

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

01st August 2022 to 31st July 2023

Introduction

This paper reviews the mechanisms in place to ensure that safe working practices, for all junior 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 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 People Committee and the Medical and Dental Workforce Advisory Group (MWAG) throughout the year, and this paper provides an overview the summarised data, with analysis where appropriate.

The report is scheduled to be presented at the Public Board meeting on 12th March 2024 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. The contract mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring that all junior doctors are working in line with the safe working regulations.

University Hospitals Bristol and Weston Foundation Trust operates over two geographically remote sites with replication of departments over the two 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 Dr James McDonald (BRI ED Consultant) covers the Bristol sites and Dr William Hicks (WGH Radiology Consultant) covers Weston General Hospital. There has been significant progress made towards collaborative working between both guardians and work is ongoing to try and align as many of the common processes as possible across both sites. At present, the differences 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: **760**

Total number of junior doctors / dentists in post: **875** (headcount)

Whole time equivalent (WTE) in post: **794**

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 junior 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 junior 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 junior 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.

An example of how this can be addressed is shown in Adult Emergency Medicine. Asking for leave requests to be submitted before the clinical rota is written allows each individual doctor's clinical rota to be organised around their leave requests, by the rota manager swapping shifts between participants, before the rota is published. Overall equity between individual's unsocial hours is checked and balanced resulting in compliance with work schedules. This clearly requires a significant amount of work by whoever has overall responsibility for rota design and implementation.

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 annualised figures should be taken to represent the best estimate of the picture over the reporting period.

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 junior 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 departments for this year.

Of note is the large difference between headcount and WTE. This reflects the increasing popularity and availability of 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 WTE funding, is reported across all divisions except for Specialised Services. This is at odds with the overall reported locum requirement of 35.5 WTE (see later) and potentially reveals a Trust wide WTE equivalent funded workforce deficit between capacity and demand.

Exception reports

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

Changes to the Allocate platform, mandating alignment of reports against individual specialties and activity, have now been fully implemented. This results in a high level of confidence that the available data is now reliable on a departmental basis. Comparison with the previous year is, however, only possible by Division due to less detailed reporting in the previous year:

Exception reporting frequency, by division, comparison 2021/22 vs 2022/23.

Division	21/22 (ISC)	22/23 (ISC)
Medicine	264 (12)	234 (4)
Surgery	173 (11)	118 (8)
Specialised services	219 (4)	172 (2)
Women and Children's	89	135
D&T		
Trust		
Totals	745 (27)	659 (14)

ISC – Immediate Safety Concern

As shown, overall exception reporting, across the Bristol sites of UHBWFT, is significantly decreased compared to the previous year. This is seen across all Divisions except for Women and Children's. I have, with full support of the Trust, acted to encourage exception reporting through communication with both junior doctors and departmental management. 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. The reasons behind this will be multi factorial but likely include increasing levels of burnout, stress, and sickness along with ever increasing demand due to the progressively higher complexity and expectations of our patients. As more detailed, and accurate, data becomes available across staffing, exception reporting, and locum hours the I hope to be able to triangulate this data to identify specific specialties where further 'drilling down' is recommended. This will be highlighted in future 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. These were all discussed, and closed, without the need for direct input from me. The comments from the 14 ISCs flagged over the year are shown below:

August, September, October 2022

- FY1 in cardiology. It was agreed, between supervisor and junior, that there was no actual safety concern at meeting but paid for one additional hour.
- FY1 in 'general medicine'. *'Under minimum staffing levels, unsafe junior staffing'*.
- FY2 in 'general medicine'. Re-allocated to cover outlying patients. Felt that staffing was unsafe and had to stay three hours late to complete work. Supervisor meeting noted that this was necessary because there was 'nobody to hand over to'.

