

QUARTERLY REPORT ON SAFE WORKING HOURS: RESIDENT DOCTORS AND DENTISTS

University Hospitals Bristol and Weston (UHBW) Bristol sites

1st May to 31st July 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 amalgamated and reviewed and is the basis upon which I can give an opinion on compliance with safe working practices.

Staffing data continues to be problematic. 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 seen in Acute Medicine vs Medicine Out of Hours and Take), 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 and dentist bank and agency locum hours are reported separately for the Bristol and Weston sites and are broken down by specialty and grade. Locum's Nest has become the overwhelming dominant route of locum sourcing. At present, Locum's Nest data is not reported to the required level of detail, with most hours falling under the heading of 'General / Acute Medicine'. This has been escalated for action, and I have been assured that a new system of 'shift tagging' will be

implemented soon, with a view to resolving this problem. Despite the lack of differentiation between specialities the overall data can be assumed to be accurate. Locum data is provided in **Appendix 3** for reference.

The information available allows triangulation of these three data streams. Staffing and locum data remain sub-optimal, but 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 the way which 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. 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 North Bristol Trust (NBT) with UHBW 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): **Estimated to be approximately 793**

Number of whole-time equivalents in post: **758**

Number of junior doctors/dentists in training: **543** (of which 351 Full time, 192 Less than full time)

Number of locally employed doctors: **Estimated to be approximately 250**

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 WTE	Locum WTE
D&T	1.50 (1.12)	- (1.40)
Medicine	1.46 (22.62)	13.62 (8.96)
Specialised	3.35 (3.35)	5.08 (5.84)
Surgery	-19.22 (-16.52)	13.25 (14.30)
Women and Children's	36.73 (43.65)	9.97 (11.80)
TOTAL	23.82 (54.22)	41.92 (42.30)

Overall establishment vs budgeted WTE appears to have fallen in this quarter, particularly within Medicine, whilst locum hours remain stable. The decrease in establishment within Medicine appears to be associated with a significant increase in locum hours.

Of note is the apparent disparity between establishment and the need for locum hours, across all divisions except Surgery and Diagnostics and Therapies, which suggests that a significant Trust wide WTE equivalent planned workforce deficit exists. Overall locum hours, for the quarter, are both reliable and stable, representing nearly 42 WTE. This is equivalent to approximately 5% of the overall WTE workforce. If reported WTE over establishment, against funded, of 23.82 is considered it would suggest that, to meet current demand, planned WTE would need to increase by approximately 9% or 65 full time posts, across UHB, to negate the need for unplanned over establishment and excessive locum spend. This estimate has fallen since the previous quarter and if maintained might represent increased efficiency and use of alternative workforce groups.

Exception reports

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

This quarter shows a very significant increase in overall exception reports (149 vs 86 last quarter) and a significant increase compared to the same quarter last year (107). This is concerning especially given that 11 reports were flagged as raising an Immediate Safety Concern (ISC) (nil previous quarter or same quarter previous year).

Almost all reports highlight additional hours being worked to meet workload. This suggests that a deficit of capacity exists against demand, once all factors have been accounted for. High levels of

exception reporting continue to be seen in Care of the Elderly, Respiratory Medicine, Cardiology, Oncology and Ophthalmology.

Of particular concern is exception reporting and ISC flags in Medicine Out of Hours Cover and Take (OOH). I have rationalised the reports from Acute Medicine and found that almost all of these relate to activity in OOH. The ISCs are shown below but frequently cite inadequate staffing, due to sickness and a lack of effective ability to source short-term cover.

This clearly represents a safety concern, for both patients and the workforce, and a more reliable way of covering unplanned gaps would seem essential. One proposal would be to design on call and OOH rotas with a 'float' week running continuously. This would obviously have an associated cost, if cover is not reduced elsewhere, but this would be partially offset by reduced locum spend and sickness levels due to stress and burnout.

Immediate safety concerns (ISC)

Eleven exception reports were flagged as representing an Immediate Safety Concern this quarter.

Medicine Out of Hours and Take (rationalised from reports under OOH and Acute Medicine)

1. Difference in the support available during service commitments - **Immediate safety concern ISC**
Comments

'one F1 post bank holiday weekend. No escalation of enhanced rates. Doing 2 people's work with very sick patients. Having to answer bleeps of 14 wards. This is dangerous and unsafe'

26 May 2025 20:00

Review meeting notes:

'This was raised initially by email and escalated in real time to the clinical chair for medicine and the safety concerns were highlighted. The shift was identified to the medical rota team and a locum was requested but no locum was available. In addition I contacted the on call medical spr doing the night shifts to ask for the F1 to be supported. I will further write to the clinical chair for medicine and re-escalate and ask for this to be reviewed.'

