

# QUARTERLY REPORT ON SAFE WORKING HOURS: RESIDENT DOCTORS AND DENTISTS

## University Hospitals Bristol and Weston (UHBW) Bristol sites

1st November 2025 to 31<sup>st</sup> January 2026

### Introduction

This paper summarizes 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.

It should be noted that this report is produced two months after the end of the relevant quarter. This is to allow time for data collection, and for the exception reporting deadline to close, to ensure that all reports for that quarter are captured. As of the beginning of February 2026 new contract changes were introduced for residents, including significant changes to the exception reporting process. This report covers the period to end January 2026 and, as such, uses the format in place before these changes became active.

Sourcing reliable staffing data remains challenging. It is missing for some specialties (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, specialty and location (Bristol or Weston). Whilst a small degree of error occurs, usually due to users selecting an incorrect specialty, this data is now felt to give an accurate picture. The list of specialties, available from a drop-down menu under the heading 'location', continues to be refined as additional activities come to light.

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, summarizing exception reporting (with narrative) by specialty 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 doctors', and dentists', bank and agency locum hours are broken down by specialty and grade. The current data shows minimal bank locum use and 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'. This remains a work in progress. After an initially promising start with the first output from this new process, as included in the previous report, the process seems to have fallen by the wayside somewhat with a return to a very large number of hours coming under 'General / Acute Medicine'. 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 analyzed to flag specialties raising concerns relating to capacity and demand. Specialties raising concerns, in any quarter are compared to previous quarters. In the event of sustained concerning data, the specialty will be flagged and highlighted, through the Medical and Dental Workforce Advisory Group (MWAG). This report is also distributed to all specialty 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.

After four years in post, I am stepping aside from all Guardian of Safe Working Hours activities by 31<sup>st</sup> May 2026 and, as such, this will be my last report. Developments involving the coming together of University Hospitals Bristol, Weston and North Bristol Trust to form a single organization will require new arrangements for the Guardian role, and this provides an opportunity to rationalize all aspects of data sourcing, the new exception reporting system and potentially a move towards creating a single quarterly report covering the entire organization.

## **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 data coming from different sources at each site. Local knowledge is of paramount importance in understanding and addressing these often-complex issues. For this reason, separate guardians are in post 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). This report is from the Bristol based GOSWH, James McDonald, and refers to the Bristol hospitals of UHBW.

## High level data for Bristol sites of UHBW

Total number of junior doctors/dentists (Headcount): **Approximately 860**

Number of whole-time equivalents in post: **814**

Number of junior doctors/dentists in training: **592** (of which 341 Full time, 251 Less than full time)

Number of locally employed doctors: **Approximately 270**

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	5.71 (6.28)	0.36 (0.53)
Medicine	-8.02 (1.39)	9.08 (6.62)
Specialised	-2.55(- 0.51)	3.89 (2.53)
Surgery	1.69 (0.98)	9.51(10.11)
Women and Children's	45.90 (44.62)	8.93 (8.71)
<b>TOTAL</b>	<b>42.73 (52.76)</b>	<b>31.77 (28.50)</b>

Overall establishment vs planned WTE appears to fallen in this quarter, particularly in Medicine. An associated increase in locum hours is also seen.

Combined data for establishment and locum hours represents a workforce deficit of approximately 75 WTE (9% 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 a decrease in overall exception reports (146 vs180 last quarter). This reduction is consistently seen during this quarter and is thought to represent new residents 'settling in'. Of note is the significant decrease compared to the same quarter last year (173). This is reassuring and there has also been no concerning spike in reports flagged as raising an Immediate Safety Concern (ISC) (Two\* vs five last quarter and four in the same quarter of the previous year).

Almost all exception reports highlight additional hours being worked to meet workload. High levels of exception reporting were seen in Cardiology (predominantly FY1) and Oncology (predominantly ST1-2).

\* There were five ISCs on the dashboard for this quarter but three of these were reported in error as discussed with the submitting doctor.

