

QUARTERLY REPORT ON SAFE WORKING HOURS: RESIDENT DOCTORS AND DENTISTS

University Hospitals Bristol and Weston (UHBW) Bristol sites

01st November 2024 to 31st January 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.

There is continuing work in progress to further improve the accuracy and validity of the data used as the basis for this report.

Staffing data continues to be problematic. In the last quarter a different data source was used to establish more accurate and detailed staffing figures within the Division of Medicine. This has resulted in a significant increase in the reliability, and usefulness, of data for this division. Gathering staffing data, by speciality and grade, is complex and information remains sub-optimal in all other Divisions. This has been further compromised due to the withdrawal of support from one of the main sources of information during this quarter. For this reason, staffing data is considered to be unreliable and no figures for overall staffing, by headcount, are available. I continue to work with Medical HR to establish a way forward and this will, hopefully, bear fruit over the next quarter. Staffing data, as currently available, is provided in **Appendix 1** for reference. It is hoped that the same data sourcing, now being employed in Medicine, will be expanded to all other Divisions in the future.

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, 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, has been 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 sourcing locum cover. At present, Locum's Nest data is not reported to the required level of detail, with most hours falling under the heading of 'Medicine'. This has been escalated for action but, unfortunately, continues to be a work in progress. I continue to try and progress this issue and hold regular meetings with the relevant parties. Locum data, as available, 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 mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring all resident doctors are working in line with the 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 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. In the longer term, it is expected that a new Guardian will be appointed and develop the role to cover the entire Trust. This is scheduled for May 2026.

High level data for Bristol sites of UHBW

Total number of junior doctors/dentists: **Information not available**

Number of junior doctors/dentists in training: **567** (of which 365 Full time, 202 Less than full time)

Number of locally employed doctors: **Information not available**

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	-1.80 (+3.73)	0.20 (1.40)
Medicine	+6.84 (+17.37)	15.28 (12.98)
Specialised	+0.70 (-0.96)	6.21 (6.05)
Surgery	+6.80 (+2.43)	15.32 (13.59)
Women and Children's	* +44.20 (+20.96)	5.82 (5.24)
TOTAL	+56.74 (+43.53)	42.83 (39.26)

*Staffing data for Women and Children's is considered to be unreliable.

Both establishment and locum hours have increased for this quarter.

Of note is the apparent disparity between establishment and the need for locum hours, across all divisions except Diagnostics and Therapies, which suggests that a significant Trust wide WTE equivalent planned workforce deficit exists. Overall locum hours, for the quarter, represent over 42 WTE which is equivalent to approximately 6% of the overall WTE workforce. If reported WTE over establishment, against funded, of 56.74 is considered this would suggest that, to meet current demand, planned WTE would need to increase by approximately 13% or 100 full time posts, across UHB, to negate the need for unplanned over establishment and excessive locum spend. This apparent funded WTE staffing deficit is increasing compared to previous quarters.

Exception reports

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

This quarter shows a significant decrease in overall exception reports (173 vs 304 last quarter) but a significant increase compared to the same quarter last year (118). This is likely to represent reduced levels, compared to the previous quarter, due to new doctors 'finding their feet' and increased levels compared to the previous year due to an increasingly challenging work environment. Several specialities continue to demonstrate high levels of exception reporting across multiple reporting periods.

Almost all exception reports highlight additional hours being worked, and insufficient staffing, 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 are seen in Care of the Elderly, Respiratory Medicine, Cardiology, Oncology and Obstetrics and Gynaecology (O&G). Except for O&G these specialities have returned high levels of exception reporting quarter on quarter.

Immediate safety concerns (ISC)

Oncology ST6. 01/11/24

'I was in work on Friday morning for a normal working day, with non-resident on-call in the evening. Was called to be asked to go home at about 9:30am when I was in the middle of some work/feedback, in order to be able to cover the SHO night shift starting at 9pm due to SHO sickness. Did not arrive home until after 11am, and had to leave home at 8:20 PM to get to work, so had less than 11 hours continuous rest due to the nature of having to cover.'

TOIL taken.

This report does not meet the threshold of an Immediate Safety Concern. It does, however, constitute a rota rule breach and further highlighted an inappropriate acting down SOP. I understand that changes have been made to SHO night cover arrangements.