November, December, January 2022/23

- FY2: *'Rotated to be the only one covering 602 ward, 'minimally staffed' for young healthy ortho but many over 80 with a few over 90 so great burden of multimorbidity and medical care needs, shortages in care identified and had to be amended following nursing strikes, short staffing of the ward during the week, following the long Christmas bank holiday and needing to prepare for the New Year bank holiday, crash bell also went off twice in quick succession for patients on opposite ends of the ward.'*
- FY1 *'not enough staff, one F1 for ward 602 which is specialist t&o ward, no senior support.'*
- FY1 *'not enough staffing on wards. Only one f1 on 604 so could not get to teaching.'*
- FY1 *'no support on wards, not allowed to take leave where required, not able to go to surgical teaching.'*

February, March, April 2023

- FY2 Surgery Out of hours and take. *'No FY1 on night shift, resulting in me carrying and covering FY1 bleeps (X2) and SHO bleep.'*
- FY1 T&O. *'Left on ward between 5pm and 7pm with unwell patient newsing 12. Type 2 respiratory acidosis and flash pulmonary oedema, as well as cardiac event due to hyperkalaemia. Because of pressures and staffing the on call sho was not able to come up to ward to take over with care, The nurses on 604 not able to do gases, take bloods from picc etc leaving me unable to delegate tasks. Med reg came after an hour and helped.'*

May, June, July 2023

- FY1 Acute Medicine: *'On nights, we had no SHO support. This meant that the ward reg took the SHO BRI bleep, but myself and the other f1 were expected to cover BHI and the wards and do clerking. This created a very busy shift, which resulted in no breaks being taken til 5am. The breaks were interrupted by bleeps from both ED medical clerking and the wards. We were also expected to clerk in BHI. While the shift was managed well by the registrars on, who were very supportive, it was not safe for f1s to be expected to be in 3 places at once. It would also not be safe for even an SHO to be on the BRI wards, BHI wards, and clerking in ED all at once, but for an F1 it required to act outwith our pay grade and competency.'*
- FY1 Cardiology: *'C805 staffing 2 F1s only. 34 patients on the ward, of which 9 potential discharges. Rota issue was highlighted to Managers, Rota coordinator and Clinical Director two days earlier. Heart failure team kindly stepped up by seeing patients independently, however ward round jobs, discharge summaries (X9) and weekend plans as well as clinical reviews of PCI and EP patients remained. Greatix received on the ward for early reviews and quick discharge summary writing allowing early discharge of patients. But no time for allocated breaks and required to stay late.'*
- CT1 Medicine out of Hours and Take: *'Insufficient staff covering night shift. 1 SpR for whole hospital. 1 X SHO covering medical take from midnight to 8am. Will result in significant delays in assessing and treating patients.'*
- FY1 General Surgery out of Hours and Take: *'Understaffing. Float F1 did not turn up to work. This meant that between myself, the ward cover F1, and the clerking F1, we had to do 3 people's work between 2.'*
- FY1 General Surgery out of Hours and Take: *'Understaffing. Float F1 did not turn up to work, leaving two F1s on call to do 3 people's work.'*

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.

To overcome this deficit I plan to implement a process of compiling and distributing monthly exception report summaries to Divisional and Departmental leads. The aim will be to send these out approximately one week after each month end. Provision of this contemporaneous information will hopefully enable departments to address issues in real time allowing early resolution.

Other

Direct correspondence was received raising concern about under recruitment to the Paediatric Neurosurgical rota. This rota is designed at the minimum staffing level required to provide 24/7 on call cover. This was escalated to the department and, after meetings with the responsible consultants, GOSWH and HR the departmental lead gave assurance that shortfalls would be addressed by sourcing external and internal locum cover. Further assurance was given that all rota rules would be adhered to. No exception reports, relating to rota rule breaches, were received.

Work Schedule Reviews

There were no work schedule reviews requested in this period.

Fines

Fines were levied against Surgery -Out of hours and take (£72.97), Ophthalmology (£474.43) and Medicine – Out of hours and take (£59.60). 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.

