Colorectal surgery shows a concerning spike in exception reporting from the FY1 tier potentially revealing problems with capacity and rostering within this speciality.

Intensive Care appears to have resolved previously seen chronic under recruitment associated with very high locum use.

Summary

There has been no objective evidence arising from direct communication, or the exception reporting system, to suggest that the resident doctors and dentists at the Bristol sites of UHBW are working on rotas which are non-compliant by design. The requirement for HR to run all work schedules through compliance software should flag any issues of this nature resulting in either redesign, by the departmental rota lead, or involvement of GOSWH if not resolved.

Staffing is now closer to planned establishment, especially in Surgery, and locum spend has reduced. When reviewed alongside the significant reduction in exception reporting, compared to the same quarter in the previous year, this strongly supports the need to ensure adequate staffing (capacity) exists to meet demand. Having a fixed, well planned, workforce brings many benefits including patient safety and improved resident satisfaction. An example of the direct correlation between appropriate workforce planning, and reducing locum spend, is seen in the data from Intensive Care.

It remains my view that all rotas should be overseen by a substantive senior clinician, with job planned time for this activity.

Locum's Nest is now the main route for sourcing locum cover with an insignificant fraction now coming from UHBW staff locum bank. Virtually no agency locum use was seen in this quarter. The implementation of 'shift tagging', initially within Medicine, has provided improved Nest data and should be expanded to include all divisions.

Almost all exception reports relate to additional hours being worked or failure to cover gaps. Where high levels of locum hours are seen this most likely reflects an under-resourced workforce. Formal, capacity vs demand exercises are recommended with assessment of staffing requirements including realistic contingency for sickness, leave and maternity cover.

The complete loss of any study budget, for locally employed doctors and dentists, is a source of significant dissatisfaction. UHBW is a regional outlier, in this lack of provision, which may impact on recruitment.

James McDonald. Guardian of Safe Working Hours (Bristol).

07th January 2026.

Appendix 1.

UHBW Resident Staffing Report as at: September 2025 Division of Medicine

| Specialty | Grade | Budget WTE | Staff in Post WTE | Establishment Over / Under WTE |
|----------------------------------|-------------|--------------|-------------------|--------------------------------|
| Care of the Elderly | FY1 | 7.00 | 6.00 | (1.00) |
| | FY2 | 5.00 | 5.00 | 0.00 |
| | ST1-2 | 12.00 | 9.71 | (2.29) |
| | ST3+ | 7.30 | 11.37 | 4.07 |
| Care of the Elderly Total | | 31.30 | 32.08 | 0.78 |
| Dermatology | ST1-2 | 1.00 | 0.80 | (0.20) |
| | ST3+ | 4.00 | 5.02 | 1.02 |
| Dermatology Total | | 5.00 | 5.82 | 0.82 |
| Emergency Department | FY2 | 1.00 | 1.00 | 0.00 |
| | ST1-2 | 30.00 | 30.15 | 0.15 |
| | ST3+ | 18.91 | 18.20 | (0.71) |
| Emergency Dept Total | | 49.91 | 49.35 | (0.56) |
| General Medicine | FY1 | 3.00 | 0.00 | (3.00) |
| | FY2 | 8.00 | 8.00 | 0.00 |
| | ST1-2 | 5.00 | 5.91 | 0.91 |
| | ST3+ | 5.11 | 1.00 | (4.11) |
| General Medicine Total | | 21.11 | 14.91 | (6.20) |
| Respiratory | FY1 | 6.00 | 8.00 | 2.00 |
| | FY2 | 0.00 | 1.00 | 1.00 |
| | ST1-2 | 10.00 | 9.43 | (0.57) |
| | ST3+ | 7.00 | 5.98 | (1.02) |
| Respiratory Total | | 23.00 | 24.41 | 1.41 |
| Rheumatology | ST1-2 | 1.00 | 1.00 | 0.00 |
| | ST3+ | 5.20 | 6.35 | 1.15 |
| Rheumatology Total | | 6.20 | 7.35 | 1.15 |
| Sexual Health | FY2 | 0.00 | 0.00 | 0.00 |
| | ST1-2 | 2.00 | 3.00 | 1.00 |
| | ST3+ | 5.00 | 4.45 | (0.55) |
| Sexual Health Total | | 7.00 | 7.45 | 0.55 |
| Sleep Total | ST3+ | 1.00 | 1.00 | 0.00 |
| Hepatology | FY1 | 2.00 | 2.00 | 0.00 |
| | ST1-2 | 3.00 | 1.94 | (1.06) |
| | ST3+ | 3.00 | 2.00 | (1.00) |
| Hepatology Total | | 8.00 | 5.94 | (2.06) |
| Gastroenterology | FY1 | 3.00 | 3.00 | 0.00 |
| | ST1-2 | 2.00 | 2.80 | 0.80 |
| | ST3+ | 3.00 | 3.61 | 0.61 |
| Gastroenterology Total | | 8.00 | 9.41 | 1.41 |