Oncology ST1. 11/11/24

'I was unable to take a break due to busy shift - very tired and developed a headache by end of shift. The locum day SHO (9-5pm) also stayed 1hr late to complete jobs. One patient was moved onto the ward before I could see them i.e. no SDEC clerking before leaving (they were already seen by Haem and plan made however, not officially clerked in SDEC before being moved). One patient (who needed reviewing and imaging requesting) left before being seen, because of the long wait. Although they chose to leave, they should have ideally been seen sooner and would have had imaging overnight, had they stayed. 2 patients on the board waiting to be called in - despite having space, we were advised not to call them in because we would not be able to see them for many more hours. These patients were waiting all day to come in and be seen - limited factor to be seen was (doctor) staffing, not space. Alongside this, asked to complete multiple prescriptions - completed whilst under great pressure from ward (increased risk of error) and not all able to be completed. Those outstanding prescriptions were handed over to night Dr, who also likely did not have time - delayed prescriptions due to this.'

Meeting with supervisor:

'..... and I met over Teams to discuss safety concern and the actions being taken. The staffing shortage occurred between 5-9pm (due to unusually high patient numbers rather than reduced staffing) and had implications into the night shift. We are aware of this issue, it is an ongoing problem although this incident sounds particularly bad. Measures being put in place to increase staffing overnight, either with 2 SHOs overnight or a twilight SHO. Working group set up and management involved. In short term senior oncology input being considered for BD rather than OD.'

Oncology ST5. 18/11/24

'I should have been non-resident on-call 17:00 - 09:00. Reason for variance: 17:00-21:00; SDEC clinical needs required registrar level support, including complex management of unstable patient who was not for escalation to critical care but maximum ward level care. Required discussions with multiple specialities and consultant on-call. 21:00-09:00; night shift SHO attended shift immediately following a long haul flight and 2 days of complete sleep deprivation. I judged she was not fit to work on the basis of risk to patient safety. I escalated this to my consultant on-call who supported my decision and we initiated the BHOC step-down procedure, which involved me covering the SHO shift for Oncology (the Haematology SpR came in from home to cover the BHOC night shift for Haematology). I immediately reached out the the BHOC registrar group in the event someone who had not worked during the day could do the night shift, however nobody was available. As I hadn't planned to be resident after 17.00, I had no food with me. The vending machine was broken and there was limited food supply on the wards. There was inadequate time to rest.'

Escalated to senior BHOC management. Guardian fine issued.

Acute Medicine ST7. 22/22/24

'Staffing not sufficient to guarantee safety of patients on medical take'

Meeting with supervisor:

'Short notice sickness affecting on call shift. Escalated to physician on call on the day, and issues regarding covering short notice sickness has been escalated to the chief registrar, medical staffing and the deputy medical director'

Comment

The ISCs raised in Oncology come on the back of similar problems reported in the previous quarter. This revealed a significant issue related to SHO night cover and an associated acting down policy. Senior BHOC management engaged in investigating this situation and I understand that changes have been made to rotas to prevent recurrence. No further incidents have been reported or brought to my attention.

Other

There were no work schedule reviews requested in this period.

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

- Five-hour minimum rest whilst NROC Oncology. One incident, total £1227.98
- 48-hour average week rule ENT. Three incidents £230.66
- 48-hour average week rule Cardiology. One incident £89.39

The Resident Doctor's Forum has been rescheduled as a monthly one-hour lunchtime meeting, in an attempt to further increase attendance. Refreshments and cakes are now provided and funded from the Guardian fines account. This has proved very effective with a significant increase in resident representation.

Further expenditure from the Guardian fines account included Christmas 'treats' for all divisions, including Weston, and breakfast club funding in Oncology and Trauma and Orthopaedics.

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). A discussion around extending notice periods has been started via MWAG, with HR. No progress has been reported on this issue.

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). Progress in resolving this is proving to be frustrating.

