

Annual report on safe working hours: Resident (formerly junior) doctors and dentists University Hospitals Bristol and Weston Foundation Trust (UHBWFT), Bristol sites.

01st August 2023 to 31st July 2024

Introduction

This paper reviews 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. 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, Locum's Nest, locum internal bank and locum agency reports, and direct communication received by me. Where possible this information is presented and discussed and provides the basis upon which I can give assurance of compliance with safe working practices.

Quarterly reports have been submitted to the Medical and Dental Workforce Advisory Group (MWAG) throughout the year and are available at: www.uhbw.nhs.uk/p/about-us/reports-and-publications

This paper provides an overview of the summarised data, with analysis where appropriate, and is scheduled to be presented at the Public Board meeting on 11th March 2025 and will be 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, dentists and locally employed equivalents working in the Trust from August 2019 (Residents). The contract mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring that 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 locations. 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 myself, 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 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 UHBWFT.

High level data for Bristol sites of UHBW (Average mean across all quarters)

Funded whole time equivalent posts: **678**

Total number of junior doctors / dentists in post: **743** (headcount)

Doctors and Dentists in training: **605**

Whole time equivalent (WTE) in post: **698**

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

Amount of job-planned time for educational supervisors: **0.125** PAs per trainee. (Also recommended for locally employed doctors and dentists but not universally implemented with some clinical fellows having no allocated educational or clinical supervisor)

Rotas

Responsibility for rota design rests with individual departments. All rota patterns are submitted to HR for compliance checking which ensures that the Trust only authorises rotas which are compliant with the nationally agreed rota rules for safe working patterns. Agreed rota patterns are used as the template to create individual work schedules which are then used to calculate remuneration.

There is variability in who has responsibility for rota design with some departments delegating responsibility to resident doctors and dentists, some relying on administration staff (rota coordinators) and others having consultant rota leads (universally not within job planned time). This impacts on the amount of time and expertise available for optimising individual resident doctor's working patterns and can lead to issues around noncompliance with work schedules and accessibility of study and annual leave.

The implementation of the 2016 (2019) contract and the associated rota rules, along with an increasing trend towards less than full time working (LTFTW), has introduced a high degree of complexity in designing and managing rotas. Simple repeating patterns are no longer fit for purpose. This is a particular problem when a repeating pattern has fewer lines (each line representing a resident doctor or dentist) than the number of weeks in the actual rotation creating a situation where, for example, an individual may end up working two sets of night shifts compared to their colleagues who only work a single set. This results in a difference of unsocial hours worked, between individuals, and non-compliance with the generic work schedule. Furthermore, accommodating leave can become highly challenging due to inflexibility in the set pattern, with some departments insisting that leave can only be authorised if doctors, and dentists, organize their own swaps with colleagues.

Since the 2022/23 Guardian annual report was submitted a Trust wide rota review has been initiated. This is a large and complex exercise which is highlighting many opportunities for improvement. Positive outcomes are already being seen with mechanisms now in place, in specialities which have been reviewed, to offset the problems outlined above. This rota review exercise may also provide opportunity to explore capacity and demand issues as discussed later. It is hoped that funding will remain in place for this task to reach completion.

Staffing

A detailed breakdown of staffing, based on the data provided to GOSWH, is given in **appendix 1**. Staffing levels change on an almost weekly basis and the figures are those provided to me for June

2024. This data set was chosen as breakdown, and reliability was at its highest level in this period. It was not possible to combine quarterly data sets in to a single, annual, average due to changing reporting parameters every quarter. Data should be taken to represent the best estimate of the picture over the reporting period but should not be seen as definitive.

Staffing data is provided, on a quarterly basis, to the GOSWH by an HR colleague who compiles data from finance records, electronic staff records (ESR), and individual requests for information from departments. Significant effort has been made to supply increasingly detailed and accurate figures over the course of the year. Whilst progress has been made challenges remain, notably in trying to break down the available data from broad categories into individual departments. This is a particular problem in the Divisions of Medicine and Surgery with large numbers of resident doctors falling into the undifferentiated categories of ‘General Medicine’ and ‘General Surgery’. Whilst overall figures are likely to be valid, and detail and accuracy has increased quarter by quarter, caution should be employed in reviewing staffing figures for individual departments. This compromises the ability to directly triangulate staffing data with exception reporting and locum hours for individual specialities.