2. Difference in the support available during service commitments - **Immediate safety concern ISC**
Comments

'having escalated the day before the rota team did again not enhance rates and I worked both the f1 shifts again. Patients at risk and physical toll of carrying both these bleeps disregarded by the medical rota coordinators'

27 May 2025 20:00

Review meeting notes:

'This was raised initially by email and escalated in real time to the clinical chair for medicine and the safety concerns were highlighted. The shift was identified to the medical rota team and a locum was requested but no locum was available. In addition I contacted the on call medical spr doing the night shifts to ask for the F1 to be supported.'

3. Difference in the support available during service commitments - **Immediate safety concern**ISC

Comments

'for the third night out of 4 I was working both f1 bleeps. The rota knew about this gap >1week ago and insufficient steps taken to fill these gaps in the rota. This is undervaluing of staff members and treating us as service provision. Patients at risk due to exhaustion of working x2 workload'

29 May 2025 20:00

Review meeting notes:

'This was raised initially by email and escalated in real time to the clinical chair for medicine and the safety concerns were highlighted. The shift was identified to the medical rota team and a locum was requested but no locum was available. In addition I contacted the on call medical spr doing the night shifts to ask for the F1 to be supported.'

4. Difference in the support available during service commitments - **Immediate safety concern**ISC

Comments

'Unsafe staffing overnight'

27 June 2025 00:00

Variance from the work schedule

work medical SHO shift no SHO and no ward reg

Review meeting notes:

'The night shift team was short by one registrar and one SHO, who had been assigned to provide ward cover. It appears that the medical rota team were aware of this earlier in the day, as the day registrar was asked to remain on duty until midnight. The on-call medical consultant became involved in an attempt to rectify the situation. Despite these efforts, the shift remained understaffed by one SHO. However, it was reported to be manageable from an on-call perspective. It is important that the medical rota team and the division proactively address staffing shortages as soon as they become apparent. It is unclear why an enhanced rate for additional cover was not offered in this instance. Such occurrences should be formally fed back to the division to prevent recurrence.'

5. Difference in educational opportunities or available support - **Immediate safety concern**ISC

Comments

'Inadequate nightshift take staffing.'

10 July 2025 20:30

Variance from the work schedule

'The Trust did not fill a known rota gap for a clerking SHO. This meant between the hours of midnight and 8am there was only 1 doctor for the medical take. This also meant I was unable to take any rest breaks.'

Review meeting notes:

'Thank you for highlighting this - I will escalate this up separately through the acute medical division to flag this as a concern'

6. Difference in the support available during service commitments - **Immediate safety concern**ISC

Comments

'I held both F1 bleeps 1995 and 2430 for the night'

11 July 2025 00:00

Variance from the work schedule

'Normally there are two F1s.

Steps taken to resolve matters

Apparently the rates were only escalated after 2pm.'

Ophthalmology

Difference in the pattern of hours worked - **Immediate safety concern**ISC Comments

unsafe working environment. Hot day and a large number of patients. Lack of support from consultant due to "not being his job". I stayed at work to help 1st on call who went to level 3 with 11 patients at 18:00 o'clock.

21 June 2025 16:00

Oncology

1. Difference in the hours of work - **Immediate safety concern**ISC Comments

'Minimum staffing all day plus no additional evening cover 5-9 meant both the wards and SDEC were at/below minimum staffing. Department was full and queueing - 7 patients in department, approx 4 in queue throughout the day with only 1 doctor on 9-5 and 1 doctor on 130-930pm, no ANP to support reviewing patients. Phone line extremely busy and despite best efforts, unable to answer all calls from patients who may be ringing with emergency symptoms. Patient's diverted to medical SDEC and ED or directly admitted to ward due to SDEC being at capacity - not ideal for vulnerable cancer patients on treatment who need specialist input. Once in department, patients waited significantly long periods of time to be seen and only myself available for reviewing in the evening - ratio of 1 doctor: 7 patients - this excessive workload meant patients were not receiving timely care they deserved and several declined to wait for results due to delay in being seen. Overall workload was unmanageable and as such, felt unsafe. I was also unable to take a break throughout the shift, which in addition to staying very late and having excessive workload, increases risk of errors being made contributing to the department feeling unsafe.'