Overall locum hours, for the quarter, represent over 42 WTE which is equivalent to approximately 6% of the overall WTE workforce. This appears to be increasing despite increased 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 13% or 100 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 August - October 2024

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				4.90	Suspicious locum data potentially combined with paed's ED by locum's nest.
	FY2	1.00		14		
	ST1-2	(0.98)		1299		
	ST3+	2.04		1237		
Acute Medicine	FY1				Unknown	
	FY2	1.00	1			
	ST1-2	0.94	3			
	ST3+	0.84	2(1)			
Care of the Elderly	FY1	(1.00)	2		0.38	Continued concerning levels of exception reporting
	FY2					
	ST1-2	(1.40)	11			
	ST3+	(0.19)		196		
Dermatology	FY1					Repeated clinic overruns reported
	FY2					
	ST1-2	(2.00)				
	ST3+	2.00	7			
Diabetes and Endocrinology	FY1					
	FY2					
	ST1-2		1			
	ST3+	0.61				
Gastroenterology	FY1		11			
	FY2					
	ST1-2					
	ST3+	0.23				
Hepatology	FY1				0.00	
	FY2					
	ST1-2	(1.06)				
	ST3+	(0.20)				
Liaison Psychiatry	FY1					
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ under establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Respiratory Medicine	FY1	2.00	3			Sustained high levels of exception reporting. Insufficient capacity to meet footprint
	FY2					
	ST1-2	1.94	23			
	ST3+	(1.22)	2			
General Internal Medicine (A518)	FY1					
	FY2		1			
	ST1-2	(0.30)	4			
	ST3+					
Rheumatology	FY1					
	FY2			6		
	ST1-2	(1.40)				
	ST3+	2.93				
SARC (Sexual assault referral centre)	FY1					
	FY2					
	ST1-2					
	ST3+					
Unity Sexual Health	FY1					
	FY2					
	ST1-2	2.60				
	ST3+	(1.14)				
Sleep / NIV	FY1					
	FY2					
	ST1-2					
	ST3+	(0.20)				
'Medicine' (Unspecified)	FY1	(0.20)			9.53	Unable to comment as NEST data not available for specialities. Suggests workforce deficit.
	FY2					
	ST1-2			4285		
	ST3+			672		
Medicine Out of hours and take	FY1		2			Likely skewed with numbers hidden in 'medicine unspecified'
	FY2					
	ST1-2		2			
	ST3+					

Speciality	Grade	Over/ under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Anaesthetics	FY1				1.13	Staffing data questionable.
	FY2					
	ST1-2	10.30				
	ST3+	3.40		586		
Cardiac Anaesthetics	FY1					
	FY2					
	ST1-2					
	ST3+					
Colorectal Surgery	FY1		4			
	FY2					
	ST1-2					
	ST3+					
	Unknown					
Endoscopy	FY1					
	FY2					
	ST1-2					
	ST3+					
ENT	FY1				0.87	
	FY2					
	ST1-2	1.00	3	288		
	ST3+	(0.90)		162		
Hepatobiliary Surgery	FY1					Exception reporting reduced from previous high level.
	FY2					
	ST1-2					
	ST3+					
Intensive Care	FY1	1.00			3.88	Apparent staffing deficit requiring high locum spend
	FY2	(3.00)				
	ST1-2	(4.60)		387		
	ST3+	(2.30)		1629		
Oesophago- Gastric Surgery	FY1		1			
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Ophthalmology	FY1				1.29	Significant locum hours despite apparent over establishment
	FY2					
	ST1-2	(1.00)				
	ST3+	4.20	6	672		
Oral Maxillofacial Surgery	FY1				2.08	Locum hours match under establishment
	FY2					
	ST1-2			76		
	ST3+	(2.20)		1006		
Thoracic Surgery Cardiothoracics	FY1				3.34	Locum hours match under establishment
	FY2					
	ST1-2			65		
	ST3+	(2.00)		1674		
Trauma and Orthopaedics	FY1	2.00			0.39	
	FY2					
	ST1-2	3.00		77		
	ST3+	1.00		131		
'General surgery' (Unspecified)	FY1	0.60		12	1.99	No speciality specific locum data available. Falling locum hours overall.
	FY2			30		
	ST1-2			585		
	ST3+	(3.80)		407		
Surgery Out of hours and take	FY1		1			Significant reduction in exception reports
	FY2					
	ST1-2		1			
	ST3+					
Dental	FY1					Insufficient data to comment
	FY2					
	ST1-2			76		
	ST3+			54		