Also of note is the difference between headcount and WTE. This reflects the increasing popularity and availability of less than full time working (LTFTW). Whilst this undoubtedly leads to improved work life balance it inevitably creates challenges with achieving full recruitment and rota design.

Apparent over establishment, against planned workforce (WTE funding), is reported across all divisions except for Surgery. This seems at odds with the overall reported locum requirement of 39.5 WTE (see later) and potentially reveals a Trust wide WTE planned workforce deficit between capacity and demand.

**Establishment by division 2023 / 24 vs locum WTE is shown in the following table:
(previous year)**

	Establishment WTE	Locum WTE
Medicine	+5.49 (+15.00)	13.5 (14.6)
Surgery	-5.84 (-0.66)	12.5 (9.3)
Specialised Services	+0.09 (-3.10)	5.3 (3.3)
Women and Children’s	+19.27 (+20.44)	7.5 (8.2)
D&T	+0.33 (+2.53)	0.7 (0.1)
Trust	+0.75 (+0.75)	
TOTAL	+20.09 (+34.96)	39.5 (35.5)

Exception reports

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

Previously implemented changes to the Allocate platform, mandating alignment of reports against individual specialties and activity, result in a high level of confidence that the available data is now reliable on a departmental basis. Some error inevitably exists due to reporters selecting an incorrect speciality. This is thought to happen infrequently. Comparison with reporting frequency for 2022/23 is summarised below:

Exception reporting frequency, by speciality, comparison 2022/23 vs 2023/24

Speciality	22/23 (ISC)	23/24 (ISC)	Variance
Acute Medicine	27(1)	51(1)	+24 (0)
Care of the Elderly	26	96(1)	+70 (1)
Diabetes and Endocrine		4	+4
Dermatology	1	56	+55
Gastroenterology	39	3	-36
Hepatology		3	+3
Respiratory Medicine	8	59	+51
GIM (A528)		4	+4
Medicine OOH and Take	133(3)	4(1)	-129(-2)
Anaesthetics		3	+3
Colorectal surgery	2	44(2)	+42(2)
HPB surgery	3	42	+39
Upper GI surgery		1	+1
Thoracic surgery		11	+11
ENT	12	27	+15
Ophthalmology	10	13	+3
T&O	35(5)	8	-27
General surgery OOH / take	56(3)	18(3)	-38(0)
Cardiology	63(2)	96(1)	+33(-1)
Haematology	108	45	-63
Oncology	1	4	+3
Palliative care		1	+1
General Paediatrics	22	16(1)	-6(+1)
Paediatric respiratory	1		-1
Paediatric OOH and Take		5	+5
Paediatric A&E		5	+5
Paediatric neurology		12	+12
NICU	31	5	-26
Paediatric endocrinology		1	+1
Paediatric Haem / Onc	6	6	0
O&G	52	27	-25
Paediatric anaesthetics	1		-1
Paediatric cardiology	1		-1
PICU	15	6	-9
Paediatric neurosurgery	1		-1
Paediatric T&O	5		-5
TOTALS	659(14)	676(10)	17(-4)

ISC – Immediate Safety Concern

As shown, overall exception reporting, across the Bristol sites of UHBWFT, is stable compared to the previous year. Significant variance within specialities is highlighted. Of further note is the reduction in reports flagged as ISCs.

