

Annual report on safe working hours: Resident doctors and dentists University Hospitals Bristol and Weston (UHBW), Bristol sites.

01st August 2024 to 31st July 2025

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. This feedback and data 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 from all quarters, with analysis where appropriate, and is scheduled to be presented at the People Committee Meeting in Common on 27th November 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 are made describing the way the Trust is ensuring that all resident doctors are working in line with contractual safe working regulations.

University Hospitals Bristol and Weston Foundation Trust spans 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.

Recent developments have seen a move towards a planned amalgamation with North Bristol Trust (NBT). The Guardian role at NBT has now been taken over by Dr. Hicks. It has been agreed that I will step down from my role as Bristol Guardian by 31st May 2026. Arrangements for how all three sites will be managed are currently in discussion, but this provides an opportunity to progress towards a Trust wide Guardian and unified reports.

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

Total number of resident doctors/dentists (Headcount): **Estimated to be approximately 804**

Number of whole-time equivalents in post: **766**

Number of resident doctors/dentists in training: **558** (of which 360 Full time, 198 Less than full time)

Number of locally employed doctors: **Estimated to be approximately 246**

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

The ongoing Trust wide rota review is proving to be a large and complex exercise. This continues to highlight many opportunities for improvement. Positive outcomes are being seen with mechanisms now in place, in specialities which have been reviewed, to offset the problems outlined below. This rota review exercise also provides an opportunity to explore capacity and demand issues as discussed later.

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 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 residents' 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, organise their own swaps with colleagues.

An Artificial Intelligence (AI) solution was trialed in Obstetrics and Gynaecology for the Autumn 2025 registrar rota. This was provided by an outside supplier. The hope was that this would both reduce the considerable burden of departmental work and create better rosters in a timelier fashion. Unfortunately, the system failed to produce a solution and led to a situation in which no rota was available within the required timeframe. This caused significant distress amongst the affected

residents and resulted in the consultant body having to firefight the situation. Considerably more time was required to come up with an emergency solution than would have been needed had AI not been utilised.

My recommendation would be that whilst novel rota writing solutions may prove to have benefits, in the future, until proven any trials must run in parallel to established processes and cannot be relied on.

There have been significant numbers of exception reports submitted, citing immediate safety concerns, due to staffing on out-of-hour cover rotas. This is usually due to short notice sickness, particularly for night shifts. These shifts are generally felt to be unreasonably demanding in terms of planned staffing not being adequate to meet workload and this almost certainly accounts for the high levels of short notice sickness. This is then compounded by a lack of ability to find cover for these short notice gaps resulting in one resident frequently trying to cover two, or more, colleagues work on an already overburdened shift. I would strongly suggest that all out of hours on-call rotas include a 'float week' available to provide cover at short notice. Whilst this would inevitably create a cost pressure this would be ameliorated by less 'enhanced rate' locum spend and reduced levels of sickness, stress and anxiety amongst residents.

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 2025. 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 into 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, again, 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 specialities. Disappointingly, headcounts are not available with only whole time equivalent numbers being reported. 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 continues to compromise the ability to directly triangulate staffing data with exception reporting and locum hours for individual specialities.

Apparent over establishment, against planned workforce (WTE funding), continues to be reported across all divisions except for Surgery. This seems at odds with the overall reported locum requirement of 41.54 WTE (see later) and potentially reveals a Trust wide WTE planned workforce deficit between capacity and demand.