Speciality	Grade	Over/ under establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Cardiac Surgery	FY1					
	FY2					
	ST1-2					
	ST3+					
Cardiac MRI	FY1					
	FY2					
	ST1-2					
	ST3+					
Cardiology	FY1	(1.00)	39		3.91	Very high levels of exception reporting. High locum hours. Capacity does not match demand.
	FY2					
	ST1-2			1308		
	ST3+	(1.70)		724		
Clinical Genetics	FY1					
	FY2					
	ST1-2					
	ST3+					
Haematology	FY1		1		0.41	Significantly reduced exception reporting
	FY2					
	ST1-2	2.00	2	9		
	ST3+	(1.30)	3	205		
Oncology	FY1	0.50			1.89	High level exception reporting including ISCs.
	FY2		4	88		
	ST1-2	2.00	14(1)	735		
	ST3+	0.80	4(2)	158		
Palliative Care	FY1				-	
	FY2					
	ST1-2					
	ST3+	(0.60)				
St Peter's Hospice	FY1					
	FY2					
	ST1-2					
	ST3+		1			

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Community Paediatrics	FY1					
	FY2					
	ST1-2					
	ST3+					
General Paediatrics	FY1				0.54	
	FY2					
	ST1-2			41		
	ST3+		1	242		
General Paediatrics OOH and take	FY1					
	FY2					
	ST1-2					
	ST3+					
SoNAR	FY1				2.22	Staffing model?
	FY2					
	ST1-2					
	ST3+			1156		
Neonatal Intensive Care (NICU)	FY1				1.11	
	FY2					
	ST1-2	(2.50)				
	ST3+	5.40		578		
O&G	FY1	(1.00)			1.53	High levels of exception reporting
	FY2		15	4		
	ST1-2	4.70		23		
	ST3+	(0.80)	1	768		
Paediatric A&E	FY1					Highly suspicious locum data. Potentially confused with adult ED.
	FY2					
	ST1-2					
	ST3+			7		
Paediatric Anaesthetics	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric 'medical specialities'	FY1					
	FY2	2.00				
	ST1-2	6.20				
	ST3+	17.60				

Speciality	Grade	Over/ under establishment (WTE)	Exception Reports	Total Locum Hours	Total Locum WTE	Comment
Paediatric Cardiac Surgery	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Cardiology	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Surgery	FY1					
	FY2			27		
	ST1-2	1.90		25		
	ST3+	4.40				
Paediatric Intensive Care (PICU)	FY1				0.30	
	FY2					
	ST1-2	0.80				
	ST3+	6.80	1	155		
Paediatric Neurosurgery	FY1					
	FY2					
	ST1-2					
	ST3+	1.00				
Paediatric Oncology and Haematology	FY1					
	FY2					
	ST1-2					
	ST3+	0.20				
Paediatric Plastic Surgery / Burns	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Trauma and Orthopaedic Surgery	FY1					
	FY2					
	ST1-2					
	ST3+					
Cardiac services	FY1					
	FY2					
	ST1-2					
	ST3+	(2.40)				

Speciality	Grade	Over/ <u>under</u> 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+					
Radiology	FY1				0.20	
	FY2					
	ST1-2	(1.00)				
	ST3+	(0.40)		103		
Microbiology Pathology	FY1					
	FY2					
	ST1-2					
	ST3+					
Laboratory Medicine	FY1					
	FY2					
	ST1-2	(0.40)				
	ST3+					
Clinical Teaching Fellow	FY1					
	FY2					
	ST1-2					
	ST3+					
Occupational Health	FY1					
	FY2					
	ST1-2					
	ST3+					
Other	FY1					
	FY2					
	ST1-2					
	ST3+					

Discussion

Red flagged specialities are: **Care of the Elderly, Respiratory Medicine, Intensive Care, Ophthalmology, Cardiology, Oncology and O&G**. This will be highlighted at MWAG, and a request made for department level analysis and response.

The consistency of the same specialties appearing, quarter on quarter, provides an opportunity for a targeted capacity vs demand exercise.

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.

The planned Trust wide rota review exercise continues to reveal multiple issues, across many specialities. Actions are being implemented, as problems are uncovered, which is yielding positive outcomes. An increasing number of work schedule reviews are being requested due to residents becoming aware of inequalities between individual rosters when compared to their peers. This is almost always because of repeating patterns being used to populate rotas, without any subsequent balancing of shift types between lines. This strategy is not fit for purpose and rota teams are being supported to develop new systems. Clearly this will create significant additional work, for rota teams, which should be factored into job planning. It is my view that all rotas should be overseen by a substantive senior clinician, with job planned time for this activity.