9 June 2025 00:00

Review meeting notes:

'Clinical leads and BHOC management are sighted on the staffing issues in SDEC. An additional fellow was appointed last week to cover the shortages and ongoing locum cover is being sought.'

2. Difference in the hours of work - **Immediate safety concern**ISC Comments

'Unsafe staffing - only myself working SDEC 130-930 and another doctor on the wards, no additional 5-9pm cover, no ANP in SDEC. As a result, I was working alone on SDEC and was unable to see the 2 new patients who arrived at 7pm. One patient opted to self-discharge without being seen and has since been found to have confirmed MSEC. Although I handed over these 2 patients to be seen by the night doctor, they were called to a very unwell patient on the ward, which further delayed them reviewing these patients waiting on SDEC. More cover is needed to ensure patients are seen

promptly. Additionally, numerous missed phone-calls on SDEC this shift due to nurses and doctors being tied up in clinical tasks. This is concerning as patient's rely on this phone-line for emergencies.'

27 June 2025 00:00

Review meeting notes

'Clinical leads and BHOC management sighted on this issue and urgent solutions being sought. Clinical fellow appointed last week to cover shortages and additional locums being approached.'

Respiratory Medicine

Difference in the hours of work - **Immediate safety concern**ISC Comments

'Bleep system dysfunctional so was initially unable to handover in a timely manner leading to late finish.'

11 June 2025 00:00

Other

O&G

A project was implemented, in good faith, to try and improve rostering within the O&G registrar tier. This relied on the use of an A.I. rostering solution supplied by an external company. Unfortunately, the programme failed to produce a rota and left many residents unable to plan their lives within an appropriate timescale. This resulted in significant upset and distress.

The O&G senior leadership team worked tirelessly to try and find ways to ameliorate the situation. This required large amounts of additional work, over and above that which would have been needed without using the A.I. solution'.

I understand that the immediate issues were addressed but departments clearly need to be wary of using new systems without adequate testing carried out in parallel to existing processes.

OMFS

Serious concerns were raised by OMFS residents concerning multiple issues within the speciality. One area of concern focused on working patterns which were claimed to be neither compliant with the rota rules nor agreed work schedules. To compound this a culture of discouraging exception reporting was reported to pervade. No exception reports had been received historically. To gather data and evidence relating to this issue it was agreed that residents would be allowed to exception report without any notification being made to their supervisors or the department – effectively anonymising reports. As Guardian I wrote to all residents explaining this process and asking for their help in collecting this data. A face-to-face meeting was held to reinforce the Trust's support for this intervention. Exception reports are now being submitted, and these are being summarised and forwarded to the team leading this investigation.

A diary exercise has been implemented to provide evidence of variance from published rotas and non-resident on call activity.

Work schedule reviews:

Surgery. Continued use of simple repeating patterns which do not match placement length. This leads to a variation in night and weekend working between different individuals on the rota who are being paid according to the same work schedule. Aside from residents requesting additional payment for working beyond their generic work schedule this will also cost the Trust money as an equal number of residents will be overpaid. One solution would be to either manipulate the rota, line by line, to ensure that all lines match the generic work schedule or to create bespoke work schedules for everyone. The current situation is resulting in requests for work schedule reviews and exception reports which are not appropriate.

This situation has been flagged on multiple previous occasions.

Fines.

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

- 48-hour average week rule Cardiology, one incident £79.46
- 48-hour average week rule Ophthalmology, two incidents £474.42
- 48-hour average week rule OMFS, one incident £276.75
- 13-hour maximum shift length PICU, one incident £197.68
- 13-hour maximum shift length OMFS, one incident £139

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.

Multiple specialities continue to report locally employed doctor resignations over the summer, to be an increasing problem and contributing factor in workforce deficits. Residents are resigning early after success in gaining training programme places starting in August. This is a significant problem, in my own speciality (A&E). The proposed solution to increase notice periods from one to three months has been rejected due to the need to align locally employed doctors' contracts with trainees.

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.

As previously discussed, the data provided for Locum's Nest bookings is not robustly broken down by specialty and grade (there are very large, pooled figures for 'Medicine' and 'Surgery' with no alignment against specialty and grade). I have recently been informed that the 'shift tagging' process is due to be rolled out in medicine imminently.

Overall locum hours, for the quarter, represent almost 42 WTE which is equivalent to approximately 5% of the overall WTE workforce. This appears to be stable despite decreased establishment. If reported over establishment, against funded, is considered this would suggest that, to meet current demand, planned WTE would need to increase by approximately 9% or 65 full time posts, across UHB. This would potentially save, rather than increase, spending and lead to more reliability for real life capacity to meet demand.