| | | | | |
|----------------------------------|------------|---------------|---------------|-------------|
| Cardiology Total | FY1 | 5.00 | 5.00 | 0.00 |
| Acute Medicine | FY1 | 2.00 | 2.00 | 0.00 |
| | FY2 | 0.00 | 0.00 | 0.00 |
| | ST1-2 | 5.00 | 7.00 | 2.00 |
| | ST3+ | 3.00 | 4.01 | 1.01 |
| Acute Medicine Total | | 10.00 | 13.01 | 3.01 |
| Liaison Psych | FY1 | 3.00 | 3.00 | 0.00 |
| | FY2 | 3.00 | 3.00 | 0.00 |
| Liaison Psych Total | | 6.00 | 6.00 | 0.00 |
| GIM | ST1-2 | 5.00 | 5.00 | 0.00 |
| | ST3+ | 0.00 | 0.00 | 0.00 |
| GIM Total | | 5.00 | 5.00 | 0.00 |
| Endocrinology & Diabetes | ST1-2 | 1.00 | 1.81 | 0.81 |
| | ST3+ | 3.00 | 3.60 | 0.60 |
| Endo & Diabetes Total | | 4.00 | 5.41 | 1.41 |
| Grand Totals | | 190.52 | 192.24 | 1.72 |

UHBW Resident Staffing Report as at: September 2025 Division of Surgery

| Specialty | Grade | Budget WTE | Staff in Post WTE | Establishment Over / Under WTE |
|-------------------------------|-------------|---------------|-------------------|--------------------------------|
| Anaesthetics incl. ICU | FY1 | 0.00 | 0.00 | 0.00 |
| | FY2 | 5.00 | 5.00 | 0.00 |
| | ST1-2 | 10.00 | 17.54 | 7.54 |
| | ST3+ | 65.00 | 65.69 | 0.69 |
| Anaesthetics Total | | 80.00 | 88.23 | 8.23 |
| Endoscopy Total | ST3+ | 1.00 | 1.80 | 0.80 |
| ENT | ST1-2 | 10.00 | 11.90 | 1.90 |
| | ST3+ | 9.00 | 8.09 | (0.91) |
| ENT Total | | 19.00 | 19.99 | 0.99 |
| General Surgery | FY1 | 12.38 | 13.00 | 0.62 |
| | FY2 | 4.50 | 3.00 | (1.50) |
| | ST1-2 | 5.00 | 6.00 | 1.00 |
| | ST3+ | 15.50 | 13.64 | (1.86) |
| General Surgery Total | | 37.38 | 35.64 | (1.74) |
| GICU Retrieval Total | ST3+ | 8.16 | 2.00 | (6.16) |
| Max FACs Total | ST3+ | 8.00 | 9.94 | 1.94 |
| Ophthalmology | ST1-2 | 2.00 | 1.00 | (1.00) |
| | ST3+ | 28.10 | 27.21 | (0.89) |
| Ophthalmology Total | | 30.10 | 28.21 | (1.89) |
| R&I Total | ST3+ | 0.00 | 0.60 | 0.60 |
| Thoracic Surgery Total | ST3+ | 4.00 | 4.00 | 0.00 |
| Trauma & Orthopaedics | FY1 | 3.00 | 3.00 | 0.00 |
| | FY2 | 3.00 | 4.00 | 1.00 |
| | ST1-2 | 11.00 | 11.00 | 0.00 |
| | ST3+ | 11.00 | 9.29 | (1.71) |
| T&O Total | | 28.00 | 27.29 | (0.71) |
| Upper GI Total | ST3+ | 1.00 | 0.00 | (1.00) |
| Grand Totals | | 216.64 | 217.70 | 1.06 |