The overwhelming majority of exception reports, and ISCs, refer to additional hours worked to meet workload or perceived inadequate staffing to achieve safe working. Taken with the apparent over establishment against WTE, and high locum hours, this again suggests a potential issue between capacity and demand in some specialities. The reasons behind this will be multi factorial but likely include environmental factors (eg the spread of a single speciality across multiple geographically remote wards), rota design (peaks in numbers rostered during normal working hours and troughs at weekends and out of hours), increasing levels of burnout, stress, and sickness along with ever increasing demand due to the progressively higher complexity and expectations of our patients. I consider exception reporting to be the most valuable source of information available to me. It effectively reflects the situation 'on the ground' after all confounding factors, relating to workforce planning, have been accounted for. As such, high levels of exception reporting frequency are felt to be a reliable indicator of the need for detailed review. As more detailed, and accurate, data has become available across staffing, exception reporting, and locum hours I have attempted to triangulate this data to identify specific specialties where further 'drilling down' is recommended. This is detailed later, in this report, and offers an opportunity for capacity vs demand work to be targeted to where the data suggests it is most needed. This data is highlighted in quarterly reports and presented at MWAG for escalation.

Flagged as Immediate Safety Concern

I review all exception reports flagged as raising an Immediate Safety Concern individually and escalates them promptly to the relevant supervisor for discussion. All ISCs cited insufficient staffing to meet workload. This often resulted from an inability to find short notice locum cover for sickness but also a perceived deficit in planned workforce particularly for weekend and out of hours cover. A common concern, amongst residents, is a feeling that they are left to cope with inadequate staffing levels with a perception that more effort could have been made to find locum cover. This includes reports that escalation of locum rates is not implemented in a timely fashion and that consultant 'acting down' very rarely happens.

Monthly exception report summaries

The data required to write quarterly GOSWH reports does not become available until approximately a month after the end of the period. Allowing for compilation, analysis and writing time this means that quarterly reports are not presented at MWAG until early in the third month after the end of the relevant quarter. This compromises the ability for action to be taken contemporaneously where issues are flagged relating to exception reports received.

Since the 2022/23 report I have implemented a process of compiling and distributing monthly exception report summaries, listed by speciality, and including the narrative comments for each report, to Divisional and Departmental leads. This has proved to be universally well received with excellent engagement when issues have been made apparent.

Work Schedule Reviews

Multiple requests for work schedule reviews were received, over this year, always relating to variations in weekend and night shift frequency between individuals on the same rota. The HR officer undertaking the rota review exercise was able to analyse and resolve these and also incorporate outcomes into recommendations for improvement.

Fines

Guardian fines were levied against Haematology (£2068.86), Ophthalmology (£138.37) and Cardiology (£248.32). All fines were due to breaches of the 48-hour maximum average working week rule. This is usually due to rota design being at the maximum 48-hour average thus providing no contingency for additional hours worked.

Funding, from the Guardian fines account, was provided for breakfast clubs in Oncology and Trauma and Orthopaedics plus pizza for Foundation trainee induction.

Resident Doctor Forum

Meetings were held, as required, throughout the year with variable attendance. In an attempt to boost engagement a catered relaunch event was scheduled for September 2024.

Locum bookings

Data for locum hours, by speciality and grade, is provided in **appendix 3**. The emergence of Locum's Nest, as the dominant booking platform, has resulted in pooled data for 'Medicine' and 'Surgery' as opposed to individual specialities. This reduces the value of the available data. Figures are, however, reliable on a Divisional basis. A project is in progress to improve the detail in which Nest data is reported to me.

Locum hours by division and year 2022/3 vs 2023/24 (August to July)

WTE = Whole time equivalent

Division	Total locum hours 22/23	WTE 22/23	Total locum hours 23/24	WTE 23/24
Medicine	30270	14.6	28085	13.5
Surgery	19391	9.3	25951	12.5
Specialised	6890	3.3	11019	5.3
W&C	17137	8.2	15497	7.5
D&T	254	0.1	1456	0.7
Trust services			145	
TOTAL	73942	35.5	82153	39.5

As previously highlighted the 39.5 WTE locum hour requirement, along with an apparent over establishment of 20.1 WTE (59.6 WTE) suggests a potential workforce (capacity) deficit of approximately 9% against planned establishment. This remains stable compared to the previous year.

Study Budget

All study budget was removed for locally employed residents during this period. This makes UHBW an outlier in the region and has the potential to adversely affect resident satisfaction and recruitment.

Triangulated data for staffing, exception reporting and locum

Triangulated data: Staffing, exception reporting and locum August 2023 – July 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 indicative of compromised capacity vs demand.