Mean annual establishment by division 2024 / 25 vs locum WTE is shown in the following table: (previous year)

	Establishment WTE	Locum WTE
Medicine	+12.07 (+5.49)	12.73 (13.5)
Surgery	-6.63 (-5.84)	14.05 (12.5)
Specialised Services	+1.61 (+0.09)	5.79 (5.3)
Women and Children's	+36.39 (+19.27)	8.21 (7.5)
D&T	+1.14 (+0.33)	0.76 (0.7)
TOTAL	+44.58 (+20.09)	41.54 (39.5)

Exception reports

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

There is a high level of confidence that the available data is reliable on a departmental basis. Some error inevitably exists due to reporters selecting an incorrect speciality. This is thought to happen infrequently and refinement to speciality 'tags' are being made continuously. Comparison with reporting frequency for 2023/24 is summarised below:

Exception reporting frequency, by speciality, comparison 2023/24 vs 2024/25

Speciality	23/24 (ISC)	24/25 (ISC)	Variance
Acute Medicine	51(1)	20(3)	-31 (+2)
Care of the Elderly	96(1)	86	-10 (-1)
Diabetes and Endocrine	4	1	-1
Dermatology	56	23	-33
Gastroenterology	3	11	+8
Hepatology	3	6	+3
Respiratory Medicine	59	44(1)	-15 (+1)
GIM (A528)	4	28	+24
Medicine OOH and Take	4(1)	18(6)	+14 (+5)
OMFS		13	+13
Anaesthetics	3		-3
Colorectal surgery	44(2)	23	-21 (-2)
HPB surgery	42	39	-3
Upper GI surgery	1	14	+14
Thoracic surgery	11		-11
ENT	27	12	-15
Ophthalmology	13	32(1)	+19 (+1)
T&O	8	3	-5
General surgery OOH / take	18(3)	25	+7 (-3)
Cardiology	96(1)	112(1)	+16
Haematology	45	54	+9

Oncology	4	71(7)	+67 (+7)
Palliative care	1		-1
General Paediatrics	16(1)	3	-13 (-1)
Paediatric respiratory			
Paediatric OOH and Take	5		-5
Paediatric A&E	5	1	-4
Paediatric neurology	12	1	-11
NICU	5	11	+6
Paediatric endocrinology	1	6	+5
Paediatric Haem / Onc	6		-6
O&G	27	32	+5
Paediatric anaesthetics			
Paediatric cardiology			
PICU	6	4	-2
Paediatric neurosurgery			
Paediatric T&O			
TOTALS	676(10)	712(19)	+36 (+9)

ISC – Immediate Safety Concern

As shown, overall exception reporting, across the Bristol sites of UHBWFT, has increased by approximately 5% compared to the previous year. Significant variance within specialities is highlighted. Of further note is the increase 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 escalate them promptly to the relevant department and supervisor for discussion.

Concerns were escalated relating to non-resident on call (NROC) shifts in Oncology and the Standard Operating Procedure (SOP) was amended accordingly.

Further concerns in to out of hours cover for Medicine, relating to an inability to cover short notice sickness, were also escalated and are being addressed at a Divisional level. All other ISCs (Acute Medicine, Respiratory Medicine, Cardiology and Ophthalmology) cited insufficient staffing to meet workload.

Monthly exception report summaries

The data required to write quarterly GOSWH reports is not 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.

The process implemented to overcome this issue, of compiling and distributing monthly exception report summaries, continues to be universally well received with excellent engagement, from departments and Divisions, when issues have been made apparent.

Work Schedule Reviews

Multiple requests for work schedule reviews continue to be received, 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 Oncology (£2330.78) for NROC breaches, Haematology (£850.14) for NROC breaches, General Surgery on call (£108.88) for maximum 13 hour shift breaches, Acute Medicine (£74.53) for maximum 13 hour shift breaches, ENT (£230.66) for maximum 48 hour average week breaches, Ophthalmology (£474.42) for maximum 48 hour average week breaches, Cardiology (£573.30) for maximum 48 hour average week breaches, OMFS (£415.75) for maximum 48 hour average week breaches and maximum 13 hour shift breaches, PICU (£197.68) for maximum 13 hour shift breaches . Of note 48 hour maximum working week breaches are 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, Christmas 'treats' across Bristol and Weston sites, Resident doctor forum catering, an O&G welcome lunch event and catering for Foundation trainee induction.