Locum bookings

Summarised data, provided by the UHBWFT Locum bank and Agency locum administrators is provided below. In the later part of the year data became available broken down by department and grade. Due to the variation in detail of data provided, as the year progressed, annualised hours can only be summarised by Division.

Locum hours year August 2022 to end July 2023

Division	Total locum hours	Whole time equivalent
Medicine	30270	14.6
Surgery	19391	9.3
Specialised	6890	3.3
W&C	17137	8.2
D&T	254	0.1
Trust services		
TOTAL	73942	35.5

As previously highlighted the 35.5 WTE locum hour requirement, along with an apparent over establishment of 34 WTE (69.5 WTE) suggests a potential workforce (capacity) deficit of approximately 9% across the Bristol sites of UHBW.

Triangulated data for staffing, exception reporting and locum

August 2022 to end July 2023

Division	WTE in post vs funded	Exception reports total	Locum WTE spend (hours)
Medicine	+15.00	234	14.6
Surgery	-0.66	118	9.3
Specialised services	-3.10	172	3.3
Women and Children's	+20.44	135	8.2
D&T	+2.53	-	0.1
Trust	+0.75	-	-
Totals	+34.96	659	35.5

Due to variation in detail of data available, across the year, triangulation is only possible on a Divisional breakdown. This makes comment impossible other than on a global basis. As the detail of data available increases GOSWH aims to provide triangulated data by specialty and grade. The aim will be to identify individual specialties raising potential concerns around capacity and demand. This information will be escalated through MWAG for action as deemed appropriate.

Junior Doctor's Forum

Virtual meetings were held on 14th September 2022, 11th November 2022, 22nd March 2023 and 19th July 2023.

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 2022 to end July 2023. 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 junior doctors 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. However reliable data by department was not available for this year.
- Exception reporting is lower than in the previous year but overwhelmingly cites issues around meeting workload within rostered time and staffing levels perceived as lower than required to meet demand.
- Locum hours equate to 35.5 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 sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The increasing complexity of rota management and design make simple repeating patterns unfit for purpose. This means that significant input is necessary to produce individual rotas which are genuinely work schedule compatible and can accommodate leave requests.
- Consultant grade rota leadership is not job planned.

Recommendations

- Continuing encouragement to junior doctors and dentists to engage with the exception reporting system, junior doctor's forum, and direct communication with me.
- As increasingly detailed data becomes available, I will aim to produce triangulated reports between staffing, exception reports and locum data, by department and grade, with the aim of identifying targeted specialties potentially requiring support and capacity vs demand review. These will be highlighted in quarterly reports and escalated through MWAG. (This has been implemented from August 2023).
- To encourage departments to move away from the use of simple repeating rota patterns towards individually tailored rotas which are compliant with work schedules and allow for timely requests for annual and study leave requests to be accommodated.

- Provision of job planned SPA time for consultant leadership in rota design and management.
- GOSWH to provide monthly exception report summaries to departmental and divisional leads (This has been implemented from August 2023).

James McDonald. Guardian of Safe Working Hours (Bristol). 28th February 2024.