UHBW Resident Staffing Report as at: September 2025 Division of Specialised Services

| Specialty | Grade | Budget WTE | Staff in Post WTE | Establishment Over / Under WTE |
|--------------------------------|-------------|---------------|-------------------|--------------------------------|
| Anaesthetics Total | ST3+ | 1.00 | 1.00 | 0.00 |
| Cardiac Total | ST3+ | 3.50 | 4.00 | 0.50 |
| Cardiac Surgery | ST1-2 | 1.00 | 0.00 | (1.00) |
| | ST3+ | 14.00 | 14.00 | 0.00 |
| Cardiac Surgery Total | | 15.00 | 14.00 | (1.00) |
| Cardiology | FY2 | 1.00 | 1.00 | 0.00 |
| | ST1-2 | 12.00 | 13.50 | 1.50 |
| | ST3+ | 16.17 | 16.46 | 0.29 |
| Cardiology Total | | 29.17 | 30.96 | 1.79 |
| Clinical Genetics Total | ST3+ | 2.50 | 1.00 | (1.50) |
| Haematology | FY1 | 1.00 | 1.00 | 0.00 |
| | FY2 | 3.00 | 3.00 | 0.00 |
| | ST1-2 | 3.00 | 3.00 | 0.00 |
| | ST3+ | 15.80 | 16.83 | (1.03) |
| Haematology Total | | 22.80 | 23.83 | 1.03 |
| Oncology | FY1 | 2.00 | 2.00 | 0.00 |
| | FY2 | 1.00 | 1.00 | 0.00 |
| | ST1-2 | 11.00 | 11.94 | 0.94 |
| | ST3+ | 19.40 | 18.35 | (1.05) |
| Oncology Total | | 33.40 | 33.29 | (0.11) |
| Palliative Care | ST1-2 | 0.00 | 1.00 | 1.00 |
| | ST3+ | 7.00 | 4.78 | (2.22) |
| Palliative Care Total | | 7.00 | 5.78 | (1.22) |
| Grand Total | | 114.37 | 113.86 | (0.51) |

UHBW Resident Staffing Report as at: September 2025 Division of Women and Children's