Triangulated data: Staffing, exception reporting and locum May, June, July 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				2.41	Stable. Locum use reflects lack of contingency in staffing numbers.
	FY2	0.00				
	ST1-2	(1.00)		932		
	ST3+	0.34		320		
Acute Medicine	FY1	0.00				Corrected for incorrect speciality tags (reports moved to Medicine OOH and Take)
	FY2	1.00				
	ST1-2	0.94	1			
	ST3+	0.90				
Care of the Elderly	FY1	(1.00)	10			Continued and escalating high levels of exception reporting.
	FY2	(0.06)	8			
	ST1-2	(1.40)	11			
	ST3+	2.39				
Dermatology	FY1				0.03	
	FY2					
	ST1-2	0.00				
	ST3+	0.02	3	16		
	Unknown					
Diabetes and Endocrinology	FY1					
	FY2					
	ST1-2	0.00				
	ST3+	1.16				
Gastroenterology	FY1	0.00				
	FY2					
	ST1-2	(0.20)				
	ST3+	1.34				
Hepatology	FY1	0.00	2			
	FY2					
	ST1-2	0.00	2			
	ST3+	(0.20)				
Liaison Psychiatry	FY1	0.00				
	FY2	0.00				
	ST1-2					
	ST3+					

Speciality	Grade	Over/ under establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Respiratory Medicine	FY1	2.00	7(1)			Fall in establishment at ST1-2. Exception reporting increasing again.
	FY2					
	ST1-2	(2.12)	2			
	ST3+	(2.08)				
General Internal Medicine (A518)	FY1					
	FY2					
	ST1-2	0.00				
	ST3+	0.00				
Rheumatology	FY1					
	FY2					
	ST1-2	0.00				
	ST3+	2.30				
SARC (Sexual assault referral centre)	FY1					
	FY2					
	ST1-2					
	ST3+					
Unity Sexual Health	FY1					
	FY2	0.00				
	ST1-2	2.00				
	ST3+	(1.50)				
Sleep / NIV	FY1					
	FY2					
	ST1-2					
	ST3+	(0.20)				
'General / Acute Medicine' (Unspecified)	FY1	(3.00)		957	11.18	No NEST data available for individual specialities. Overall workforce deficit.
	FY2	(0.40)		8		
	ST1-2	(0.09)		4248		
	ST3+	0.12		601		
Medicine Out of hours and take	FY1		9(4)			Very concerning levels of exception reporting and ISCs. See comment in report.
	FY2		3(1)			
	ST1-2					
	ST3+		1(1)			

Speciality	Grade	Over/ under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Anaesthetics	FY1	0.00			0.25	
	FY2	0.00				
	ST1-2	1.00				
	ST3+	(1.60)		129		
Cardiac Anaesthetics	FY1					
	FY2					
	ST1-2					
	ST3+					
Colorectal Surgery	FY1		9			
	FY2					
	ST1-2					
	ST3+					
Endoscopy	FY1					
	FY2					
	ST1-2					
	ST3+	0.00				
ENT	FY1				1.56	
	FY2					
	ST1-2	1.00		723		
	ST3+	(3.04)		89		
Hepatobiliary Surgery	FY1		1			
	FY2					
	ST1-2					
	ST3+					
Intensive Care	FY1	0.00			6.45	Staffing data accurate. Persisting under recruitment and high locum spend. Is this a planned strategy?
	FY2	0.00				
	ST1-2	(0.07)		169		
	ST3+	(8.97)		3186		
Oesophago- Gastric Surgery	FY1					
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Ophthalmology	FY1				0.42	Very high exception reporting levels seen amongst ST3+ frequently citing capacity not meeting demand. Further issues around NROC.
	FY2					
	ST1-2	(1.00)				
	ST3+	(1.86)	16(1)	218		
Oral Maxillofacial Surgery	FY1				1.89	Trust information gathering exercise in progress. Exception reporting now anonymous.
	FY2					
	ST1-2		4	71		
	ST3+	(2.06)	9	911		
Thoracic Surgery Cardiothoracics	FY1				1.24	
	FY2					
	ST1-2			149		
	ST3+	(0.03)		494		
Trauma and Orthopaedics	FY1	0.00			0.18	
	FY2	0.00				
	ST1-2	(0.03)		92		
	ST3+	(0.32)		4		
'General surgery' (Unspecified)	FY1	0.62			1.22	
	FY2	0.00		17		
	ST1-2	0.00		365		
	ST3+	(2.86)		252		
Surgery Out of hours and take	FY1		1			
	FY2					
	ST1-2					
	ST3+		2			
Dental	FY1				0.04	
	FY2					
	ST1-2					
	ST3+			23		