Division of Medicine

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
A&E Bristol	-2.32		1.73	
Acute Medicine		51(1)	2.28	Yes
Care of the Elderly	-1.49	96(1)	0.02	Yes
Dermatology	-0.40	56	0.05	Yes
Diabetes/Endocrine	0	4	0.01	
Gastroenterology	0	3	0	
Hepatology	-0.16	3	0.11	
Liaison Psychiatry	0	0	0	
Respiratory	+2.36	59	0.02	Yes (? Footprint)
GIM (A518)		4		
Rheumatology	+2.85			
SARC			0.02	
Unity sexual health	+1.80			
Sleep / NIV	+1.80			
Medicine (unspecified)	-1.32		9.19	?
Medicine OOH / take		4	0.01	

Division of Surgery

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Anaesthetics	+11.59	3	1.10	? staffing data
Cardiac anaesthetics	+1.25			
Colorectal surgery		44(2)		Yes
Endoscopy	0		0.03	
ENT	-2.18	27	0.95	Yes
HPB surgery		42	0.04	Yes
Intensive care	-1.23		2.80	High locum hours
Upper GI surgery		1		
Ophthalmology	-1.16	13	1.22	
OMFS	-0.20		0.61	
Thoracics	-1.00	11	1.76	
'Surgery' (unspecified)	-3.00		2.74	?
Surgery OOH / take		18(3)		Yes. ISCs
Dental	-9.90		0.42	? staffing data

Division of Specialised Services

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Cardiac surgery	-1.00		0.09	
Cardiac MRI	-1.50			
Cardiology	+1.32	96(1)	2.66	Yes
Clinical Genetics	-0.30			
Haematology	-0.53	45	0.80	Yes, but resolved
Oncology	+1.12	4	1.66	
Palliative care	-0.98	1	0.08	
St Peter's				

Division of Women and Children's

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Community paed	+0.44			
General paediatrics		16(1)	2.16	High locum hours
Paediatric OOH/take		5		
SoNAR (NEST)				
NICU	+4.85	5	0.45	
O&G	+4.40	27	1.79	Yes.
Paediatric A&E	+1.70	5	1.13	
Paeds anaesthetics	+0.63			
Paed cardiac surgery			0.24	
Paediatric cardiology	+1.23		0.02	
Paeds gen. surgery	-0.48		0.18	
PICU	+6.56	6	1.15	? staffing data
Paeds neurosurgery	-1.00		0.15	
Paeds haem/onc	+0.90	6	0.15	
Plastics / burns	0			
Paediatric T&O	+2.04			
Paediatric neurology		12		
Paeds respiratory				
Paeds endocrinology		1		

Division of Diagnostics and Therapies

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Radiology	+0.03		0.7	
Microbiology / path				
Laboratory medicine	0			

Division of Trust / Other

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Clinical teaching fellow	-1.00		0.07	
Occupational Health	-0.50			
Other				

Whilst it is acknowledged that staffing data is sub-optimal, exception reporting and locum hours are felt to be reliable data streams. The specialities which raise concerns around capacity to meet demand, as highlighted, are consistent across quarters and offer the opportunity for targeted detailed workforce review.

Summary

- As Guardian of Safe Working Hours, for the Bristol sites of UHBW, I can give assurance that the required systems to ensure compliance with safe working practices, were operational for the year August 2023 to end July 2024. These include:

Software analysis, by HR, of all rotas to ensure compliance with the rota rules in place at that time.

A functional and accessible exception reporting platform which resident doctors and dentists are actively encouraged to use by both GOSWH and the Trust.

Direct access to email communication with GOSWH. Regular submission of reports (quarterly) to both MWAG and People Committee.

Regular Junior Doctor Forum meetings.

- Staffing data continues to be refined but suggests that the Bristol sites of UHBW are over established against funded (planned) recruitment.
- Exception reporting is stable compared to the previous year but overwhelmingly cites issues around meeting workload within rostered time and staffing levels perceived as lower than required to meet demand.
- The specialities flagging concerns due to high levels of exception reporting and / or locum hours are consistent throughout all quarterly reports.
- Locum hours equate to 39.5 whole time equivalent junior doctors.
- The above potentially suggests a deficit between planned workforce and demand. This is likely to include contributing factors due to environmental factors, rota design, sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The distribution of monthly exception report summaries, to departmental and Divisional leads, has been universally welcomed. High levels of engagement can be reported with many issues now being addressed contemporaneously.
- The ongoing Trust wide rota review project is resulting in positive changes.
- Consultant grade rota leadership is not job planned.