| Specialty | Grade | Budget WTE | Staff in Post WTE | Establishment Over / Under WTE |
|--|-------------|--------------|-------------------|--------------------------------|
| NICU | ST1-2 | 10.00 | 5.50 | (4.50) |
| | ST3+ | 15.60 | 23.68 | 8.08 |
| | Spec Reg | 0.00 | 1.00 | 1.00 |
| NICU Total | | 25.60 | 30.18 | 4.58 |
| Obstetrics & Gynaecology | FY1 | 2.00 | 1.00 | (1.00) |
| | FY2 | 3.00 | 3.00 | 0.00 |
| | ST1-2 | 8.00 | 8.80 | 0.80 |
| | ST3+ | 20.28 | 27.78 | 7.50 |
| OBGYN Total | | 33.28 | 40.58 | 7.30 |
| Paed Accident & Emergency | ST1-2 | 9.00 | 13.23 | 4.23 |
| | ST3+ | 15.00 | 18.10 | 3.10 |
| Paed A&E Total | | 24.00 | 31.33 | 7.33 |
| Paed Anaesthetics | ST1-2 | 1.00 | 0.00 | (1.00) |
| | ST3+ | 10.00 | 6.59 | (3.41) |
| Paed Anaesthetics Total | | 11.00 | 6.59 | (4.41) |
| Paed Burns Total | ST3+ | 5.00 | 5.00 | 0.00 |
| Paed Cardiac Surgery | ST3+ | 3.00 | 4.00 | 1.00 |
| | Spec Reg | 0.00 | 0.64 | 0.64 |
| Paed Cardiac Surgery Total | | 3.00 | 4.64 | 1.64 |
| Paed Cardiology | ST1-2 | 1.00 | 1.69 | 0.69 |
| | ST3+ | 8.00 | 7.82 | (0.18) |
| Paed Cardiology Total | | 9.00 | 9.51 | 0.51 |
| Paed General Medicine | FY2 | 6.00 | 5.89 | (0.11) |
| | ST1-2 | 13.00 | 23.90 | 10.90 |
| | ST3+ | 29.00 | 40.29 | 11.29 |
| Paed Gen Medicine Total | | 48.00 | 70.08 | 22.08 |
| Paed General Surgery | FY2 | 1.00 | 2.00 | 1.00 |
| | ST1-2 | 6.00 | 11.89 | 5.89 |
| | ST3+ | 9.40 | 10.54 | 1.14 |
| Paed Gen Surgery Total | | 16.40 | 24.43 | 8.03 |
| Paed Haematology & Oncology | ST1-2 | 0.00 | 0.96 | 0.96 |
| | ST3+ | 7.00 | 2.71 | (4.29) |
| Paed Haematology & Oncology Total | | 7.00 | 3.67 | (3.33) |
| Paed Neurosurgery Total | ST3+ | 6.00 | 4.97 | (1.03) |
| Paed Obesity Total | ST3+ | 1.60 | 0.80 | (0.80) |

| | | | | |
|------------------------------|----------|---------------|---------------|---------------|
| Paed Trauma & Orthopaedics | ST1-2 | 3.00 | 0.00 | (3.00) |
| | ST3+ | 6.00 | 5.95 | (0.05) |
| | Spec Reg | 1.00 | 1.00 | 0.00 |
| Paed T&O Total | | 10.00 | 6.95 | (3.05) |
| Paeds Community | ST1-2 | 4.00 | 2.76 | (1.24) |
| | ST3+ | 5.44 | 5.44 | 0.00 |
| Paeds Community Total | | 9.44 | 8.20 | (1.24) |
| PICU | ST1-2 | 3.00 | 1.63 | (1.37) |
| | ST3+ | 16.23 | 24.61 | 8.38 |
| PICU Total | | 19.23 | 26.24 | 7.01 |
| Grand Total | | 228.55 | 273.17 | 44.62 |

UHBW Resident Staffing Report as at: September 2025 Division of D&T

| Specialty | Grade | Budget WTE | Staff in Post WTE | Establishment Over / Under WTE |
|------------------------|-------|--------------|-------------------|--------------------------------|
| Pathology | ST1-2 | 2.00 | 1.4 | (0.6) |
| Pathology Total | | 2.00 | 1.4 | (0.6) |
| Radiology | ST1-2 | 8.86 | 10.00 | 1.14 |
| | ST3+ | 9.00 | 14.74 | 5.74 |
| Radiology Total | | 17.86 | 24.74 | 6.88 |
| Grand Total | | 19.86 | 26.14 | 6.28 |

Appendix 2.

Summary of exception reports by specialty, grade, and reason August September October 2025