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

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Medicine

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
A&E Bristol	FY1				
	FY2				
	ST1-2	24	25.09	1.09	26
	ST3+	19	14.82	(4.18)	18
Acute Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly and Stroke	FY1				
	FY2				
	ST1-2				
	ST3+	?	2.00	2.00	3
Dermatology	FY1				
	FY2				
	ST1-2	3	0.90	(2.10)	1
	ST3+	5	4.60	(0.40)	5
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+	3	3.00		3
Gastroenterology	FY1				
	FY2				
	ST1-2	2	2.00		2
	ST3+	4	3.80	(0.20)	4
Hepatology	FY1	2	2.00		2
	FY2	1	1.00		1
	ST1-2	3	3.00		3
	ST3+	6	5.00	(1.00)	5
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Medicine continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Respiratory Medicine	FY1	4	6.00	2.00	6
	FY2				
	ST1-2	8	8.00		8
	ST3+	5	5.00		5
Rheumatology	FY1				
	FY2				
	ST1-2	1	0.80	(0.20)	1
	ST3+	2	0.95	(1.05)	1
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+	1	0.63	(0.37)	1
Unity Sexual Health	FY1				
	FY2				
	ST1-2	1	4.00	3.00	5
	ST3+	5	4.11	(0.89)	5
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+	1	1.00		1
General Medicine (unspecified)	FY1	25	32.00	7.00	32
	FY2	15	15.00		15
	ST1-2	19	27.00	8.00	27
	ST3+	6	8.00	2.00	15
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		165	180	15	195

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Surgery

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Anaesthetics	FY1				
	FY2				
	ST1-2	6	6.00		6
	ST3+	41	42.33	1.33	50
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	9	11.44	2.44	12
Dental	FY1				
	FY2				
	ST1-2	16	20.29	4.29	21
	ST3+	20	9.86	(10.14)	12
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+	1	1.00		1
ENT	FY1				
	FY2				
	ST1-2	10	10.80	0.80	11
	ST3+	7	7.70	0.70	9
Intensive Care	FY1	1	1.00		1
	FY2	5	4.41	(0.59)	5
	ST1-2	8.5	14.00	5.50	14
	ST3+	22	15.14	(6.86)	16

Division of Surgery continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Ophthalmology	FY1				
	FY2				
	ST1-2	2	2.00		2
	ST3+	23	25.32	2.32	28
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	6	5.18	(0.82)	6
Thoracic Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	2	1.33	(0.67)	2
Trauma and Orthopaedics	FY1	3	3.00		3
	FY2	3	3.33	0.33	4
	ST1-2	9	10.66	1.66	11
	ST3+	9	8.32	(0.68)	9
General Surgery combined - Colorectal Oesophagogastric Hepatobiliary	FY1	11	11.00		11
	FY2	3	3.00		3
	ST1-2	5	6.33	1.33	7
	ST3+	13	10.90	(2.10)	12
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		235.5	234.34	(0.66)	256

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Specialised Services

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Cardiac Surgery	FY1				
	FY2				
	ST1-2	1		(1.00)	
	ST3+	14	13.00	(1.00)	13
Cardiac MRI	FY1				
	FY2				
	ST1-2				
	ST3+	4.5	2.30	(2.20)	3
Cardiology	FY1				
	FY2				
	ST1-2	11	9.70	(1.30)	10
	ST3+	18	16.70	(1.30)	17
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+	2	0.54	(1.46)	2
Haematology	FY1	1	1.00		1
	FY2	1	1.00		1
	ST1-2	4	4.67	0.67	5
	ST3+	14	15.70	1.70	19
Oncology	FY1				
	FY2	1	1.20	0.20	2
	ST1-2	9	9.87	0.87	10
	ST3+	17.75	18.82	1.07	22
Palliative Care	FY1				
	FY2				
	ST1-2		1.30	1.30	2
	ST3+	2	1.35	(0.65)	2
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		100.25	97.15	(3.10)	109

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Women and Children's

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Community Paediatrics	FY1				
	FY2				
	ST1-2	4	4.63	0.63	6
	ST3+	4	4.00		5
General Paediatrics	FY1				
	FY2				
	ST1-2				
	ST3+	?	1.65	?	4
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2	10	9.19	(0.81)	10
	ST3+	11	16.00	5	19
O&G	FY1	2	1.33	(0.67)	2
	FY2	3	2.97	(0.03)	3
	ST1-2	8	9.44	1.44	11
	ST3+	19	21.63	2.63	24
Paediatric A&E	FY1				
	FY2				
	ST1-2	9	6.50	(2.50)	7
	ST3+	15	17.11	2.11	19
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2	1	0	(1.0)	0
	ST3+	10	9.01	(0.99)	10
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	3	3.84	0.84	4