## Immediate safety concerns (ISC)

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

### FY1 Cardiology

'Unable to contact cardiology registrar on call through switchboard or #6527 or via personal telephone listed on weekly rota'

'Escalated through cardiology lead'

### CT1 GIM (A528)

'2 SHOs covering an 21 bed ward with 1 consultant put patients at serious risk. An F1 was allocated at 11am after repeatedly contacting the rota coordinator, however had never worked a medical job so need additional support as opposed to another SHO.'

Supervisor notes:

'We met to discuss this difficult shift. Over time and under staffing noted. The departmental leaves (sic) have been made aware and will make efforts to ensure adequate staffing on the wards.'

Ophthalmology ST3+ Three ISCs submitted in error

## Work schedule reviews

One work schedule review, relating to the T&O SHO rota, was conducted in this quarter which confirmed that the resident was being paid correctly.

## Fines.

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

- Non-resident on call minimum five-hour continuous rest. Ophthalmology. Two incidents total £472.22

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 ongoing breakfast club funding in Oncology, T&O and a new breakfast club in Cardiology. 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 31.77 WTE, which is equivalent to approximately 4% of the overall WTE workforce. This has risen along with a decrease in establishment. This pattern of increased locum spending with decreased establishment (and vice versa) is seen repeatedly and would suggest that capacity needs to be maintained at a minimum fixed level.

## Triangulated data: Staffing, exception reporting and locum November 2025 to end January 2026

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				2.73	ST1-2 deficit (GPVTS working LTFT and OH restrictions) with proportional increase in locum hours.
	FY2	0.00				
	ST1-2	-1.70		773		
	ST3+	-0.39		645		
Acute Medicine	FY1	0.00	6		0.34	Stable
	FY2					
	ST1-2	1.00	1	178		
	ST3+	1.01				
Care of the Elderly	FY1	-1.00				Increasing staff deficit
	FY2	0.00	1			
	ST1-2	-5.00	6	5		
	ST3+	2.38				
Dermatology	FY1					Stable
	FY2					
	ST1-2	-0.20				
	ST3+	0.52	3			
Diabetes and Endocrinology	FY1				0.05	Stable
	FY2					
	ST1-2	0.66	1	25		
	ST3+	0.71				
Gastroenterology	FY1	0.00			0.58	New ST1-2 deficit with associated increase in locum hours.
	FY2					
	ST1-2	-1.06	1	300		
	ST3+	0.61				
Hepatology	FY1	0.00	8		0.07	Stable
	FY2					
	ST1-2	-1.00		34		
	ST3+	-1.00				
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	1		0.28	Stable
	FY2	1.00				
	ST1-2	-1.26		89		
	ST3+	-0.17	1	52		
General Internal Medicine (A518) Incl. Outliers	FY1					Previously reported staff deficit appears to have resolved.
	FY2					
	ST1-2	0.00	3			
	ST3+		1			
Rheumatology	FY1					Stable
	FY2					
	ST1-2	0.00				
	ST3+	0.15				
SARC (Sexual assault referral centre)	FY1				0.03	Stable
	FY2					
	ST1-2			17		
	ST3+					
Unity Sexual Health	FY1					Increasing ST3+ staff deficit
	FY2					
	ST1-2	0.40				
	ST3+	-2.06				
Sleep / NIV	FY1					
	FY2					
	ST1-2					
	ST3+	0.00				
'General Medicine' (Unspecified)	FY1	-3.00		137	2.91	Locum not reported by specialty making comment impossible beyond clear overall capacity deficit
	FY2	0.00				
	ST1-2	0.38		1272		
	ST3+	-1.00		102		
Medicine Out of hours and take	FY1				1.65	Significant but reduced locum hours
	FY2					
	ST1-2			638		
	ST3+			214		
Medical Outliers	FY1				0.45	Newly identified 'Speciality'
	FY2					
	ST1-2			234		
	ST3+					