Focused Recommendation

Exception reporting, and resident concerns, almost universally cite a perceived lack of capacity to meet demand. As discussed, exception reporting is felt to represent the true situation 'on the ground' after all confounding factors have been accounted for, despite apparently adequate workforce planning. Capacity is multi-factorial and whilst staffing levels are almost certainly a key element, simply increasing the resident workforce may not be the only option available to support our residents. It is also important to acknowledge the financial constraints which the Trust currently faces. Other possibilities include interrogating and redesigning rotas to better deploy the existing workforce (as done effectively over this period in haematology), investing in improved IT facilities and protected workspaces for residents, implementing an improved and automatic escalation process for locum rates especially out of hours, providing job planned time for consultant rota leadership, development of a consultant acting down SOP in the event of an inability to find locum cover and the expansion of other groups of substantive clinicians to enhance the resident rotas (for example Advanced Clinical Practitioners – ACPs). To this end detailed, targeted, capacity vs demand exercises are recommended starting with specialities identified as raising the highest levels of concern amongst residents.

It may be beneficial to review the decision to remove all study budget, for locally employed residents. This is a growing cause of concern raised at interview.

All locally employed residents should be allocated a clinical supervisor with responsibility for mentoring and escalation of concerns raised through the exception reporting system.

All rotas would benefit from being under the responsibility of a named consultant, with job planned time to fully engage with rota design and implementation.

James McDonald. Guardian of Safe Working Hours (Bristol). 28th February 2025.

Appendix 1. (blank cells either zero or data not available)

UHBW Resident Staffing Report as at: June 2024.

Division of Medicine

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
A&E Bristol	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	31.00	29.24	(1.76)	30
	ST3+	18.22	17.66	(0.56)	21
Acute Medicine	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Care of the Elderly and Stroke	FY1	7.00	7.00	-	7
	FY2	5.00	5.00	-	5
	ST1-2	10.00	9.49	(0.51)	10
	ST3+	8.30	7.32	(0.98)	8
Dermatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	1.00	(2.00)	1
	ST3+	2.00	3.60	1.60	4
Diabetes and Endocrinology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.00	3.00	-	3
Gastroenterology	FY1	2.00	2.00	-	2
	FY2	-	-	-	-
	ST1-2	2.00	2.00	-	2
	ST3+	3.00	5.37	2.37	6
Hepatology	FY1	2.00	2.00	-	2
	FY2	-	-	-	-
	ST1-2	3.00	2.84	(0.16)	3
	ST3+	2.00	2.00	-	2
Liaison Psychiatry	FY1	3.00	3.00	-	3
	FY2	3.00	3.00	-	3
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

Division of Medicine continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Respiratory Medicine	FY1	4.00	6.00	2.00	6
	FY2	-	-	-	-
	ST1-2	7.00	8.74	1.74	9
	ST3+	7.00	5.62	(1.38)	6
Rheumatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	2.00	1.00	(1.00)	1
	ST3+	2.80	6.65	3.85	7
SARC (Sexual assault referral centre)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Unity Sexual Health	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	4.80	3.80	5
	ST3+	5.00	3.00	(2.00)	4
Sleep / NIV	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	4.80	3.80	4
	ST3+	5.00	3.00	(2.00)	4
General Medicine (needs splitting)	FY1	5.00	5.00	-	5
	FY2	8.00	7.00	(1.00)	7
	ST1-2	10.00	10.61	0.61	11
	ST3+	2.00	1.07	(0.93)	2
TOTAL		167.32	172.81	5.49	183