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-----------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Acute Medicine | FY1 | | | | | | | |
| | FY2 | 3 | | | | | | 3 |
| | ST1-2 | 3 | | | | | | 3 |
| | ST3+ | | | | | | | |
| | Sum | 6 | | | | | | 6 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------------------|------------|-----------|-----------------|--------|---------|-----------|-----|-------------|
| Care of the Elderly | FY1 | 4 | | | | 1 | | 5 |
| | FY2 | 1 | | | | | | 1 |
| | ST1-2 | 5 | | | | 1 | | 6 |
| | ST3+ | | | | | | | |
| | Sum | 10 | | | | | | 12 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Diabetes and Endocrine | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | | | | | | | |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Dermatology | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 3 | | | | | | 3 |
| | Sum | 3 | | | | | | 3 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Gastro enterology | FY1 | 3 | | | | | | 3 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 3 | | | | | | 3 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Hepatology | FY1 | 8 | | | | | | 8 |
| | FY2 | | | | | | | |
| | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | | | | | | | |
| | Sum | 9 | | | | | | 9 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-----------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Respiratory Medicine | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 4 | | | | | | 4 |
| | Sum | 4 | | | | | | 4 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|---|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| General Internal Medicine (A528) | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | 2 | | | | | | 2 |
| | ST3+ | | | | | | | |
| | Sum | 2 | | | | | | 2 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|------------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Medicine OOH and take | FY1 | 5 | | | | | | 5 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 5 | | | | | | 5 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Psychiatry | FY1 | 1 | | | | | | 1 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------|-------|-------|-----------------|--------|---------|-----------|-----|-------------|
| Colorectal | FY1 | 20 | | 5 | | | | 25 |
| | FY2 | | | | | | | |

| | | | | | | | | |
|----------------|------------|-----------|--|----------|--|--|--|-----------|
| Surgery | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 20 | | 5 | | | | 25 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Oesophag-Ogastric surgery | FY1 | 3 | | | | | | 3 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 3 | | | | | | 3 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Ophthalmology | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 4 | | | | | | 4 |
| | Sum | 4 | | | | | | 4 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| HPB Surgery | FY1 | 4 | | | | | | 4 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 4 | | | | | | 4 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Thoracic surgery | FY1 | 1 | | | | | | 1 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| OMFS | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 1 | | | | | | 1 |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-----------------------------|-------|-------|-----------------|--------|---------|-----------|-----|-------------|
| Surgery and OOH Take | FY1 | 3 | | 1 | | 1 | | 5 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |

| | | | | | | | | |
|--|------------|----------|--|----------|--|----------|--|----------|
| | ST3+ | | | | | | | |
| | Sum | 3 | | 1 | | 1 | | 5 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| T&O | FY1 | 1 | | | | | | 1 |
| | FY2 | 1 | | | | | | 1 |
| | ST1-2 | 4 | | | | | | 4 |
| | ST3+ | | | | | | | |
| | Sum | 6 | | | | | | 6 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------------|------------|-----------|-----------------|----------|---------|-----------|-----|-------------|
| Haematology | FY1 | 2 | | 1 | | | | 3 |
| | FY2 | 4 | | | | | | 4 |
| | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | 7 | | | | | | 7 |
| | Sum | 14 | | 1 | | | | 15 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Cardiology | FY1 | 7 | | | | | | 7 |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | | | | | | | |
| | Sum | 7 | | | | | | 7 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-----------------|------------|-----------|-----------------|----------|---------|-----------|-----|--------------|
| Oncology | FY1 | 9 | | | | | | 9 |
| | FY2 | 3 | | | | | | 3 |
| | ST1-2 | 33 | | 2 | | 4 | 2 | 39(2) |
| | ST3+ | | | | | | | |
| | Sum | 45 | | 2 | | 4 | | 51 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| General Paediatrics | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 2 | | | | | | 2 |
| | Sum | 2 | | | | | | 2 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--|-------|-------|-----------------|--------|---------|-----------|-----|-------------|
| | FY1 | | | | | | | |
| | FY2 | | | | | | | |

| | | | | | | | | |
|-----------------------------|------------|----------|--|--|--|--|--|----------|
| Paediatric Endocrine | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | | | | | | | |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|------------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Paediatric cardiology | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 4 | | | | | | 4 |
| | Sum | 4 | | | | | | 4 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--|------------|----------|-----------------|--------|---------|-----------|----------|-------------|
| Paediatric Haematology Oncology | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 2 | | | | | 2 | 2(2) |
| | Sum | 2 | | | | | 2 | 2(2) |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------------------------|------------|----------|-----------------|--------|----------|-----------|-----|-------------|
| Paediatric OOH and take | FY1 | | | | | | | |
| | FY2 | | | 1 | | | | 1 |
| | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | 1 | | | | | | 1 |
| | Sum | 2 | | | 1 | | | 3 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|-----------------------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| Paediatric neurology | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | 1 | | | | | | 1 |
| | ST3+ | | | | | | | |
| | Sum | 1 | | | | | | 1 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|----------------|------------|----------|-----------------|--------|---------|-----------|-----|-------------|
| O&G | FY1 | | | | | | | |
| | FY2 | 2 | | | | | | 2 |
| | ST1-2 | 4 | | | | | | 4 |
| | ST3+ | | | | | | | |
| | Sum | 6 | | | | | | 6 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|--------------|-------|-------|-----------------|--------|---------|-----------|-----|-------------|
| WaTCH | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |

| | | | | | | | | |
|--|------------|----------|--|--|--|--|--|----------|
| | ST3+ | 4 | | | | | | 4 |
| | Sum | 4 | | | | | | 4 |

| | Grade | Hours | Service Support | Breaks | Pattern | Education | ISC | Total (ISC) |
|------------------------------------|------------|----------|-----------------|--------|---------|-----------|-----|--------------------|
| Paeds Gastro- enterolgy | FY1 | | | | | | | |
| | FY2 | | | | | | | |
| | ST1-2 | | | | | | | |
| | ST3+ | 2 | | | | | | 2 |
| | Sum | 2 | | | | | | 2 |

Total exception reports this quarter (ISC): 180 (4)

Total exception reports last quarter: 149 (11)

Total exception reports same quarter previous year: 304 (3)

Appendix 3. UHBW Resident Locum Report for Quarter: August, September, October 2025

Division of Medicine. Hours.

| Speciality | Grade | Bank | Agency | Nest | Total |
|----------------------------|-------|------|--------|------|------------|
| A&E Bristol | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 488 | 488 |
| | ST3+ | 64 | | 343 | 407 |
| Acute Medicine | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 172 | 172 |
| | ST3+ | | | | |
| Care of the Elderly | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 94 | 94 |
| | ST3+ | | | | |
| Dermatology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 22 | 22 |
| Diabetes and Endocrinology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 132 | 132 |
| | ST3+ | | | | |
| Gastroenterology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 16 | 16 |
| | ST3+ | | | | |
| Hepatology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 8 | 8 |
| | ST3+ | | | | |
| Liaison Psychiatry | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |

| | | | | | |
|--|------|--|--|--|--|
| | ST3+ | | | | |
|--|------|--|--|--|--|

Medicine locum hours continued

| Speciality | Grade | Bank | Agency | Nest | Total |
|---|-------|------|--------|------|------------|
| Respiratory Medicine | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 88 | 88 |
| | ST3+ | 25 | | | 25 |
| Rheumatology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| SARC (Sexual assault referral centre) | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Unity Sexual Health | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Sleep / NIV | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| GIM Ward A528 | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 185 | 185 |
| | ST3+ | | | | |
| Medicine Out of Hours and take | FY1 | | | 112 | 112 |
| | FY2 | | | 13 | 13 |
| | ST1-2 | | | 838 | 838 |
| | ST3+ | | | 251 | 251 |

Total for Division of Medicine: 3440 locum hours (6.62 WTE)

UHBW Resident Locum Report for Quarter: August, September, October 2025.

Division of Surgery. Hours.

| Speciality | Grade | Bank | Agency | Nest | Total |
|-----------------------|-------|------|--------|------|-------------|
| Anaesthetics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 223 | 223 |
| Cardiac Anaesthetics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Colorectal Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Endoscopy | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| ENT | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 517 | 517 |
| | ST3+ | | | 392 | 392 |
| Hepatobiliary Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Intensive Care | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 195 | 195 |
| | ST3+ | | | 1037 | 1037 |
| | FY1 | | | | |
| | FY2 | | | | |

| | | | | | |
|---------------------------|-------|--|--|--|--|
| Oesophago-Gastric Surgery | ST1-2 | | | | |
| | ST3+ | | | | |