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Anaesthetics	FY1				0.64	Improved staffing. Stable locum hours
	FY2					
	ST1-2	0.80				
	ST3+	2.00		335		
Cardiac Anaesthetics	FY1					Stable
	FY2					
	ST1-2					
	ST3+	0.50				
Colorectal Surgery	FY1		8			Exception reporting remains significant but improved
	FY2					
	ST1-2					
	ST3+		3			
Endoscopy	FY1					Stable
	FY2					
	ST1-2					
	ST3+	0.00				
ENT	FY1				0.82	Stable
	FY2					
	ST1-2	2.00		364		
	ST3+	<b>-0.89</b>		60		
Hepatobiliary Surgery	FY1					Stable
	FY2					
	ST1-2					
	ST3+		1			
Intensive Care	FY1	<b>-0.20</b>			1.97	Further reduction in locum hours with number of staff in post now close to planned
	FY2	<b>-0.20</b>				
	ST1-2	1.80		91		
	ST3+	1.60		934		
Oesophago- Gastric Surgery	FY1		1			Stable
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Ophthalmology	FY1				1.10	Stable with maintained improved staffing and reduced locum hours
	FY2					
	ST1-2	-1.00		263		
	ST3+	-0.29	6(3)	309		
Oral Maxillofacial Surgery	FY1				0.93	Negligible exception reports despite anonymity and reported concerns
	FY2					
	ST1-2		1	186		
	ST3+	1.17		299		
Thoracic Surgery Cardiothoracics	FY1		3		1.45	Stable
	FY2					
	ST1-2			143		
	ST3+	0.00	1	613		
Trauma and Orthopaedics	FY1	1.00	1		0.93	Stable
	FY2	1.00	1			
	ST1-2	0.00		182		
	ST3+	-0.02		299		
'General surgery' (Unspecified)	FY1	-0.08			1.53	Stable
	FY2	0.00				
	ST1-2	0.00		371		
	ST3+	-1.56		413		
Surgery Out of hours and take	FY1		1			Stable
	FY2					
	ST1-2					
	ST3+		1			
Dental	FY1				0.13	Stable
	FY2					
	ST1-2			51		
	ST3+			18		

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Cardiac Surgery	FY1					Stable
	FY2					
	ST1-2	-1.00				
	ST3+	-0.10				
Cardiac MRI	FY1					
	FY2					
	ST1-2					
	ST3+					
Cardiology	FY1	0.00	28(1)		1.66	Drop in ST3+ staffing. Spike in FY1 exception reports. Reflects lack of availability of senior support?
	FY2	0.00				
	ST1-2	3.00	3	289		
	ST3+	-4.71	1	573		
Clinical Genetics	FY1					Stable
	FY2					
	ST1-2					
	ST3+	-0.90				
Haematology	FY1	0.00	1		1.04	Reduced level of exception reporting
	FY2	-0.09	1			
	ST1-2	0.00		97		
	ST3+	3.10	3	442		
Oncology	FY1	0.00	2		1.20	Concerning levels of exception reporting which have persisted from previous quarter
	FY2	0.00	4			
	ST1-2	1.00	34	506		
	ST3+	-2.00		116		
Palliative Care	FY1					Stable
	FY2					
	ST1-2	1.00				
	ST3+	-2.35				
St Peter's Hospice	FY1					Stable
	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					Stable
	FY2					
	ST1-2	-1.24				
	ST3+	0.00				
General Paediatrics	FY1				1.87	Stable
	FY2	1.00	2			
	ST1-2	11.62		260		
	ST3+	12.69		710		
General Paediatrics OOH and take	FY1					Stable
	FY2					
	ST1-2					
	ST3+		2			
SoNAR	FY1				0.58	Stable
	FY2					
	ST1-2					
	ST3+			300		
Neonatal Intensive Care (NICU)	FY1				0.85	Stable
	FY2					
	ST1-2	-4.47		22		
	ST3+	9.88		422		
O&G	FY1	-1.00	1	7	1.0	Stable
	FY2	0.00		4		
	ST1-2	0.80		151		
	ST3+	6.93		356		
Paediatric A&E	FY1				2.32	Stable
	FY2					
	ST1-2	4.40		142		
	ST3+	2.63		1062		
Paediatric Anaesthetics	FY1				0.21	Improved ST3+ staffing
	FY2					
	ST1-2	-1.00				
	ST3+	-0.19		107		
Paediatric gastroenterology	FY1					Stable
	FY2					
	ST1-2					
	ST3+		1			
Paediatric Obesity	ST3+	-0.80				Stable