Speciality	Grade	Over/ under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Cardiac Surgery	FY1					
	FY2					
	ST1-2	(1.00)				
	ST3+	0.94				
Cardiac MRI	FY1					
	FY2					
	ST1-2					
	ST3+	(0.50)				
Cardiology	FY1	(1.00)	8(1)		2.54	Exception reporting significantly reduced but remains high particularly at FY1. This is seen repeatedly.
	FY2					
	ST1-2	0.94	2	972		
	ST3+	1.19		351		
Clinical Genetics	FY1					
	FY2					
	ST1-2					
	ST3+	(2.00)				
Haematology	FY1	0.00	4		0.76	
	FY2	0.00				
	ST1-2	2.00	3	107		
	ST3+	(1.97)		287		
Oncology	FY1	0.50	3		1.78	Exception reporting escalating (including ISCs) despite reduction last quarter.
	FY2	(1.00)				
	ST1-2	1.00	8(2)	822		
	ST3+	2.48		102		
Palliative Care	FY1					
	FY2					
	ST1-2	0.10				
	ST3+	0.67				
St Peter's Hospice	FY1					
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Community Paediatrics	FY1					
	FY2					
	ST1-2	2.00				
	ST3+	0.00				
General Paediatrics	FY1				1.64	
	FY2	1.67				
	ST1-2	8.42		188		
	ST3+	12.80		664		
General Paediatrics OOH and take	FY1					
	FY2					
	ST1-2					
	ST3+					
SoNAR	FY1				0.24	
	FY2					
	ST1-2					
	ST3+			125		
	Unknown					
Neonatal Intensive Care (NICU)	FY1				0.85	
	FY2					
	ST1-2	(0.59)				
	ST3+	4.39	6	440		
O&G	FY1	(1.00)	6		1.97	
	FY2	(1.84)				
	ST1-2	0.00		274		
	ST3+	6.07		752		
Paediatric A&E	FY1				2.41	
	FY2			216		
	ST1-2	(0.17)	1	1036		
	ST3+	0.62				
Paediatric Anaesthetics	FY1				0.11	
	FY2					
	ST1-2	(1.00)				
	ST3+	1.57		59		
Paediatric 'medical specialities'	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Obesity	ST3+	(0.10)				

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total Locum WTE	Comment
Paediatric Cardiac Surgery	FY1				0.54	
	FY2					
	ST1-2					
	ST3+	(1.00)		281		
Paediatric Cardiology	FY1				1.00	
	FY2					
	ST1-2	0.69				
	ST3+	(0.78)		521		
Paediatric Surgery	FY1				0.32	
	FY2	0.00				
	ST1-2	(1.11)		124		
	ST3+	1.84		41		
Paediatric Intensive Care (PICU)	FY1				0.31	
	FY2					
	ST1-2	0.93		23		
	ST3+	4.15	1	138		
Paediatric Neurosurgery	FY1				0.32	
	FY2					
	ST1-2					
	ST3+	1.00		164		
Paediatric Oncology and Haematology	FY1				0.27	
	FY2					
	ST1-2					
	ST3+	(2.79)		140		
Paediatric Plastic Surgery / Burns	FY1					
	FY2					
	ST1-2					
	ST3+	0.00				
Paediatric Trauma and Orthopaedic Surgery	FY1					
	FY2					
	ST1-2	1.00				
	ST3+	(0.04)				
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					
	ST3+					
Paediatric respiratory	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Edndocrinology	FY1					
	FY2					
	ST1-2					
	ST3+		4			
Radiology	FY1				0.09	
	FY2					
	ST1-2	0.14				
	ST3+	1.60		46		
	Unknown					
Microbiology Pathology	FY1					
	FY2					
	ST1-2	(1.24)				
	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

Data and ISC comments for Medicine Out of Hours Cover and Take raises significant safety and staff wellbeing concerns. This reflects an inability to reliably source locums at short notice to cover unplanned gaps. Creating and staffing rotas which feature a continuously running 'float' week could potentially provide a solution.

Care of the Elderly, Cardiology and Oncology return concerning levels of exception reporting. This is a repeating pattern across multiple intakes of resident doctors. Capacity to meet demand in Respiratory Medicine appears to be deteriorating again and Ophthalmology shows a new very high level of exception reporting. Targeted capacity and demand exercises are recommended within these specialities.