The loss of support for the provision of staffing data has impacted this report but measures are being taken to establish alternative options.

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 Nest to start reporting data broken down by speciality and grade. This remains a work in progress and is proving frustrating to accomplish.

Exception reporting data suggests that additional hours are frequently worked to support under resourced rotas. High levels of locum hours are also seen in some areas, again 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. Given that the same specialties appear as 'red flags', quarter on quarter, this represents an opportunity to target this work according to the triangulated data presented in this report.

The planned workforce deficit against the actual workforce requirement is increasing with figures suggesting a shortfall of around 100 posts.

Specific problems identified relating to non-resident on call arrangements in Oncology appear to have been addressed.

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.

At the time of writing no further information has been provided regarding enquiries into extending notice periods for locally employed doctors, to ameliorate the large number of summer resignations.

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

10th May 2025.

Appendix 1. UHBW Resident Staffing Report as at: December 2024 Division of Medicine

Speciality	Grade	Funded Establishment WTE	WTE In Post	Over / (Under) Establishment	Headcount
Care of the Elderly	FY1	7.00	6.00	(-1.00)	6
	FY2	5.00	5.00	0.00	5
	ST1-2	12.00	10.60	(-1.40)	11
	ST3+	10.30	10.11	(-0.19)	11
Dermatology	ST1-2	3.00	1.00	(-2.00)	1
	ST3+	2.00	4.00	2.00	4
Emergency Department	FY2	0.00	1.00	1.00	1
	ST1-2	31.02	30.04	(-0.98)	32
	ST3+	17.72	19.76	2.04	22
General Medicine	FY2	8.00	7.80	(-0.20)	13
	ST1-2	5.00	5.00	0.00	5
	ST3+	2.00	2.00	0.00	2
Respiratory	FY1	6.00	8.00	2.00	8
	ST1-2	8.00	9.94	1.94	11
	ST3+	7.00	5.78	(-1.22)	6
Rheumatology	ST1-2	2.00	0.60	(-1.40)	1
	ST3+	3.00	5.73	2.93	8
Sexual Health	FY2	0.00	0.00	0.00	1
	ST1-2	1.00	3.60	2.60	4
	ST3+	5.00	3.86	(-1.14)	6
Sleep / NIV	ST3+	1.00	0.80	(-0.20)	1
Hepatology	FY1	2.00	2.00	0.00	2
	ST1-2	3.00	1.94	(-1.06)	3
	ST3+	2.00	1.80	(-0.20)	2
Gastroenterology	FY1	3.00	3.00	0.00	3
	ST1-2	2.00	2.00	0.00	2
	ST3+	4.00	4.23	0.23	5
Acute Medicine	FY1	2.00	2.00	0.00	2
	FY2	0.00	1.00	1.00	1
	ST1-2	5.00	5.94	0.94	7
	ST3+	3.00	3.84	0.84	5
Liaison Psychiatry	FY1	3.00	3.00	0.00	3
	FY2	3.00	3.00	0.00	3
GIM	ST1-2	5.00	4.70	(-0.30)	5
Endocrinology and Diabetes	ST3+	4.00	4.61	0.61	5
Total		183.04	188.68	6.84	213