The Bristol Guardian account rolls over financial years and currently has a balance of approximately £10000.

Resident Doctor Forum

Meetings were held, as required, throughout the year with variable attendance. A catered relaunch event was held in September 2024, in an attempt to increase interest amongst residents, with moderate success. A similar event was planned for September 2025.

Locum bookings

Data for locum hours, by speciality and grade, is provided in **appendix 3**. Locum's Nest is now established as the dominant booking platform. This has resulted in the availability of pooled data only 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. I have been informed that a project to improve the detail in which Nest data is reported to me has now been rolled out within Medicine and enhanced data is expected for the August to October 2025 quarterly report.

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

WTE = Whole time equivalent

Division	Total locum hours 23/24	WTE 23/24	Total locum hours 24/25	WTE 24/25
Medicine	28085	13.5	26484	12.73
Surgery	25951	12.5	29229	14.05
Specialised	11019	5.3	12037	5.79
W&C	15497	7.5	17077	8.21
D&T	1456	0.7	1582	0.76
Trust services	145			
TOTAL	82153	39.5	86409	41.54

As previously highlighted, the 41.54 WTE locum hour requirement, along with an apparent over establishment of 44.58 WTE (86.12 WTE) suggests a potential workforce (capacity) deficit of approximately 11% against planned establishment. This has increased from 9% compared to the previous year.

Study Budget

There has been no movement on re-establishing a study budget for locally employed residents since its complete removal in 2023/24. UHBW is an outlier in the region and this has the potential to adversely affect resident satisfaction, development and recruitment.

Other

A 'listening event' hosted for the Oral and Maxillofacial Surgical registrars revealed deep unrest amongst this resident group. This related to multiple aspects including rotas not being compliant with work schedules, activity out with rostered time (including time in theatre) being an expectation, NROC shifts being non-compliant and a perceived requirement that exception reports should not be submitted. A working group, with oversight from the Medical Director's office, is supporting an in-depth review of the department. As Guardian I have suspended the requirement for residents to involve their departmental supervisor when exception reporting, to gather additional data. A diary exercise is currently ongoing and all efforts are being made to resolve the situation.

Triangulated data for staffing, exception reporting and locum

Triangulated data: Staffing, exception reporting and locum August 2024 – July 2025

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

Patterns showing concerning frequency of exception reporting, or locum hours, are highlighted as 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	-0.66		3.00	
Acute Medicine	+2.84	20(3)		
Care of the Elderly	-0.07	86	0.23	Yes. High levels of exception reporting
Dermatology	+0.02	23	0.10	
Diabetes/Endocrine	+1.16	1		
Gastroenterology	+1.14	11		
Hepatology	-0.20	6	0.05	
Liaison Psychiatry	0.00			
Respiratory	-2.20	44(1)	0.01	Yes. High levels of exception reporting. Staff deficit vs budget.
GIM (A518)	0.00	28		
Rheumatology	+2.30		0.01	
SARC				
Unity sexual health	+0.50			
Sleep / NIV	-0.20			
'Medicine' (unspecified)	-3.37		9.34	Yes. Very high locum hours. Staff deficit vs budget.
Medicine OOH / take		18(6)		Yes. Concerning numbers of exception reports flagged as ISC.

Division of Surgery

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Anaesthetics	-0.60		0.96	
Cardiac anaesthetics				
Colorectal surgery		23		
Endoscopy	0.00			
ENT	-2.04	12	1.09	
HPB surgery		39		Borderline exception reporting.
Intensive care	-9.04		4.55	High locum hours with apparent staff deficit vs budget. Reported barriers to authorization to recruit.
Upper GI surgery		14		
Ophthalmology	-2.86	32(1)	1.08	Significant exception reporting and staff deficit vs budget.
OMFS	-2.06	13	1.38	
Thoracics	-0.03		2.43	
T&O	-0.35	3	0.32	
'Surgery' (unspecified)	-2.24		1.83	
Surgery OOH / take		25		
Dental			0.41	