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total Locum WTE	Comment
Paediatric Cardiac Surgery	FY1				0.54	Improved staffing maintained
	FY2					
	ST1-2					
	ST3+	1.64		279		
Paediatric Cardiology	FY1				0.39	Stable
	FY2					
	ST1-2	0.69				
	ST3+	<b>-0.59</b>		203		
Paediatric Surgery	FY1				0.67	Stable
	FY2	0.89				
	ST1-2	5.89		159		
	ST3+	0.44		189		
Paediatric Intensive Care (PICU)	FY1				0.19	Stable
	FY2					
	ST1-2	<b>-1.37</b>				
	ST3+	4.54		98		
Paediatric Neurosurgery	FY1				0.03	<b>5/6 posts in place. No equivalent locum hours. How is the 24/7 on call rota being staffed?</b>
	FY2					
	ST1-2					
	ST3+	<b>-1.00</b>		14		
Paediatric Oncology and Haematology	FY1				0.24	Ongoing ST3+ deficit
	FY2					
	ST1-2	0.86				
	ST3+	<b>-4.29</b>		125		
Paediatric Plastic Surgery / Burns	FY1					
	FY2					
	ST1-2					
	ST3+	0.00				
Paediatric Trauma and Orthopaedic Surgery	FY1				0.07	Ongoing ST1-2 deficit
	FY2					
	ST1-2	<b>-3.00</b>				
	ST3+	<b>-0.05</b>		34		
Cardiac services	FY1					
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total Locum WTE	Comment
Paediatric neurology	FY1					
	FY2					
	ST1-2					
	ST3+		1			
Paediatric respiratory	FY1					
	FY2					
	ST1-2					
	ST3+					
Paediatric Edndocrinology	FY1					
	FY2					
	ST1-2					
	ST3+					
Radiology	FY1				0.36	Stable
	FY2					
	ST1-2	1.14				
	ST3+	5.17		187		
Microbiology Pathology	FY1					Stable
	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+					

## Summary

Please see comments in triangulated data.

Whilst an encouraging reduction in exception reporting has been seen overall two specialties continue to show concerning levels of exception reporting. This is an issue which has been seen across many previous quarters and multiple intakes of resident doctors suggesting that it is not due to outlying enthusiastic individuals.

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 has fallen against planned establishment overall, but especially in Medicine. Locum spending has increased. This strongly supports the need to ensure adequate staffing (capacity) exists to meet demand and suggests that staffing levels cannot be reduced without simply having to make up for the shortfall with locum cover. 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 reduced locum spend, is now persistently 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. No agency locum use was seen in this quarter. The implementation of 'shift tagging', initially within Medicine, has provided improved Nest data, although this has deteriorated since its initiation last quarter. The need for accurate and detailed locum data is of paramount importance, and this should be addressed as a priority if Locum's Nest is to continue as the Trust's locum provider.

