

# QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

## University Hospitals Bristol and Weston (UHBW) Bristol

01<sup>st</sup> February 2024 to 30<sup>th</sup> April 2024

### Introduction

This paper summarizes 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 (UHB). A separate report is submitted for Weston sites which have their own Guardian of Safe Working Hours (GOSWH). Information is sourced from the Allocate exception reporting system, HR staffing reports, locum internal bank and agency reports, Locum's Nest 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.

I can also confirm that there is continuing work in progress to further improve the accuracy and validity of the data available, which is used as the basis for this report.

Staffing data continues to be refined with Medical HR making progress in separating out General Medicine and General Surgery into individual specialties. Gathering staffing data, by speciality and grade, is complex and information remains sub-optimal. This is likely due to multiple specialities (on which exception reporting, and thus the entire GOSWH system, is based) sharing common cost centres (which are used to try and identify staff allocation) and individual staff working across multiple specialities. Staffing data, as currently available, is provided in **Appendix 1** for reference.

Exception reporting data is monitored and collated through an electronic platform, provided by Allocate. This provides a breakdown of exception reports by type, speciality and location (Bristol or Weston). Whilst a very small degree of user error exists, usually due to doctors selecting an incorrect speciality, this data is now felt to represent an acceptably accurate picture. Monthly reports summarising exception reporting by speciality, are forwarded to Divisional and Departmental leads (copied to Director of Medical Education) soon after month end. The readily accessible data, included in these summaries, has been widely welcomed and provides individual departments with a real time overview of exception reporting patterns. This has been shown to contribute towards the implementation of changes, to address underlying issues, in real time. Exception reporting data is provided in **Appendix 2** for reference.

Junior doctor and dentist bank and agency locum hours are reported separately for the Bristol and Weston sites and are broken down by specialty and grade. The introduction of Locum's Nest has added another data set. At present this is not reported to the required level of detail, compromising overall locum data. This has been escalated for action and the Locum's Nest team have confirmed that they are nearing the point in which they can align data with the same list of specialities used for staffing and exception reporting. Locum data is provided in **Appendix 3** for reference.

The data available allows an attempt at triangulation of these three streams. Whilst staffing and locum data remain sub-optimal, this is improving quarter on quarter, and is approaching a point where it can be considered as reliable. Triangulated data is included in the main report and a 'traffic light system' has been employed to flag specialities raising concerns. Specialities raising concerns, in any quarter are compared to previous quarters. If this is a first or single incident the situation will be monitored

and flagged as 'amber'. In the event of sustained concerning data, the speciality will be flagged as 'red' and highlighted, through the Medical and Dental Workforce Advisory Group (MWAG), with a suggestion that detailed investigation is requested to explore the underlying causes, enabling proposals for implementing changes. Other information brought to the attention of GOSWH, through direct contact or Immediate Safety Concern flags, will also be taken into consideration when making these recommendations.

The last quarterly report (November, December, January 2024) raised red flag concerns in Respiratory Medicine. Feedback suggests that this is largely due to relocation over several separate locations, creating an effective staffing deficit secondary to covering a larger footprint. A proposal for addressing this situation requires discussion. Amber flags were recorded against Acute Medicine, Care of the Elderly, Dermatology, Intensive Care Medicine, Ophthalmology, Thoracic Surgery, Cardiology, Oncology, General Paediatrics, Obstetrics and Gynaecology, Paediatric A&E and Paediatric Intensive Care. These will all be reviewed, and flagged accordingly, in this quarter's report.

This paper will be presented to the People Committee of Trust Board, MWAG and is published on the Trusts external website. It may also form part of future CQC inspections.

## **Background**

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019. The contract mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring all 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 sites. Each site presents many different challenges, specific to location, with local knowledge being of paramount importance in understanding and addressing these often-complex issues. For this reason, separate guardians are appointed for each location. Currently Dr James McDonald (BRI ED Consultant) covers the Bristol sites and Dr William Hicks (WGH Radiology Consultant) covers Weston General Hospital. There has been significant progress made towards collaborative working between both guardians and work is ongoing to try and align as many of the common processes as possible across both sites. At present, the differences between the two sites makes writing a single report for UHBW impractical. This report is from the Bristol based GOSWH, James McDonald, and refers to the Bristol hospitals of UHBW.

## **High level data for Bristol sites of UHBW**

Total number of junior doctors/dentists: **838 (782 Whole time equivalents) (WTE)**

Number of junior doctors/dentists in training: **640** (From Trainee Information System TIS June 2024)

Number of locally employed doctors: **198**

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

Amount of job-planned time for educational supervisors: 0.125 PAs per trainee

Comparison with data, from the previous quarter shown below, suggests stable overall numbers in post but a significant reduction in locally employed staff compared to those in training posts.