UHBW Resident Staffing Report as at: June 2024

Division of Surgery

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	12.85	9.85	13
	ST3+	24.00	25.74	1.74	29
Cardiac Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	9.00	10.25	1.25	11
Colorectal Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Endoscopy	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	1.00	1.00	-	1
ENT	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10.00	9.00	(1.00)	6
	ST3+	8.00	6.82	(1.18)	7
Hepatobiliary Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Intensive Care	FY1	1.00	2.00	1.00	2
	FY2	7.00	5.00	(2.00)	5
	ST1-2	8.50	8.27	(0.23)	9
	ST3+	-	-	-	-
Oesophago-Gastric Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

Division of Surgery continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Ophthalmology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	2.00	1.00	(1.00)	1
	ST3+	24.00	23.84	(0.16)	25
Oral Maxillofacial Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	7.00	6.80	(0.20)	7
Thoracic Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	2.00	1.00	(1.00)	1
Trauma and Orthopaedics	FY1	3.00	3.00	-	3
	FY2	3.00	3.00	-	3
	ST1-2	9.00	9.00	-	9
	ST3+	10.00	9.98	(0.02)	10
General Surgery	FY1	11.00	11.00	-	11
	FY2	3.00	2.90	(0.10)	3
	ST1-2	5.00	6.00	1.00	6
	ST3+	14.00	10.11	(3.89)	11
Dental	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	18.10	17.00	(1.10)	17
	ST3+	18.60	9.80	(8.80)	10
TOTAL		201.20	195.36	(5.84)	200

UHBW Resident Staffing Report as at: June 2024.

Division of Specialised Services

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	-	(1.00)	-
	ST3+	14.00	14.00	-	14
Cardiac MRI	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.50	2.00	(1.50)	2
Cardiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	11.00	14.00	3.00	14
	ST3+	18.40	16.72	(1.68)	19
Clinical Genetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	2.00	1.70	(0.30)	2
Haematology	FY1	1.00	1.00	-	1
	FY2	1.00	1.00	-	1
	ST1-2	4.00	4.00	-	4
	ST3+	14.90	14.37	(0.53)	15
Oncology	FY1	1.00	1.00	-	1
	FY2	2.00	1.00	(1.00)	1
	ST1-2	9.00	9.94	0.94	10
	ST3+	17.00	18.18	1.18	20
Palliative Care	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	0.50	0.50	1
	ST3+	2.00	2.48	0.48	3
TOTAL		101.8	101.89	0.09	108

UHBW Resident Staffing Report as at: June 2024.

Division of Women and Children's

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Community Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	4.00	3.00	(1.00)	3
	ST3+	4.00	5.44	1.44	7
General Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
NEST (Transport)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Neonatal Intensive Care (NICU)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10.00	8.07	(1.93)	9
	ST3+	15.60	22.38	6.78	26
O&G	FY1	2.00	1.00	(1.00)	1
	FY2	3.00	4.00	1.00	4
	ST1-2	8.00	10.60	2.60	11
	ST3+	19.48	20.28	0.80	23
Paediatric A&E	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	9.00	8.93	(0.07)	10
	ST3+	15.00	16.77	1.77	20
Paediatric Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	-	(1.00)	-
	ST3+	10.00	11.63	1.63	12
Paediatric Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3.00	2.00	(1.00)	2

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Paediatric Cardiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	1.00	-	1
	ST3+	8.00	9.23	1.23	10
Paediatric General Surgery	FY1	-	-	-	-
	FY2	1.00	1.00	-	1
	ST1-2	6.00	4.00	(2.00)	4
	ST3+	9.00	10.52	1.52	11
Paediatric Intensive Care (PICU)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	3.00	-	3
	ST3+	16.23	22.79	6.56	25
Paediatric Neurology	FY1 / 2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Paediatric Neurosurgery	FY1/2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	6.00	5.00	(1.00)	5
Paediatric Oncology and Haematology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1.00	1.60	0.60	2
	ST3+	8.00	8.30	0.30	10
Paediatric Plastic Surgery / Burns	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	5.00	5.00	-	5
Paediatric Trauma and Orthopaedic Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3.00	4.04	1.04	5
	ST3+	6.00	7.00	1.00	7
Paediatric Endocrinology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Paediatric Respiratory	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
TOTAL		177.31	196.58	19.27	217

UHBW Resident Staffing Report as at: June, 2024.