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).**

**02<sup>nd</sup> April 2026.**

**Appendix 1.**

**UHBW Resident Staffing Report as at: December 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	7.00	-5.00
	ST3+	7.30	9.68	2.38
Dermatology	ST1-2	1.00	0.80	-0.20
	ST3+	5.00	5.52	0.52
Emergency Department	FY2	1.00	1.00	0.00
	ST1-2	31.00	29.30	-1.70
	ST3+	17.72	17.33	-0.39
General Medicine	FY1	3.00	0.00	-3.00
	FY2	8.00	8.00	0.00
	ST1-2	5.00	5.38	0.38
	ST3+	2.00	1.00	-1.00
Respiratory	FY1	6.00	8.00	2.00
	FY2	0.00	1.00	1.00
	ST1-2	10.00	8.74	-1.26
	ST3+	7.00	6.83	-0.17
Rheumatology	ST1-2	1.00	1.00	0.00
	ST3+	5.00	5.15	0.15
Sexual Health	FY2	0.00	0.00	0.00
	ST1-2	2.00	2.40	0.40
	ST3+	5.00	2.94	-2.06
Sleep	ST3+	1.00	1.00	0.00
Hepatology	FY1	2.00	2.00	0.00
	ST1-2	3.00	2.00	-1.00
	ST3+	3.00	2.00	-1.00
Gastroenterology	FY1	3.00	3.00	0.00
	ST1-2	2.00	0.94	-1.06
	ST3+	3.00	3.61	0.61
Acute Medicine	FY1	2.00	2.00	0.00
	ST1-2	5.00	6.00	1.00
	ST3+	3.00	4.01	1.01
Liaison Psych	FY1	3.00	3.00	0.00
	FY2	3.00	3.00	0.00
GIM	ST1-2	5.00	5.00	0.00
Endocrinology & Diabetes	ST1-2	1.00	1.66	0.66
	ST3+	3.00	3.71	0.71
<b>Grand Totals</b>		<b>183.02</b>	<b>175.00</b>	<b>-8.02</b>

### UHBW Resident Staffing Report as at: December 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	3.80	0.80
	ST3+	32.00	34.00	2.00
Intensive Care	FY1	2.00	1.80	(0.20)
	FY2	5.00	4.80	(0.20)
	ST1-2	10.00	11.80	1.80
	ST3+	33.00	34.60	1.60
Endoscopy	ST3+	1.00	1.00	0.00
ENT	ST1-2	10.00	12.00	2.00
	ST3+	9.00	8.11	(0.89)
General Surgery	FY1	13.00	12.92	(0.08)
	FY2	3.00	3.00	0.00
	ST1-2	5.00	5.00	0.00
	ST3+	16.00	14.44	(1.56)
GICU retrieval	ST3+	8.84	3.00	(5.84)
OMFS	ST3+	8.00	9.17	1.17
Ophthalmology	ST1-2	2.00	1.00	(1.00)
	ST3+	27.10	26.81	(0.29)
R&I	ST3+	0.00	0.40	0.40
Thoracic Surgery	ST3+	4.00	4.00	0.00
Trauma & Orthopaedics	FY1	3.00	4.00	1.00
	FY2	3.00	4.00	1.00
	ST1-2	11.00	11.00	0.00
	ST3+	10.00	9.98	(0.02)
<b>Grand Total</b>		218.94	220.63	1.69

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Cardiac anaesthetics	ST3+	3.50	4.00	0.50
Cardiac Surgery	ST1-2	1.00	0.00	(1.00)
	ST3+	13.10	13.00	(0.10)
Cardiology	FY1	5.00	5.00	0.00
	FY2	1.00	1.00	0.00
	ST1-2	12.00	15.00	3.00
	ST3+	21.17	16.46	(4.71)
Clinical Genetics	ST3+	2.50	1.60	(0.90)
Haematology	FY1	1.00	1.00	0.00
	FY2	3.00	2.91	(0.09)
	ST1-2	3.00	3.00	0.00
	ST3+	15.20	18.30	3.10
Oncology	FY1	2.00	2.00	0.00
	FY2	1.00	1.00	0.00
	ST1-2	11.00	12.00	1.00
	ST3+	18.55	16.55	(2.00)
Palliative Care	ST1-2	0.00	1.00	1.00
	ST3+	7.00	4.65	(2.35)
<b>Grand Total</b>		<b>121.02</b>	<b>118.47</b>	<b>(2.55)</b>