### High level data for Bristol sites of UHBW (Previous quarter)

Total number of junior doctors / dentists: **813 (762 Whole time equivalents) (WTE)**

Number of junior doctors / dentists in training: **568**

Number of locally employed doctors: **245**

A detailed breakdown of staffing, based on the data provided to GOSWH, is provided in **appendix 1** for reference.

Establishment by division is shown in the following table: (previous quarter)

Division	Establishment (WTE)	Locum (WTE)
D&T	+3.78 (+4.69)	-----
Medicine	+5.25 (-5.55)	14.24 (13.81)
Specialised	-1.08 (-1.25)	6.06 (5.01)
Surgery	-4.29 (-3.95)	12.65 (10.67)
Women and Children's	+34.00 (+26.91)	3.81 (6.35)
<b>TOTAL</b>	<b>+37.66 (+20.85)</b>	<b>36.76 (35.84)</b>

Staffing and locum figures remain relatively stable across quarters.

Of note is the apparent disparity between establishment and locum hours, across all divisions, which continues to potentially reveal a Trust wide WTE equivalent funded workforce deficit. Overall locum hours, for the quarter, represent nearly 37 WTE which is equivalent to approximately 5% of the overall WTE workforce. If reported WTE over establishment, against funded, of 37.66 is also taken into account this would suggest that, in order to meet demand, funded WTE would need to increase by approximately 10% or 75 full time posts, across UHB.

Interestingly, Medicine shows a significant increase in establishment but also a small increase in locum hours. Data initially provided for Surgery suggested a greatly increased deficit in establishment. This was due to reported ST3+ staffing in anaesthetics having fallen dramatically. Clarification was sought from the anaesthetics management team and the figures amended as now reported. I have asked for a review of how data is collected from the anaesthetic specialities (see above re common cost centres).

It is also noted that staffing in Women and Children's is apparently at 34 WTE above funded WTE, with widespread over establishment, especially in Paediatric Oncology and Haematology. This may reflect data inaccuracy due to, for example, leavers not being taken off ESR when new starters are added.

## Exception reports

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

This quarter shows an increase in overall exception reports (160 vs 118 last quarter) but still significantly lower than the peaks seen in earlier quarters. This likely represents a generally stable situation with a limited number of specialities raising concerns. Only one report was flagged as an Immediate Safety Concern:

FY2 Colorectal surgery February 2024

*'Less than minimum staffing on a Monday. Only one junior and registrar (who had an endoscopy list) who were not familiar with the patients. There were multiple discharges and poor documentation over the weekend and unclear management plans. Due to ward pressures, was only able to review bloods for patients in the afternoon for a patient who was quick sick and needed urgent management.'*

No meeting, or feedback received, from supervisor despite multiple direct reminders.

Almost all reports highlight additional hours being worked to meet workload.

**Levels of exception reporting raising concern are seen in Acute Medicine, Dermatology, Respiratory Medicine, ENT, Cardiology and Obstetrics & Gynaecology.**

## Other

Direct correspondence was received relating to Foundation SDT time not being included in some rotas, with doctors apparently being expected to request this as and when it could be fitted around clinical shifts. I feel that this is integral to concerns previously raised about Trust wide rota management and design.

Further communication, from cardiology, has highlighted inadequate resources for doctors to access nonclinical workspace and IT leading to inefficiency and a challenging working environment. This has been escalated directly within the department.

An increase in Foundation placements at UHB, from August, triggered a request for an opinion as to where this resource might be best utilised. Liaison with the Foundation programme directors, and review of data from previous GOSWH reports, has enabled an evidence-based plan to be developed.

There were no work schedule reviews requested in this period.

Two fines were levied against Cardiology due to breaches of the 48-hour maximum average working week rule.

An online Junior Doctor's Forum was held on 22<sup>nd</sup> May. There were no junior doctor representatives in attendance. A plan has been put in place to hold a JDF 'open day', with catering, on

18<sup>th</sup> September. This will be widely advertised and aims to increase junior doctor involvement in this platform.

Resignations. Multiple specialities are reporting locally employed doctor resignations, over the summer, to be an increasing problem and contributing factor in workforce deficits. Juniors are resigning early after success in gaining training programme places starting in August. This is a significant problem, in my own speciality (A&E). Multiple requests have been made to move to a three month notice requirement (currently one) to address this issue. No explanation has been given as to why this is not possible, and no changes have been made to contracts.

## Locum bookings

Summarised data, provided by the UHBW Locum bank, Agency locum administrators and Locum's Nest is provided in **Appendix 3** for reference.