Division of Women and Children's continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Paediatric Cardiology	FY1				
	FY2				
	ST1-2	1	1.00		1
	ST3+	8	8.62	0.62	10
Paediatric General Surgery	FY1				
	FY2	1	1.00		1
	ST1-2	6	5.95	(0.05)	6
	ST3+	9	8.80	(0.20)	9
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	3	3.00		3
	ST3+	16	17.74	1.74	22
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+	6	2.66	(3.34)	4
Paediatric Oncology and Haematology	FY1				
	FY2	6	6.35	0.35	7
	ST1-2	13	13.04	0.04	14
	ST3+	34	46.65	12.65	56
Paediatric Plastic Surgery / Burns	FY1				
	FY2				
	ST1-2				
	ST3+	5	5.00		5
Paediatric Trauma and Orthopaedic Surgery	FY1				
	FY2				
	ST1-2	3	4.00	1.00	4
	ST3+	7	6.33	(0.67)	7
Paediatric obesity	FY1				
	FY2				
	ST1-2				
	ST3+	0.8	0.80		1
Paediatric palliative care	FY1				
	FY2				
	ST1-2				
	ST3+	0.6	0.60		1
		Funded WTE	WTE in post	Over / (Under) establishment	Headcount
TOTALS		218.40	238.84	20.44	275

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Diagnostics and Therapies

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Radiology***	FY1	1	0.00	(1.00)	
	FY2				
	ST1-2	9	7.66	(1.34)	8
	ST3+	6.20	12.07	5.87	13
Pathology	FY1				
	FY2				
	ST1-2	2	1.00	(1.00)	1
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2	1	1.00		1
	ST3+				
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		19.2	21.73	2.53	24

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Trust / Other

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 2022 to 31st July 2023

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Acute Medicine	FY1	3	1				1	4 (1)
	FY2		2					2
	ST1-2	20						20
	ST3+	1						1
		24	3				1	27 (1)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Care of the Elderly	FY1	6		1	1			8
	FY2	4	2		1	1		8
	ST1-2	10						10
	ST3+							
		20	2	1	2	1		26

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Gastro enterology	FY1	13				1		14
	FY2		1		1			2
	ST1-2	22				1		23
	ST3+							
		35	1		1	2		39

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Respiratory medicine	FY1	4						4
	FY2	2						2
	ST1-2	2						2
	ST3+							
		8						8

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Medicine OOH and Take	FY1	96	4	6	1	1	2	108 (2)
	FY2	4						4
	ST1-2	15	1		2	1	1	19 (1)
	ST3+	2						2
		117	5	6	3	2	3	133 (3)

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

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
T&O	FY1	30					5	30 (5)
	FY2	4						4
	ST1-2	1						1
	ST3+							
		35					5	35 (5)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Surgery and OOH Take	FY1	31	2	3			2	36 (2)
	FY2	18			1		1	19 (1)
	ST1-2					1		1
	ST3+							
		49	2	3	1	1	3	56 (3)

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Cardiology	FY1	43		1		1	2	45 (2)
	FY2							
	ST1-2	13						13
	ST3+					5		5
		56			1		6	2

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
Haematology	FY1	6				2		8
	FY2	4						4
	ST1-2	3						3
	ST3+	88	3			2		93
		101	3			4		108

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
General Paediatrics	FY1							
	FY2							
	ST1-2	4						4
	ST3+	16				2		18
		20				2		22

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
NICU	FY1							
	FY2							
	ST1-2	11				4		15
	ST3+	14				2		16
		25				6		31

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
O&G	FY1							
	FY2	44				4		48
	ST1-2	4						4
	ST3+							
		48				4		52

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
PICU	FY1							
	FY2							
	ST1-2							
	ST3+	14			1			15
		14				1		15

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

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

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