Division of Specialised Services

Speciality	Over/under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Cardiac surgery	-0.06			
Cardiac MRI	-0.50			
Cardiology	+1.13	112(1)	3.25	Consistently very high levels of exception reporting across quarters and years.
Clinical Genetics	-2.00			
Haematology	+0.03	54	0.75	
Oncology	+2.98	71(7)	1.77	Consistently very high levels of exception reporting across quarters and years.
Palliative care	+0.77		0.02	
St Peter's		3		

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	+2.00			
General paediatrics	+22.89	3	1.23	Staffing data questionable
Paediatric OOH/take				
SoNAR			1.47	
NICU	+3.80	11	0.84	
O&G	+3.23	32	1.54	Borderline exception reporting levels despite apparent staff surplus against budget.
Paediatric A&E	+0.45	1	1.18	
Paeds anaesthetics	+0.57		0.03	
Paeds obesity	-0.10			
Paed cardiac surgery	-1.00		0.46	
Paediatric cardiology	-0.09		0.46	
Paeds gen. surgery	+0.73		0.28	
PICU	+5.08	4	0.38	
Paeds neurosurgery	+1.00		0.22	
Paeds haem/onc	-2.79		0.10	
Plastics / burns	0.00			
Paediatric T&O	+0.96			
Paediatric neurology		1		
Paeds respiratory				
Paeds endocrinology		6		

Division of Diagnostics and Therapies

Speciality	Over/ under establishment (WTE)	Exception reports (ISC)	Total locum WTE	Data indicates potential capacity vs demand issue
Radiology	+1.74		0.76	
Microbiology / path	-1.24			
Laboratory medicine				

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 2024 to end July 2025. These include, but are not limited to:
 1. Appointment of a Guardian of safe Working Hours with appropriate job planned time.
 2. Software analysis, by HR, of all rotas to ensure compliance with the rota rules.
 3. A functional and accessible exception reporting platform which resident doctors and dentists are actively encouraged to use by both GOSWH and the Trust.
 4. Direct access to email communication with GOSWH. Regular submission of reports (quarterly) to both MWAG and People Committee in Common.
 5. 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 has increased compared to the previous year and continues to cite issues around meeting workload within rostered time and staffing levels, which are perceived as lower than required to meet demand. Plans for covering short notice sick leave is also proving problematic for on-call rotas.
- Specialities flagging concerns due to high levels of exception reporting or locum hours are highlighted in the triangulated data table. Whilst feedback has resulted in positive changes, in some specialities, targeted review and input is recommended.
- Concerns within the OMFS registrar group are being addressed by a senior working group, with oversight from the Medical Director's office.
- Locum hours equate to 41.54 whole time equivalent junior doctors.
- Medical e-rostering report that they are now able to provide detailed Locum's Nest data for Medicine.
- Data suggests a deficit between planned workforce and demand. This is likely to include environmental factors, rota design, sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The overall estimated planned staffing deficit of 86.12 WTE posts has increased from 2023/24 along with an increase in exception reporting and ISCs.
- Distribution of monthly exception report summaries, to departmental and divisional leads, continues to be universally welcomed. High levels of engagement result in many issues now being addressed contemporaneously.
- The ongoing Trust wide rota review project continues to result in positive changes.
- I would recommend that all out of hours on call rotas are designed to include a 'float week' to provide reliable cover in the event of short notice sickness.
- Consultant grade rota leadership is not job planned.
- No study budget exists for locally employed residents.
- Summer resignations continue to be a problem but the suggestion of extending the notice period from one to three months has been rejected because of contractual factors (aligning locally employed residents' contracts with trainees).

Appendix 1.

UHBW Resident Staffing Report as at: June 2025.