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

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
NICU	ST1-2	10.00	5.53	(4.47)
	ST3+	15.60	25.48	9.88
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	27.21	6.93
Paediatric ED	ST1-2	9.00	13.40	4.40
	ST3+	15.00	17.63	2.63
Paediatric anaesthetics	ST1-2	1.00	0.00	(1.00)
	ST3+	10.00	9.81	(0.19)
Paediatric burns	ST3+	5.00	5.00	0.00
Paediatric Cardiac Surgery	ST3+	3.00	4.64	1.64
Paediatric Cardiology	ST1-2	1.00	1.69	0.69
	ST3+	8.00	7.41	(0.59)
Paediatric General Medicine	FY2	6.00	7.00	1.00
	ST1-2	13.00	24.62	11.62
	ST3+	29.00	41.69	12.69
Paediatric General Surgery	FY2	1.00	1.89	0.89
	ST1-2	6.00	11.89	5.89
	ST3+	9.40	9.84	0.44
Paed Haematology & Oncology	ST1-2	0.00	0.86	0.86
	ST3+	7.00	2.71	(4.29)
Paediatric Neurosurgery	ST3+	6.00	5.00	(1.00)
Paediatric Obesity	ST3+	1.60	0.80	(0.80)
Paed Trauma & Orthopaedics	ST1-2	3.00	0.00	(3.00)
	ST3+	7.00	6.95	(0.05)
Paeds Community	ST1-2	4.00	2.76	(1.24)
	ST3+	5.44	5.44	0.00
PICU	ST1-2	3.00	1.63	(1.37)
	ST3+	16.23	20.77	4.54
<b>Grand Total</b>		<b>228.55</b>	<b>274.45</b>	<b>45.90</b>

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

<b>Specialty</b>	<b>Grade</b>	<b>Budget WTE</b>	<b>Staff in Post WTE</b>	<b>Establishment Over / Under WTE</b>
Pathology	ST1-2	2.00	1.40	(0.60)
Radiology	ST1-2	8.86	10.00	1.14
	ST3+	9.00	14.17	5.17
<b>Grand Total</b>		<b>19.86</b>	<b>25.57</b>	<b>5.71</b>

## 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)
<b>Acute Medicine</b>	FY1	6						6
	FY2							
	ST1-2	1						1
	ST3+							
	<b>Sum</b>	<b>7</b>						<b>7</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Care of the Elderly</b>	FY1							
	FY2	1						1
	ST1-2	2		2		2		6
	ST3+							
	<b>Sum</b>	<b>3</b>			<b>2</b>		<b>2</b>	<b>7</b>

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Gastroenterology</b>	FY1	3						3
	FY2							
	ST1-2	1						1
	ST3+							
	<b>Sum</b>	<b>4</b>						<b>4</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Hepatology</b>	FY1	8						<b>8</b>
	FY2							
	ST1-2							
	ST3+							
	<b>Sum</b>	<b>8</b>						<b>8</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Respiratory Medicine</b>	FY1	1						<b>1</b>
	FY2							
	ST1-2							
	ST3+	1						<b>1</b>
	<b>Sum</b>	<b>2</b>						<b>2</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>General Internal Medicine (A528)</b>	FY1							
	FY2							
	ST1-2	3					1	<b>3(1)</b>
	ST3+	1						<b>1</b>
	<b>Sum</b>	<b>4</b>					<b>1</b>	<b>4(1)</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Colorectal Surgery</b>	FY1	7				1		<b>8</b>
	FY2							
	ST1-2							
	ST3+	2			1			<b>3</b>
	<b>Sum</b>	<b>9</b>				<b>1</b>	<b>1</b>	<b>11</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Oesophag-Ogastric surgery</b>	FY1					1		<b>1</b>
	FY2							
	ST1-2							
	ST3+							
	<b>Sum</b>						<b>1</b>	<b>1</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Ophthalmology</b>	FY1							
	FY2							
	ST1-2							
	ST3+	6					3*	<b>6(3)*</b>
	<b>Sum</b>	<b>6</b>					<b>3*</b>	<b>6(3)*</b>