Division of Diagnostics and Therapies

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Radiology	FY1	1.00	-	(1.00)	-
	FY2	-	-	-	-
	ST1-2	9.00	7.60	(1.40)	8
	ST3+	7.20	9.63	2.43	10
Microbiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Laboratory Medicine	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	0.30	0.30	1
	ST3+	-	-	-	-
TOTAL		17.20	17.53	0.33	19

Trust (Best estimate based on 2022/23)

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Clinical Teaching Fellow	FY1				
	FY2				
	ST1-2	12	11	(1.00)	11
	ST3+	?	2.25	?	4
Occupational Health	FY1				
	FY2				
	ST1-2				
	ST3+	1	0.50	(0.50)	1
Other	FY1				
	FY2				
	ST1-2				
	ST3+				
TOTALS		13	13.75	0.75	16

Appendix 2.

Annual summary of exception reports by specialty, grade, and reason 1st August 2023 to 31st July 2024

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Acute Medicine	FY1	20				2		22
	FY2	1						1
	ST1-2	21	2		1	2	1	26(1)
	ST3+	2						2
		44	2		1	4	1	51(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	56		1		1	1	58(1)
	FY2	8				2		10
	ST1-2	18	2			1		21
	ST3+	7						7
		89	2	1		4	1	96(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Diabetes and endocrine	FY1							
	FY2							
	ST1-2	3						3
	ST3+	1						1
		4						4

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Dermatology	FY1							
	FY2							
	ST1-2	11						11
	ST3+	45						45
		56						56

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Respiratory Medicine	FY1	39		1	1			41
	FY2	1						1
	ST1-2	14						14
	ST3+	2			1			3
		56			1	2		59

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Colorectal Surgery	FY1	33	2			5	1	40(1)
	FY2	3	1				1	4(1)
	ST1-2							
	ST3+							
		36	3			5		44(2)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
HPB Surgery	FY1	40						40
	FY2	2						2
	ST1-2							
	ST3+							
		42						42

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Ophthalmology	FY1							
	FY2							
	ST1-2							
	ST3+	12			1			13
		12			1			13

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Thoracic surgery	FY1	10						10
	FY2							
	ST1-2							
	ST3+	1						1
		11						11

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
T&O	FY1	5						5
	FY2	3						3
	ST1-2							
	ST3+							
		8						8

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
ENT	FY1							
	FY2							
	ST1-2	20		7				27
	ST3+							
		20			7			27

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Surgery and OOH Take	FY1	9	5	1		1	3	16(3)
	FY2	2						2
	ST1-2							
	ST3+							
		11	5	1		1	3	18(3)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	58		1		5		64
	FY2							
	ST1-2	28	1	1		1	1	31(1)
	ST3+	1						1
		87	1	2		6	1	96(1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Haematology	FY1	4		1				5
	FY2							
	ST1-2	1						1
	ST3+	39						39
		44			1			45

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Paediatrics	FY1							
	FY2	5				2		7
	ST1-2	7						7
	ST3+	2					1	2(1)
		14					2	1

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatrics OOH and take	FY1							
	FY2	1						1
	ST1-2	3						3
	ST3+	1						1
		5						5

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric A&E	FY1							
	FY2	1						1
	ST1-2	3						3
	ST3+	1						1
		5						5

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric neurology	FY1							
	FY2							
	ST1-2	2						2
	ST3+	6	3			1		10
		8	3			1		12

	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	3				1		4
	ST3+	1						1
		4				1		5

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric haem onc	FY1							
	FY2							
	ST1-2							
	ST3+	6						6
		6						6

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
O&G	FY1	12						12
	FY2	9			2			11
	ST1-2	4						4
	ST3+							
		25			2			27

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

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

Annual UHBW Resident Locum summary for year: August 2023 to end July 2024

Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2				
	ST1-2			2241	2241
	ST3+	175		872	1047
	Unknown			303	303
Acute Medicine (AMU / MAU)	FY1				
	FY2	32			32
	ST1-2	4717			4717
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+	35			35
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+	101			101
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+	11			11
	Unknown			2	2
Gastroenterology	FY1				
	FY2				
	ST1-2				
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2				
	ST3+	226			226
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+			3	3

Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+	45			45
Rheumatology	FY1				
	FY2				
	ST1-2				
	ST3+				
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+	51			51
Unity Sexual Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+				
'Medicine' (Unspecified)	FY1			134	134
	FY2				
	ST1-2			5923	5923
	ST3+			1571	1571
	Unknown			11621	11621
Out of Hours and take	FY1				
	FY2	13			13
	ST1-2				
	ST3+	9			9

Total for Division of Medicine: 28085 locum hours 13.5 (WTE)

Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	680		1385	2065
	Unknown			213	213
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			10	10
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+	68			68
ENT	FY1				
	FY2	75			75
	ST1-2	458	47	1070	1575
	ST3+	178		144	322
Hepatobiliary Surgery	FY1				
	FY2			2	2
	ST1-2				
	ST3+	81		10	91
Intensive Care	FY1				
	FY2	85			85
	ST1-2	224		832	1056
	ST3+	1552		3038	4590
	Unknown			117	117
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	5			5

Division of Surgery continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2	114			114
	ST3+	2424			2424
	Unknown			3	3
Oral Maxillofacial Surgery	FY1	26			26
	FY2				
	ST1-2	50		444	494
	ST3+	279		472	751
Thoracic Surgery Cardiothoracics	FY1				
	FY2			6	6
	ST1-2	47		366	413
	ST3+	606		2630	3236
Trauma and Orthopaedics	FY1	19			19
	FY2	54			54
	ST1-2	880		51	931
	ST3+	253		176	429
	Unknown			195	195
'General surgery' (unspecified)	FY1			941	941
	FY2			71	71
	ST1-2			1309	1309
	ST3+	10		2980	2990
	Unknown			396	396
Dental	FY1				
	FY2				
	ST1-2	650			650
	ST3+	225			225

Total for Division of Surgery: 25951 Locum hours 12.5 (WTE)

Division of Specialised Services. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	131			131
	Unknown			66	66
Cardiac MRI	FY1				
	FY2				
	ST1-2				
	ST3+				
Cardiology	FY1			33	33
	FY2			155	155
	ST1-2			1253	1253
	ST3+	244		275	519
	Uknown			3576	3576
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2	49			49
	ST1-2	182			182
	ST3+	544	4	89	637
	Unknown			789	789
Oncology	FY1			3	3
	FY2				
	ST1-2		228	1796	2024
	ST3+	214		770	984
	Unknown			450	450
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			168	168

Total for Specialised services: 11019 Locum hours 5.3 (WTE)

Division of Women and Children's. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Community Paediatrics	FY1				
	FY2				
	ST1-2				
	ST3+				
General Paediatrics	FY1	42			42
	FY2	101			101
	ST1-2	605		60	665
	ST3+	2384		231	2615
	Unknown			1068	1068
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2	28			28
	ST3+	269			269
	Unknown			648	648
O&G	FY1	5			5
	FY2	38	217	30	285
	ST1-2	23	560	513	1096
	ST3+	154	219	1967	2340
Paediatric A&E	FY1	60			60
	FY2	232			232
	ST1-2	362			362
	ST3+	1704			1704
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	25			25
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	86			86
	Unknown			416	416

Division of Women and Children's cont.

Speciality	Grade	Bank	Agency	Nest	Total
Paediatric Cardiology	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			38	38
Paediatric General Surgery	FY1	13			13
	FY2				
	ST1-2	163			163
	ST3+	143			143
	Unknown			63	63
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	108			108
	ST3+	2291			2291
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+	147		170	317
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Oncology and Haematology	FY1				
	FY2				
	ST1-2	28			28
	ST3+	286			286
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: 15497 Locum hours 7.5 (WTE)

Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2				
	ST3+	82		87	169
	Unknown			1287	1287
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for D&T: 1456 Locum hours 0.7 WTE

Division of Trust / Other. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Clinical Teaching Fellow	FY1				
	FY2				
	ST1-2	145			145
	ST3+				
Occupational Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Other	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Trust: 145 Locum hours