Division of Medicine

	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Care of the Elderly	FY1	7.00	6.00	(1.00)
	FY2	5.00	4.94	(0.06)
	ST1-2	12.00	10.60	(1.40)
	ST3+	8.30	10.69	2.39
Care of the Elderly Total		32.30	32.23	(0.07)
Dermatology	ST1-2	1.00	1.00	0.00
	ST3+	4.00	4.02	0.02
Dermatology Total		5.00	5.02	0.02
Emergency Department	FY2	1.00	1.00	0.00
	ST1-2	31.00	30.00	(1.00)
	ST3+	18.91	19.25	0.34
Emergency Dept Total		50.91	50.25	(0.66)
General Medicine	FY1	3.00	0.00	(3.00)
	FY2	8.00	7.60	(0.40)
	ST1-2	5.00	4.91	(0.09)
	ST3+	5.11	5.23	0.12
General Medicine Total		21.11	17.74	(3.37)
Respiratory	FY1	6.00	8.00	2.00
	ST1-2	10.00	7.88	(2.12)
	ST3+	7.00	4.92	(2.08)
Respiratory Total		23.00	20.8	(2.20)
Rheumatology	ST1-2	1.00	1.00	0.00
	ST3+	4.20	6.50	2.30
Rheumatology Total		5.20	7.50	2.3
Sexual Health	FY2	0.00	0.00	0.00
	ST1-2	1.00	3.00	2.00
	ST3+	5.00	3.50	(1.50)
Sexual Health Total		6.00	6.50	0.50
Sleep	ST3+	1.00	0.80	(0.20)
Hepatology	FY1	2.00	2.00	0.00
	ST1-2	3.00	3.00	0.00
	ST3+	3.00	2.80	(0.20)
Hepatology Total		8.00	7.80	(0.20)
Gastroenterology	FY1	3.00	3.00	0.00
	ST1-2	2.00	1.80	(0.20)
	ST3+	3.00	4.34	1.34
Gastroenterology Total		8.00	9.14	1.14

Division of Medicine Continued				
Acute Medicine	FY1	2.00	2.00	0.00
	FY2	0.00	1.00	1.00
	ST1-2	5.00	5.94	0.94
	ST3+	3.00	3.90	0.90
Acute Medicine Total		10.00	12.84	2.84
Liaison Psych	FY1	3.00	3.00	0.00
	FY2	3.00	3.00	0.00
Liaison Psych Total		6.00	6.00	0.00
GIM	ST1-2	5.00	5.00	0.00
	ST3+	0.00	0.00	0.00
GIM Total		5.00	5.00	0.00
Endocrinology & Diabetes	ST1-2	1.00	1.00	0.00
	ST3+	3.00	4.16	1.16
Endo & Diabetes Total		4.00	5.16	1.16
Grand Totals		182.52	183.98	1.46

UHBW Resident Staffing Report as at: June 2025

Division of Surgery

Specialty	Grade	Budget WTE	Staff in Post WTE	Establishment Over / Under WTE
Anaesthetics	FY1	0.00	0.00	0.00
	FY2	0.00	0.00	0.00
	ST1-2	3.00	4.00	1.00
	ST3+	35.00	33.40	(1.60)
Anaesthetics Total		38.00	37.40	(0.60)
ICU	FY1	2.00	2.00	0.00
	FY2	5.00	5.00	0.00
	ST1-2	4.00	3.93	(0.07)
	ST3+	33.00	24.03	(8.97)
ICU Total		44.00	34.96	(9.04)
Endoscopy	ST3+	1.00	1.00	0.00
ENT	ST1-2	10.00	11.00	1.00
	ST3+	9.00	5.96	(3.04)
ENT Total		19.00	16.96	(2.04)
General Surgery	FY1	12.38	13.00	0.62
	FY2	3.00	3.00	0.00
	ST1-2	5.00	5.00	0.00
	ST3+	14.50	11.64	(2.86)
General Surgery Total		34.88	32.64	(2.24)
OMFS	ST3+	7.00	4.94	(2.06)
Ophthalmology	ST1-2	2.00	1.00	(1.00)
	ST3+	29.50	27.64	(1.86)
Ophthalmology Total		31.50	28.64	(2.86)
Thoracic Surgery	ST3+	3.00	2.97	(0.03)
Trauma & Orthopaedics	FY1	3.00	3.00	0.00
	FY2	3.00	3.00	0.00
	ST1-2	11.00	10.97	(0.03)
	ST3+	11.00	10.68	(0.32)
T&O Total		28.00	27.65	(0.35)
Grand Totals		206.38	187.16	(19.22)

UHBW Resident Staffing Report as at: June 2025.