Division of Surgery August, September, October 2025 continued

| Speciality | Grade | Bank | Agency | Nest | Total |
|----------------------------------|-------|------|--------|------|------------|
| Ophthalmology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 733 | 733 |
| Oral Maxillofacial Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 179 | 179 |
| | ST3+ | 13 | | 504 | 517 |
| Thoracic Surgery Cardiothoracics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 130 | 130 |
| | ST3+ | | | 276 | 276 |
| Trauma and Orthopaedics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 79 | 79 |
| | ST3+ | | | 162 | 162 |
| 'General surgery' (unspecified) | FY1 | | | 35 | 35 |
| | FY2 | | | | |
| | ST1-2 | | | 261 | 261 |
| | ST3+ | | | 452 | 452 |
| Dental | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | 34 | | | 34 |
| | ST3+ | 36 | | | 36 |

Total for Division of Surgery: 5258 Locum hours (10.11 WTE)

UHBW Resident Locum Report for Quarter: August, September, October 2025

Division of Specialised Services. Hours.

| Speciality | Grade | Bank | Agency | Nest | Total |
|-------------------|-------|------|--------|------|------------|
| Cardiac Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Cardiac MRI | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Cardiology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 243 | 243 |
| | ST3+ | | | 276 | 276 |
| Clinical Genetics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Haematology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 42 | 42 |
| | ST3+ | | | 161 | 161 |
| Oncology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 483 | 483 |
| | ST3+ | | | 111 | 111 |
| Palliative Care | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |

Total for Specialised services: 1316 Locum hours (2.53 WTE)

UHBW Resident Locum Report for Quarter: August, September, October 2025

Division of Women and Children's. Hours

| Speciality | Grade | Bank | Agency | Nest | Total |
|--------------------------------|-------|------|--------|------|------------|
| Community Paediatrics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| General Paediatrics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 104 | 104 |
| | ST3+ | | | 341 | 341 |
| SoNAR | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 289 | 289 |
| Neonatal Intensive Care (NICU) | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 34 | 34 |
| | ST3+ | | | 404 | 404 |
| O&G | FY1 | | | 14 | 14 |
| | FY2 | | | | |
| | ST1-2 | | 29 | 73 | 102 |
| | ST3+ | 12 | | 150 | 162 |
| Paediatric A&E | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 127 | 127 |
| | ST3+ | | | 879 | 879 |
| Paediatric Anaesthetics | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Paediatric Cardiac Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 283 | 283 |

Division of Women and Children's August, September, October 2025 cont.

| Speciality | Grade | Bank | Agency | Nest | Total |
|--|--------------|-------------|---------------|-------------|--------------|
| Paediatric Cardiology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 500 | 500 |
| Paediatric General Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 115 | 115 |
| | ST3+ | | | 174 | 174 |
| Paediatric Intensive Care (PICU) | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | 20 | | | 20 |
| | ST3+ | 336 | | | 336 |
| Paediatric Neurosurgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 623 | 623 |
| Paediatric Neurology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Paediatric Oncology and Haematology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 5 | 5 |
| Paediatric Plastic Surgery / Burns | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Paediatric Trauma and Orthopaedic Surgery | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | 18 | 18 |
| | ST3+ | | | | |

Total for Women and Children's: 4530 Locum hours (8.71 WTE)

UHBW Resident Locum Report for Quarter: August, September, October 2025

Division of Diagnostics and Therapies. Hours.

| Speciality | Grade | Bank | Agency | Nest | Total |
|---------------------|---------|------|--------|------|------------|
| Radiology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | 33 | 33 |
| | Unknown | | | 245 | 245 |
| Microbiology | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Laboratory Medicine | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |

Total for D&T: 278 Locum hours (0.53 WTE)

UHBW Resident Locum Report for Quarter: August, September, October 2025

Division of Trust / Other. Hours

| Speciality | Grade | Bank | Agency | Nest | Total |
|--------------------------|-------|------|--------|------|-------|
| Clinical Teaching Fellow | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |
| Occupational Health | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |

| | | | | | |
|--------------|--------------|--|--|--|--|
| Other | FY1 | | | | |
| | FY2 | | | | |
| | ST1-2 | | | | |
| | ST3+ | | | | |