UHBW Resident Staffing Report as at: December 2024 Division of Surgery

Speciality	Grade	Funded Establishment WTE	WTE In Post	Over / (Under) Establishment
Anaesthetics	FY1	0.00	0.00	0.00
	FY2	0.00	0.00	0.00
	ST1-2	6.00	16.30	10.30
	ST3+	24.00	27.40	3.40
Intensive Care	FY1	1.00	2.00	1.00
	FY2	7.00	4.00	(-3.00)
	ST1-2	8.50	3.90	(-4.60)
	ST3+	29.70	27.50	(-2.30)
OMFS	FY1	0.00	0.00	0.00
	FY2	0.00	0.00	0.00
	ST1-2	0.00	0.00	0.00
	ST3+	7.00	4.80	(-2.20)
ENT	ST1-2	11.00	12.00	1.00
	ST3+	8.00	7.10	(-0.90)
Ophthalmology	FY2	0.00	0.00	0.00
	ST1-2	2.00	1.00	(-1.00)
	ST3+	27.10	31.30	4.20
Endoscopy	FY1	0.00	0.00	0.00
	ST1-2	0.00	0.00	0.00
	ST3+	1.00	1.00	0.00
General Surgery	FY1	12.40	13.00	0.60
	FY2	3.00	3.00	0.00
	ST1-2	5.00	5.00	0.00
	ST3+	14.50	10.70	(-3.80)
Thoracic Surgery	FY1	0.00	0.00	0.00
	ST1-2	0.00	0.00	0.00
	ST3+	4.00	2.00	(-2.00)
Trauma and Orthopaedics	FY1	3.00	5.00	2.00
	FY2	7.00	7.00	0.00
	ST1-2	13.00	16.00	3.00
	ST3+	14.00	15.00	1.00
Total		208.20	215.00	6.80

UHBW Resident Staffing Report as at: December 2024 Division of Specialised Services

Speciality	Grade	Funded Establishment WTE	WTE In Post	Over / (Under) Establishment
Cardiac Anaesthesia	ST3+	1.00	1.00	0.00
Cardiac Surgery	ST1-2	1.00	1.00	0.00
	ST3+	14.00	14.00	0.00
Cardiology	FY1	6.00	5.00	(-1.00)
	FY2			
	ST1-2	11.00	11.00	0.00
	ST3+	19.00	17.30	(-1.70)
Clinical Trials	ST3+	1.00	1.00	0.00
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	15.60	(-1.30)
Oncology	FY1	1.50	2.00	0.50
	FY2	2.00	2.00	0.00
	ST1-2	9.00	11.00	2.00
	ST3+	18.60	19.40	0.80
Palliative Care	FY1	0.00	0.00	0.00
	FY2	0.00	0.00	0.00
	ST1-2	1.90	1.90	0.00
	ST3+	4.20	3.60	(-0.60)
Total		111.10	111.80	0.70

UHBW Resident Staffing Report as at: December 2024 Division of Women and Children's

Speciality	Grade	Funded Establishment WTE	WTE In Post	Over / (Under) Establishment
Cardiac Services	FY2	0.00	0.00	0.00
	ST1-2	1.00	1.00	0.00
	ST3+	11.00	8.60	(-2.40)
PICU	ST1-2	3.00	3.80	0.80
	ST3+	16.20	23.00	6.80
Neurosurgery	ST3+	6.00	7.00	1.00
Haem / Onc	FY2			
	ST1-2	0.00	0.00	0.00
	ST3+	7.00	7.20	0.20
Medical Specialties	FY1	0.00	0.00	0.00
	FY2	6.00	8.00	2.00
	ST1-2	26.00	32.20	6.20
	ST3+	49.20	66.70	17.60
Surgery	FY2	1.00	1.00	0.00
	ST1-2	10.00	11.90	1.90
	ST3+	27.00	31.40	4.40
NICU	ST1-2	10.00	7.50	(-2.50)
	ST3+	15.60	21.00	5.40
Obs & Gynae	FY1	2.00	1.00	(-1.00)
	FY2	3.00	3.00	0.00
	ST1-2	8.00	12.70	4.70
	ST3+	21.50	20.70	(-0.80)
Total		223.50	267.70	44.20

UHBW Resident Staffing Report as at: December 2024 Division of D&T

Speciality	Grade	Funded Establishment WTE	WTE In post	Over / (Under) Establishment
Laboratory Medicine	ST1-2	2.00	1.60	(-0.40)
	ST3+	0.00	0.00	0.00
Radiology	ST1-2	5.00	4.00	(-1.00)
	ST3+	12.00	11.60	(-0.40)
Total		19.00	17.20	(-1.80)

Appendix 2.