Division of Specialised Services

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

UHBW Resident Staffing Report as at: June 2025.

Division of Women and Children's

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

Division of Women and Children's Continued				
PICU	ST1-2	3.00	3.93	0.93
	ST3+	16.23	20.38	4.15
PICU Total		19.23	24.31	5.08
Grand Total		218.41	255.14	36.73

UHBW Resident Staffing Report as at: June, 2025.

Division of Diagnostics and Therapies

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

Appendix 2.

Annual summary of exception reports by specialty, grade, and reason
1st August 2024 to 31st July 2025

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Acute Medicine	FY1	2						2
	FY2	3						3
	ST1-2	13					1	13 (1)
	ST3+		1	1			2	2 (2)
	sum	18	1	1			3	20 (3)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	27				1		28
	FY2	9						9
	ST1-2	48				1		49
	ST3+							
	sum	84				2		86

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Dermatology	FY1							
	FY2							
	ST1-2	3						3
	ST3+	19		1				20
	sum	22			1			23

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Hepatology	FY1	2						2
	FY2							
	ST1-2	4						4
	ST3+							
	sum	6						6

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Respiratory Medicine	FY1	17					1	17 (1)
	FY2							
	ST1-2	23				1		24
	ST3+	1			1	1		3
	sum	41			1	2		44 (1)

	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	3	8			1	4	12 (4)
	FY2	1	1	1			1	3 (1)
	ST1-2	1			1			2
	ST3+	1					1	1 (1)
	sum	6	9	1	1	1	6	18 (6)

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Colorectal Surgery	FY1	21						21
	FY2							
	ST1-2							
	ST3+	2						2
	sum	23						23

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
HPB Surgery	FY1	36						36
	FY2	3						3
	ST1-2							
	ST3+							
	sum	39						39

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Upper GI surgery	FY1	14						14
	FY2							
	ST1-2							
	ST3+							
	sum	14						14

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Ophthalmology	FY1							
	FY2							
	ST1-2	2						2
	ST3+	22			2	6	1	30 (1)
	sum	24			2	6	1	32 (1)

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
ENT	FY1							
	FY2							
	ST1-2	12						12
	ST3+							
	sum	12						12

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
OMFS	FY1							
	FY2							
	ST1-2	4						4
	ST3+	4		1	1	3		9
	sum	8			1	1	3	

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Surgery and OOH Take	FY1	17	1		1	1		20
	FY2	2						2
	ST1-2	1						1
	ST3+	2						2
	sum	22	1			1	1	

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	100	1		1	3	1	105 (1)
	FY2			1				1
	ST1-2	3		1		1		5
	ST3+	1						1
	sum	104	1		2	1	4	1

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Haematology	FY1	6						6
	FY2							
	ST1-2	9		5	1	5		20
	ST3+	23		1		4		28
	sum	38			6	1	9	

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Oncology	FY1	3						3
	FY2			3	1			4
	ST1-2	47		4			3	51 (3)
	ST3+	4			9		4	13 (40)
	sum	54			7	10		7

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
St Peter's Hospice	FY1							
	FY2							
	ST1-2							
	ST3+	3						3
	sum	3						3

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

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

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

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

	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+	10			1			11
	sum	10			1			11

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Paediatric endocrine	FY1							
	FY2							
	ST1-2							
	ST3+	4				2		6
	sum	4				2		6