Intensive Care appears to suffer from chronic under recruitment associated with very high locum use. The reasons behind this are unclear.

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.

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. No agency locum use was seen in this quarter. This makes it essential for Medical Rostering to be able to start reporting data broken down by speciality and grade. I have been informed that 'shift tagging' is to be implemented imminently to, hopefully, resolve this issue.

The reason for persistent under recruitment, and consequent high locum utilisation, in Intensive Care is unclear and would benefit from investigation.

Overall exception reporting data shows a marked increase compared to both the previous quarter and the same quarter in 2024. Of particular concern is the number of ISCs relating to Medical Out of Hours and Take. Almost all exception reports relate to additional hours being worked or failure to cover gaps. High levels of locum hours are also seen in some areas, most likely reflecting 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 planned workforce deficit against the actual workforce requirement is increasing with figures suggesting a shortfall of around 65 posts.

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).

18th September 2025.

Appendix 1. UHBW Resident Staffing Report as at: June 2025 Division of Medicine

	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	4.94	(0.06)
	ST1-2	12.00	10.60	(1.40)
	ST3+	8.30	10.69	2.39
Care of the Elderly Total		32.30	32.23	(0.07)
Dermatology	ST1-2	1.00	1.00	0.00
	ST3+	4.00	4.02	0.02
Dermatology Total		5.00	5.02	0.02
Emergency Department	FY2	1.00	1.00	0.00
	ST1-2	31.00	30.00	(1.00)
	ST3+	18.91	19.25	0.34
Emergency Dept Total		50.91	50.25	(0.66)
General Medicine	FY1	3.00	0.00	(3.00)
	FY2	8.00	7.60	(0.40)
	ST1-2	5.00	4.91	(0.09)
	ST3+	5.11	5.23	0.12
General Medicine Total		21.11	17.74	(3.37)
Respiratory	FY1	6.00	8.00	2.00
	ST1-2	10.00	7.88	(2.12)
	ST3+	7.00	4.92	(2.08)
Respiratory Total		23.00	20.8	(2.20)
Rheumatology	ST1-2	1.00	1.00	0.00
	ST3+	4.20	6.50	2.30
Rheumatology Total		5.20	7.50	2.3
Sexual Health	FY2	0.00	0.00	0.00
	ST1-2	1.00	3.00	2.00
	ST3+	5.00	3.50	(1.50)
Sexual Health Total		6.00	6.50	0.50
Sleep	ST3+	1.00	0.80	(0.20)
Hepatology	FY1	2.00	2.00	0.00
	ST1-2	3.00	3.00	0.00
	ST3+	3.00	2.80	(0.20)
Hepatology Total		8.00	7.80	(0.20)
Gastroenterology	FY1	3.00	3.00	0.00
	ST1-2	2.00	1.80	(0.20)
	ST3+	3.00	4.34	1.34

Gastroenterology Total		8.00	9.14	1.14
Acute Medicine	FY1	2.00	2.00	0.00
	FY2	0.00	1.00	1.00
	ST1-2	5.00	5.94	0.94
	ST3+	3.00	3.90	0.90
Acute Medicine Total		10.00	12.84	2.84
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	1.00	0.00
	ST3+	3.00	4.16	1.16
Endo & Diabetes Total		4.00	5.16	1.16
Grand Totals		182.52	183.98	1.46

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Anaesthetics	FY1	0.00	0.00	0.00
	FY2	0.00	0.00	0.00
	ST1-2	3.00	4.00	1.00
	ST3+	35.00	33.40	(1.60)
Anaesthetics Total		38.00	37.40	(0.60)
ICU	FY1	2.00	2.00	0.00
	FY2	5.00	5.00	0.00
	ST1-2	4.00	3.93	(0.07)
	ST3+	33.00	24.03	(8.97)
ICU Total		44.00	34.96	(9.04)
Endoscopy	ST3+	1.00	1.00	0.00
ENT	ST1-2	10.00	11.00	1.00
	ST3+	9.00	5.96	(3.04)
ENT Total		19.00	16.96	(2.04)
General Surgery	FY1	12.38	13.00	0.62
	FY2	3.00	3.00	0.00
	ST1-2	5.00	5.00	0.00
	ST3+	14.50	11.64	(2.86)