Summary of exception reports by specialty, grade, and reason November 2024 to January 2025

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Acute Medicine	FY1							
	FY2	1						1
	ST1-2	3						3
	ST3+		1		1		2	2(2)
	Sum	4	1		1		2	6(2)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	2						2
	FY2							
	ST1-2	11						11
	ST3+							
	Sum	13						13

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

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

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Internal Medicine (A528)	FY1	3						3
	FY2							
	ST1-2	23						23
	ST3+	1				1		2
	Sum	27				1		28

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

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

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

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

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

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

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	39						39
	FY2							
	ST1-2							
	ST3+							
	Sum	39						39

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Haematology	FY1	1						1
	FY2							
	ST1-2	1				1		2
	ST3+	2				1		3
	Sum	4				2		6

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Oncology	FY1							
	FY2			3	1			4
	ST1-2	10		4			1	14(1)
	ST3+	1			3		2	4(2)
	Sum	11		7	4		3	22(3)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
St Peter's Hospice	FY1							
	FY2							
	ST1-2							
	ST3+	1						1
	Sum	1						1

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

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

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

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
O&G	FY1							
	FY2	14				1		15
	ST1-2							
	ST3+					1		1
	Sum	14				2		16

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

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

Total exception reports this quarter: 173 (5)

Total exception reports last quarter: 304 (3)

Total exception reports same quarter previous year: 118 (2)

Appendix 3. UHBW Resident Locum Report for Quarter: November 2024 to end January 2025

Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2			14.00	14.00
	ST1-2			1299.00	1299.00
	ST3+	76.80		1160.00	1237.00
Acute Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+	196.00			196.00
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+				
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			6.00	6.00
	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+				
'Medicine' (Unspecified)	FY1			234.00	234.00
	FY2				
	ST1-2			4285.00	4285.00
	ST3+			672.00	672.00
Out of Hours and take	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Division of Medicine: 7943.00 locum hours (15.28 WTE)

UHBW Resident Locum Report for Quarter: November 2024 to January 2025.

Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			586.00	586.00
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown				
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+				
ENT	FY1				
	FY2				
	ST1-2			288.00	288.00
	ST3+			162.00	162.00
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1				
	FY2				
	ST1-2			387.00	387.00
	ST3+			1629.00	1629.00
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Surgery November 2024 to end January 2025 continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2				
	ST3+			672.00	672.00
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2			76.00	76.00
	ST3+	21.50		1006.00	1027.00
Thoracic Surgery Cardiothoracics	FY1				
	FY2				
	ST1-2			65.00	65.00
	ST3+			1674.00	1674.00
Trauma and Orthopaedics	FY1				
	FY2				
	ST1-2			77.00	77.00
	ST3+	28.00		131.00	159.00
'General surgery' (unspecified)	FY1			12.00	12.00
	FY2			30.00	30.00
	ST1-2			585.00	585.00
	ST3+			407.00	407.00
Dental	FY1			5.00	5.00
	FY2				
	ST1-2	76.00			76.00
	ST3+	54.00			54.00

Total for Division of Surgery: 7966.00 (15.32 WTE) Locum hours

UHBW Resident Locum Report for Quarter: November 2024 to end December 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			1308.00	1308.00
	ST3+			724.00	724.00
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2				
	ST1-2			9.00	9.00
	ST3+	8.00		197.00	205.00
Oncology	FY1				
	FY2			88.00	88.00
	ST1-2			735.00	735.00
	ST3+			158.00	158.00
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Specialised services: 3227.00 Locum hours (6.21 WTE)

UHBW Resident Locum Report for Quarter: August 2024 to end October 2024

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			41.00	41.00
	ST3+			242.00	242.00
SoNAR	FY1				
	FY2				
	ST1-2				
	ST3+	12.00		1144.00	1156.00
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2				
	ST3+	165.00		413.00	578.00
O&G	FY1				
	FY2			4.00	4.00
	ST1-2			23.00	23.00
	ST3+	33.00		735.00	768.00
Paediatric A&E	FY1				
	FY2				
	ST1-2				
	ST3+	7.00			7.00
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Women and Children's November 2024 to end January 2025 cont.

Speciality	Grade	Bank	Agency	Nest	Total
Paediatric Cardiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric General Surgery	FY1				
	FY2				
	ST1-2			27.00	27.00
	ST3+			25.00	25.00
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2				
	ST3+	155.00			155.00
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Oncology and Haematology	FY1				
	FY2				
	ST1-2				
	ST3+				
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: 3026.00 Locum hours (5.82 WTE)

UHBW Resident Locum Report for Quarter: November 2024 to end January 2025

Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2				
	ST3+			103.00	103.00
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for D&T: Locum hours 103.00 (0.2 WTE)

UHBW Resident Locum Report for Quarter: November 2024 to end January 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+				