As previously discussed, the data currently provided by Locum's Nest is not robustly broken down by specialty and grade (there are very large, pooled figures for 'Medicine' and 'Surgery' and no alignment with specialty and grade). Work is reported as nearing fruition to enable enhanced data in future reports.

Overall locum hours, for the quarter, represent nearly 37 WTE which is equivalent to approximately 5% of the overall WTE workforce. If reported WTE over establishment, against funded, is considered this would suggest that, in order to meet demand, funded WTE would need to increase by approximately 10% or 75 full time posts, across UHB.

## Triangulated data for staffing, exception reporting and locum

Blank cells indicate a value of zero or no data available. It is assumed, that where staffing deficits are known to exist, action is already being undertaken to actively recruit.

Patterns where locum hours, or frequency of exception reporting, are out of proportion with reported staffing are highlighted as potentially representing compromised capacity vs demand.

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception reports (ISC)	Total locum hours	Total locum WTE	Comment
A&E Bristol	FY1				1.86	Stable
	FY2					
	ST1-2	0.48		752.00		
	ST3+	0.89		271.00		
Acute Medicine	FY1		4		3.50	Escalating exception reporting and locum use. Common themes include 'not enough staffing for acuity and workload'
	FY2					
	ST1-2		10	1823.80		
	ST3+					

Care of the Elderly	FY1		7			Stable
	FY2		1			
	ST1-2		1			
	ST3+	2.00				
Dermatology	FY1					Rapidly escalating exception reporting. Previously suggested due to sickness. Now maintained concern.
	FY2					
	ST1-2	2.00	6			
	ST3+		20			
Diabetes and Endocrinology	FY1					Green
	FY2					
	ST1-2		1			
	ST3+					
	Unknown					
Gastroenterology	FY1		1			Green
	FY2					
	ST1-2					
	ST3+	(0.20)				
Hepatology	FY1		2		0.09	Green
	FY2					
	ST1-2					
	ST3+	(1.00)		49.00		
Liaison Psychiatry	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Respiratory Medicine	FY1		8			Sustained very high levels of exception reporting. Staffing reported as inadequate to match footprint.
	FY2					
	ST1-2	1.00	6			
	ST3+		3			
General Internal Medicine (A518)	FY1					Green
	FY2					
	ST1-2		2			
	ST3+					
Rheumatology	FY1					Green
	FY2					
	ST1-2					
	ST3+	(0.80)				

SARC (Sexual assault referral centre)	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Unity Sexual Health	FY1					Green
	FY2					
	ST1-2	3.80				
	ST3+	(2.30)				
Sleep / NIV	FY1					Green
	FY2					
	ST1-2					
	ST3+	1.00				
'Medicine' (Unspecified)	FY1	(4.00)			8.67	Very hard to comment due to lack of speciality and grade specific data. Likely general capacity vs demand issue.
	FY2	(1.00)				
	ST1-2	6.19				
	ST3+	0.19				
	Unknown			4510.00		
Medicine Out of hours and take	FY1		1			Green
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Anaesthetics	FY1				0.59	Reduced locum hours
	FY2					
	ST1-2	6.00				
	ST3+	1.49		305.00		
Cardiac Anaesthetics	FY1					Green
	FY2					
	ST1-2					
	ST3+	3.52				
Colorectal Surgery	FY1		2			Sustained reduction in exception reporting. Disappointing lack of engagement re ISC.
	FY2		1(1)			
	ST1-2					
	ST3+					

Endoscopy	FY1				0.03	Green
	FY2					
	ST1-2					
	ST3+	1.00		15.00		
ENT	FY1				1.32	Massive escalation in exception reporting. Newly reported staffing deficit. Increased locum hours. Monitor.
	FY2			18.00		
	ST1-2	(1.00)	24	581.20		
	ST3+	(1.00)		88.50		
Hepatobiliary Surgery	FY1		7			Maintained reduction in exception reporting
	FY2					
	ST1-2					
	ST3+					
Intensive Care	FY1				4.32	Escalating locum hours quarter on quarter despite apparent improvements in staffing. Does this represent a significant capacity vs demand problem? Is the staffing data reliable?
	FY2	(1.00)				
	ST1-2	(1.56)		533.00		
	ST3+	(3.06)		1712.50		
Oesophago-Gastric Surgery	FY1					Green
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Ophthalmology	FY1				1.14	Stable. Reduced exception reporting.
	FY2					
	ST1-2	(1.00)				
	ST3+	0.69	2	591.90		
Oral Maxillofacial Surgery	FY1				0.75	Increased staffing deficit compensated with increased locum hours.
	FY2					
	ST1-2			204.00		
	ST3+	(1.22)		183.50		