\* Discussed with doctor and agreed submitted in error

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>HPB Surgery</b>	FY1							
	FY2							
	ST1-2							
	ST3+	1						1
	<b>Sum</b>	<b>1</b>						<b>1</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Thoracic surgery</b>	FY1	3						3
	FY2							
	ST1-2							
	ST3+	1						1
	<b>Sum</b>	<b>4</b>						<b>4</b>

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

OMFS residents given anonymity for exception reporting over this quarter

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>T&amp;O</b>	FY1	1						1
	FY2	1						1
	ST1-2							
	ST3+							
	<b>Sum</b>	<b>2</b>						<b>2</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Haematology</b>	FY1	1						1
	FY2	1						1
	ST1-2							
	ST3+	3						3
	<b>Sum</b>	<b>5</b>						<b>5</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Cardiology</b>	FY1	26				2	1	<b>28(1)</b>
	FY2							
	ST1-2	2		1				<b>3</b>
	ST3+				1			<b>1</b>
	<b>Sum</b>	<b>28</b>		<b>1</b>		<b>2</b>	<b>1</b>	<b>32(1)</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Oncology</b>	FY1	1				1		<b>2</b>
	FY2	4						<b>4</b>
	ST1-2	31		3				<b>34</b>
	ST3+							
	<b>Sum</b>	<b>36</b>		<b>3</b>				<b>40</b>

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Paediatric OOH and take</b>	FY1							
	FY2							
	ST1-2							
	ST3+	2						<b>2</b>
	<b>Sum</b>	<b>2</b>						<b>2</b>

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>O&amp;G</b>	FY1	1						<b>1</b>
	FY2							
	ST1-2							
	ST3+							
	<b>Sum</b>	<b>1</b>						<b>1</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Paeds Gastro- enterolgy</b>	FY1							
	FY2							
	ST1-2							
	ST3+	1						<b>1</b>
	<b>Sum</b>	<b>1</b>						<b>1</b>

**Total exception reports this quarter (ISC): 149 (2)**

**Total exception reports last quarter: 180 (4)**

**Total exception reports same quarter previous year: 173 (4)**

### Appendix 3. UHBW Resident Locum Report for Quarter: November 2025 to end January 2026

#### Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2				
	ST1-2			773	<b>773</b>
	ST3+	64		581	<b>645</b>
Acute Medicine	FY1				
	FY2				
	ST1-2			178	<b>178</b>
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2			5	<b>5</b>
	ST3+				
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+				
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2			25	<b>25</b>
	ST3+				
Gastroenterology	FY1				
	FY2				
	ST1-2			300	<b>300</b>
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2			34	<b>34</b>
	ST3+				
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

## Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2			89	<b>89</b>
	ST3+	4		52	<b>56</b>
Rheumatology	FY1				
	FY2				
	ST1-2				
	ST3+				
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2	17			<b>17</b>
	ST3+				
Unity Sexual Health	FY1				
	FY2				
	ST1-2				
	ST3+				
General / Acute Medicine unspecified	FY1			137	<b>137</b>
	FY2				
	ST1-2			1272	<b>1272</b>
	ST3+			102	<b>102</b>
GIM Ward A528	FY1				
	FY2				
	ST1-2				
	ST3+				
Medicine Out of Hours and take	FY1			4	<b>4</b>
	FY2				
	ST1-2			638	<b>638</b>
	ST3+			214	<b>214</b>
Medical Outliers	FY1				
	FY2				
	ST1-2			234	<b>234</b>
	ST3+				