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
O&G	FY1	8						8
	FY2	19				1		20
	ST1-2	3						3
	ST3+					1		1
	sum	30				2		32

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

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

Total for year 712 (19)

Annual UHBW Resident Locum summary for year: August 2024 to end July 2025

Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2			14	14
	ST1-2			3746	3746
	ST3+	273		2197	2470
Acute Medicine (AMU / MAU)	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+	484			484
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+	208			208
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+				
Gastroenterology	FY1				
	FY2				
	ST1-2				
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2				
	ST3+	94			94
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2			16	16
	ST3+			8	8
Rheumatology	FY1				
	FY2			6	6
	ST1-2				
	ST3+			12	12
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+				
Unity Sexual Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+				
'General / Acute Medicine' (Unspecified)	FY1			1489	1489
	FY2			26	26
	ST1-2			11027	11027
	ST3+			1621	1621
	Unknown			5263	5263
Out of Hours and take	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for Division of Medicine: 26484 locum hours (12.73 WTE)

Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			1998	1998
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+			4	4
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+				
ENT	FY1				
	FY2				
	ST1-2			1517	1517
	ST3+	16		479	495
	Unknown			270	270
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1				
	FY2				
	ST1-2			1221	1221
	ST3+	25		8211	8236
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Surgery continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2				
	ST3+	127		2123	2250
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2			297	297
	ST3+	77		2570	2570
Thoracic Surgery Cardiothoracics	FY1				
	FY2				
	ST1-2			394	394
	ST3+			4205	4205
	Unknown			451	451
Trauma and Orthopaedics	FY1				
	FY2				
	ST1-2			349	349
	ST3+	28		193	193
	Unknown			128	128
'General surgery' (unspecified)	FY1			49	49
	FY2			133	133
	ST1-2			2071	2071
	ST3+			1550	1550
Dental	FY1				
	FY2				
	ST1-2	398			398
	ST3+	186		264	450

Total for Division of Surgery: 29229 Locum hours (14.05 WTE)

Division of Specialised Services. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown				
Cardiac MRI	FY1				
	FY2				
	ST1-2				
	ST3+				
Cardiology	FY1				
	FY2				
	ST1-2			3381	3381
	ST3+	12		1375	1375
	Unknown			1999	1999
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2				
	ST1-2		246	244	490
	ST3+	8		838	846
	Unknown			229	229
Oncology	FY1			7	7
	FY2			88	88
	ST1-2			2506	2506
	ST3+	9		481	490
	Unknown			594	594
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			32	32

Total for Specialised services: 12037 Locum hours (5.79 WTE)

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			343	343
	ST3+	158		1304	1462
	Unknown			762	762
SoNAR	FY1				
	FY2				
	ST1-2				
	ST3+	12		1634	1646
	Unknown			1407	1407
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2			13	13
	ST3+	178		1104	1282
	Unknown			460	460
O&G	FY1				
	FY2			4	4
	ST1-2	17	423	449	889
	ST3+	533		1780	2313
Paediatric A&E	FY1				
	FY2	28		216	244
	ST1-2	110		1285	1395
	ST3+	272		547	819
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			59	59
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+			921	921
	Unknown			36	36

Division of Women and Children's cont.

Speciality	Grade	Bank	Agency	Nest	Total
Paediatric Cardiology	FY1				
	FY2				
	ST1-2			12	12
	ST3+	12		901	913
	Unknown			42	42
Paediatric General Surgery	FY1				
	FY2				
	ST1-2			164	164
	ST3+			326	326
	Unknown			95	95
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	59			59
	ST3+	734			734
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+			459	459
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Oncology and Haematology	FY1				
	FY2				
	ST1-2				
	ST3+	32		186	218
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: 17077 Locum hours (8.21WTE)

Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2			8	8
	ST3+			197	197
	Unknown			1377	1377
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

Total for D&T: 1582 Locum hours (0.76 WTE)