General Surgery Total		34.88	32.64	(2.24)
OMFS	ST3+	7.00	4.94	(2.06)
Ophthalmology	ST1-2	2.00	1.00	(1.00)
	ST3+	29.50	27.64	(1.86)
Ophthalmology Total		31.50	28.64	(2.86)
Thoracic Surgery	ST3+	3.00	2.97	(0.03)
Trauma & Orthopaedics	FY1	3.00	3.00	0.00
	FY2	3.00	3.00	0.00
	ST1-2	11.00	10.97	(0.03)
	ST3+	11.00	10.68	(0.32)
T&O Total		28.00	27.65	(0.35)
Grand Totals		206.38	187.16	(19.22)

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Cardiac MRI	ST3+	3.50	3.00	(0.50)
Cardiac Surgery	ST1-2	1.00	0.00	(1.00)
	ST3+	14.00	14.94	0.94
Cardiac Surgery Total		15.00	14.94	(0.06)
Cardiology	FY1	6.00	5.00	(1.00)
	ST1-2	11.00	11.94	0.94
	ST3+	16.00	17.19	1.19
Cardiology Total		33.00	34.13	1.13
Clinical Genetics	ST3+	2.00	0.00	(2.00)
Haematology	FY1	1.00	1.00	0.00
	FY2	1.00	1.00	0.00
	ST1-2	2.00	4.00	2.00
	ST3+	16.90	14.93	(1.97)
Haematology Total		20.90	20.93	0.03
Oncology	FY1	1.50	2.00	0.50
	FY2	2.00	1.00	(1.00)
	ST1-2	9.00	10.00	1.00
	ST3+	18.60	21.08	2.48
Oncology Total		31.10	34.08	2.98
Palliative Care	ST1-2	1.90	2.00	0.10
	ST3+	4.20	4.87	0.67
Palliative Care Total		6.10	6.87	0.77
R&I	ST3+	1.00	1.00	0.00
Grand Total		106.6	109.95	3.35

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
NICU	ST1-2	10.00	9.41	(0.59)
	ST3+	15.60	19.99	4.39
NICU Total		25.60	29.40	3.80
Obstetrics & Gynaecology	FY1	2.00	1.00	(1.00)
	FY2	3.00	1.16	(1.84)
	ST1-2	8.00	8.00	0.00
	ST3+	19.48	25.55	6.07
O&G Total		32.48	35.71	3.23
Paed Accident & Emergency	ST1-2	9.00	8.83	(0.17)
	ST3+	15.00	15.62	0.62
Paed A&E Total		24.00	24.45	0.45
Paed Anaesthetics	ST1-2	1.00	0.00	(1.00)
	ST3+	7.00	8.57	1.57
Paed Anaesthetics Total		8.00	8.57	0.57
Paed Burns	ST3+	5.00	5.00	0.00
Paed Cardiac Surgery	ST3+	3.00	2.00	(1.00)
Paed Cardiology	ST1-2	1.00	0.69	(0.31)
	ST3+	8.00	7.22	(0.78)
	S.H.O.	0.00	1.00	1.00
Paed Cardiology Total		9.00	8.91	(0.09)
General Paediatrics	FY2	6.00	7.67	1.67
	ST1-2	13.00	21.42	8.42
	ST3+	28.00	40.80	12.80
Gen Paeds Total		47.00	69.89	22.89
Paed General Surgery	FY2	1.00	1.00	0.00
	ST1-2	6.00	4.89	(1.11)
	ST3+	9.00	10.84	1.84
Paed Gen Surgery Total		16.00	16.73	0.73
Paed Haematology & Oncology	ST3+	7.00	4.21	(2.79)
Paed Neurosurgery	ST3+	6.00	7.00	1.00
Paed Obesity	ST3+	0.80	0.70	(0.10)
Paed Trauma & Orthopaedics	ST1-2	3.00	4.00	1.00
	ST3+	6.00	5.96	(0.04)
Paed T&O Total		9.00	9.96	0.96
Community Paediatrics	ST1-2	0.00	2.00	2.00
	ST3+	5.30	5.30	0.00
Community Paeds Total		5.30	7.30	2.00

PICU	ST1-2	3.00	3.93	0.93
	ST3+	16.23	20.38	4.15
PICU Total		19.23	24.31	5.08
Grand Total		218.41	255.14	36.73

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Pathology	ST1-2	2.00	0.76	(1.24)
Pathology Total		2.00	0.76	(1.24)
Radiology	ST1-2	8.86	9.00	0.14
	ST3+	10.00	11.60	1.60
Radiology Total		18.86	20.60	1.74
Grand Total		20.86	21.36	1.50

Appendix 2.