**Total for Division of Medicine: 4723 locum hours (9.08 WTE)**

**UHBW Resident Locum Report for Quarter: November 2025 to end January 2026.**

**Division of Surgery. Hours.**

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			335	<b>335</b>
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			364	<b>364</b>
	ST3+			60	<b>60</b>
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1				
	FY2				
	ST1-2			91	<b>91</b>
	ST3+			934	<b>934</b>
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

### Division of Surgery November 2025 to end January 2026 continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2			263	<b>263</b>
	ST3+			309	<b>309</b>
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2			186	<b>186</b>
	ST3+			299	<b>299</b>
Thoracic Surgery Cardiothoracics	FY1				
	FY2				
	ST1-2			143	<b>143</b>
	ST3+			613	<b>613</b>
Trauma and Orthopaedics	FY1				
	FY2				
	ST1-2			182	<b>182</b>
	ST3+			299	<b>299</b>
'General surgery' (unspecified)	FY1			13	<b>13</b>
	FY2				
	ST1-2			371	<b>371</b>
	ST3+	3		410	<b>413</b>
Dental	FY1				
	FY2				
	ST1-2	51			<b>51</b>
	ST3+	18			<b>18</b>

**Total for Division of Surgery: 4944 Locum hours (9.51 WTE)**

## UHBW Resident Locum Report for Quarter: November 2025 to end January 2026

### 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			289	<b>289</b>
	ST3+	3		570	<b>573</b>
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2				
	ST1-2			97	<b>97</b>
	ST3+			442	<b>442</b>
Oncology	FY1				
	FY2				
	ST1-2			506	<b>506</b>
	ST3+			116	<b>116</b>
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for Specialised services: 2023 Locum hours (3.89 WTE)**

## UHBW Resident Locum Report for Quarter: November 2025 to end January 2026

### 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			260	<b>260</b>
	ST3+			710	<b>710</b>
SoNAR	FY1				
	FY2				
	ST1-2				
	ST3+			300	<b>300</b>
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2			22	<b>22</b>
	ST3+			422	<b>422</b>
O&G	FY1			7	<b>7</b>
	FY2			4	<b>4</b>
	ST1-2			151	<b>151</b>
	ST3+	9		347	<b>356</b>
Paediatric A&E	FY1				
	FY2				
	ST1-2			142	<b>142</b>
	ST3+			1062	<b>1062</b>
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			107	<b>107</b>
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+			279	<b>279</b>

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

<b>Speciality</b>	<b>Grade</b>	<b>Bank</b>	<b>Agency</b>	<b>Nest</b>	<b>Total</b>
<b>Paediatric Cardiology</b>	FY1				
	FY2				
	ST1-2				
	ST3+			203	<b>203</b>
<b>Paediatric General Surgery</b>	FY1				
	FY2				
	ST1-2			159	<b>159</b>
	ST3+			189	<b>189</b>
<b>Paediatric Intensive Care (PICU)</b>	FY1				
	FY2				
	ST1-2				
	ST3+			98	<b>98</b>
<b>Paediatric Neurosurgery</b>	FY1				
	FY2				
	ST1-2				
	ST3+			14	<b>14</b>
<b>Paediatric Neurology</b>	FY1				
	FY2				
	ST1-2				
	ST3+				
<b>Paediatric Oncology and Haematology</b>	FY1				
	FY2				
	ST1-2				
	ST3+			125	<b>125</b>
<b>Paediatric Plastic Surgery / Burns</b>	FY1				
	FY2				
	ST1-2				
	ST3+				
<b>Paediatric Trauma and Orthopaedic Surgery</b>	FY1				
	FY2				
	ST1-2				
	ST3+			34	<b>34</b>

**Total for Women and Children's: 4644 Locum hours (8.93 WTE)**

**UHBW Resident Locum Report for Quarter: November 2025 to end January 2026**

**Division of Diagnostics and Therapies. Hours.**

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2				
	ST3+	5		182	<b>187</b>
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for D&T: 187 Locum hours (0.36 WTE)**

**UHBW Resident Locum Report for Quarter: November 2025 to end January 2026**

**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+				