Summary of exception reports by specialty, grade, and reason May, June, July 2025

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	10						10
	FY2	8						8
	ST1-2	11						11
	ST3+							
	Sum	29						29

	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)
Hepatology	FY1	2						2
	FY2							
	ST1-2	2						2
	ST3+							
	Sum	4						4

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Respiratory Medicine	FY1	7					1	7(1)
	FY2							
	ST1-2	2						2
	ST3+							
	Sum	9						9(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Medicine OOH and take	FY1	3	6				4	9(4)
	FY2	1	1	1			1	3(1)
	ST1-2							
	ST3+	1					1	1(1)
	Sum	5	7	1			6	13(6)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Colorectal Surgery	FY1	9						9
	FY2							
	ST1-2							
	ST3+							
	Sum	9						9

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Ophthalmology	FY1							
	FY2							
	ST1-2							
	ST3+	11			2	3	1	16(1)
	Sum	11			2	3	1	16(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
HPB 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	4						4
	ST3+	4		1	1	3		9
	Sum	8			1	1	3	13

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	8					1	8(1)
	FY2							
	ST1-2	1		1				2
	ST3+							
	Sum	9		1			1	10(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Oncology	FY1	3						3
	FY2							
	ST1-2	8					2	8(2)
	ST3+							
	Sum	11						11(2)

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

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

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

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

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

Total exception reports this quarter (ISC): 149 (11)

Total exception reports last quarter: 86 (0)

Total exception reports same quarter previous year: 107 (0)

Appendix 3. UHBW Resident Locum Report for Quarter: May, June, July 2025

Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2				
	ST1-2			932	932
	ST3+	69		251	320
Acute Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+				
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+	16			16
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+				
Gastroenterology	FY1				
	FY2				
	ST1-2				
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2				
	ST3+				
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
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+				
'General / Acute Medicine'	FY1			957	957
	FY2			8	8
	ST1-2			4248	4248
	ST3+			601	601
Out of Hours and take	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Division of Medicine: 7082 locum hours (13.62 WTE)

UHBW Resident Locum Report for Quarter: May, June, July 2025.

Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			129	129
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			723	723
	ST3+			89	89
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1				
	FY2				
	ST1-2			169	169
	ST3+			3186	3186
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Surgery February, March, April 2025 continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2				
	ST3+			218	218
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2			71	71
	ST3+	25		886	911
Thoracic Surgery Cardiothoracics	FY1				
	FY2				
	ST1-2			149	149
	ST3+			494	494
Trauma and Orthopaedics	FY1				
	FY2				
	ST1-2			92	92
	ST3+			4	4
'General surgery' (unspecified)	FY1				
	FY2			17	17
	ST1-2			365	365
	ST3+			252	252
Dental	FY1				
	FY2				
	ST1-2				
	ST3+	23			23

Total for Division of Surgery: 6892 Locum hours (13.25 WTE)

UHBW Resident Locum Report for Quarter: May, June, July 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			972	972
	ST3+	12		339	351
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2				
	ST1-2			107	107
	ST3+			287	287
Oncology	FY1				
	FY2				
	ST1-2			822	822
	ST3+			102	102
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Specialised services: 2641 Locum hours (5.08 WTE)

UHBW Resident Locum Report for Quarter: May, June, July 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			188	188
	ST3+	93		571	664
SoNAR	FY1				
	FY2				
	ST1-2				
	ST3+			125	125
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2				
	ST3+			440	440
O&G	FY1				
	FY2				
	ST1-2	17		257	274
	ST3+	446		306	752
Paediatric A&E	FY1				
	FY2			216	216
	ST1-2			1036	1036
	ST3+				
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			59	59
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+			281	281

Division of Women and Children's May, June, July 2025 cont.

Speciality	Grade	Bank	Agency	Nest	Total
Paediatric Cardiology	FY1				
	FY2				
	ST1-2				
	ST3+	12		509	521
Paediatric General Surgery	FY1				
	FY2				
	ST1-2			124	124
	ST3+			41	41
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	23			23
	ST3+	138			138
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+			164	164
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Oncology and Haematology	FY1				
	FY2				
	ST1-2				
	ST3+			140	140
Paediatric Plastic Surgery / Burns	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Trauma and Orthopaedic Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Women and Children's: 5186 Locum hours (9.97 WTE)

UHBW Resident Locum Report for Quarter: May, June, July 2025

Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2				
	ST3+			46	46
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

UHBW Resident Locum Report for Quarter: May, June, July 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+				