Thoracic Surgery Cardiothoracics	FY1		1		1.23	Improved staffing. Stable locum.
	FY2			6.00		
	ST1-2			45.00		
	ST3+	(1.00)		589.40		
Trauma and Orthopaedics	FY1		1		0.44	Stable
	FY2	1.00	1			
	ST1-2	(1.00)		42.30		
	ST3+	(0.02)		187.50		
'General surgery' (Unspecified)	FY1			160.00	2.45	Very hard to comment due to lack of speciality and grade specific data. Likely general capacity vs demand issue.
	FY2	1.00		44.00		
	ST1-2	2.00		297.00		
	ST3+	(3.23)		772.00		
Surgery Out of hours and take	FY1		1			Maintained reduction in exception reporting
	FY2					
	ST1-2					
	ST3+					
Dental	FY1				0.39	Confusing staffing data suggesting significant under establishment at ST3+. No exception reporting.
	FY2					
	ST1-2	4.90		157.20		
	ST3+	(10.80)		46.00		

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Cardiac Surgery	FY1					Green. Improved ST3+ staffing deficit.
	FY2					
	ST1-2	(1.00)				
	ST3+	(0.59)				
Cardiac MRI	FY1					Green
	FY2					
	ST1-2					
	ST3+	(1.00)				
Cardiology	FY1		8		3.13	Stable locum and slightly improved staffing. Exception reporting escalating despite previously seen reduction after intervention. Has this intervention been maintained?
	FY2					
	ST1-2	0.93	9			
	ST3+	(1.98)		80.00		
	Unknown			1547.00		

Clinical Genetics	FY1					Green
	FY2					
	ST1-2					
	ST3+	(1.30)				
Haematology	FY1		2		1.00	Maintained reduction in exception reporting. Staffing improved. Locum stable.
	FY2					
	ST1-2	2.00		38.00		
	ST3+	(0.24)	2			
	Unknown			481.00		
Oncology	FY1		1		1.88	Escalating locum hours. Apparent new ST1-2 staffing deficit. Has something happened?
	FY2	(0.09)				
	ST1-2	(1.10)		635.00		
	ST3+	2.31		345.00		
Palliative Care	FY1					Green
	FY2					
	ST1-2	0.50				
	ST3+	0.48				

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception reports	Total Locum Hours	Total locum WTE	Comment
Community Paediatrics	FY1					Stable
	FY2					
	ST1-2	(2.00)				
	ST3+	1.99				
General Paediatrics	FY1			28.40	1.78	Maintained reduction in exception reporting. Stable / reducing locum hours. Stable staffing.
	FY2		2			
	ST1-2		3	188.10		
	ST3+	1.00		664.60		
	Unknown			42.00		
General Paediatrics OOH and take	FY1					Green
	FY2					
	ST1-2					
	ST3+					
NEST (Transport)	FY1					Green
	FY2					
	ST1-2					
	ST3+					

Neonatal Intensive Care (NICU)	FY1				0.62	Green
	FY2					
	ST1-2	(0.37)				
	ST3+	8.73		47.50		
	Unknown			273.00		
O&G	FY1	(1.00)	2		2.34	Escalating locum hours. Stable staffing. High level exception reporting. Likely capacity vs demand problem.
	FY2		9			
	ST1-2	2.60		232.20		
	ST3+	0.80		985.10		
Paediatric A&E	FY1			18.50	1.03	Stable. Apparent over establishment with maintained high locum hours. Likely capacity vs demand issue.
	FY2	1.00		18.80		
	ST1-2	0.93		70.50		
	ST3+	1.54		429.50		
Paediatric Anaesthetics	FY1					Green
	FY2					
	ST1-2	(1.00)				
	ST3+	3.48				

Speciality	Grade	Over/ <u>under</u> establishment (WTE)	Exception Reports	Total Locum Hours	Total Locum WTE	Comment
Paediatric Cardiac Surgery	FY1				0.14	Apparent new staffing deficit at ST3+
	FY2					
	ST1-2					
	ST3+	(2.00)		74.00		
Paediatric Cardiology	FY1				0.02	Green
	FY2					
	ST1-2					
	ST3+	1.23				
	Unknown			11.00		
Paediatric General Surgery	FY1				0.04	Green
	FY2					
	ST1-2	(3.00)				
	ST3+	1.89		19.40		
Paediatric Intensive Care (PICU)	FY1				1.00	Stable. Apparent over establishment with need for additional locum hours.
	FY2					
	ST1-2	(1.20)		45.50		
	ST3+	4.52		471.50		

Paediatric Neurosurgery	FY1				0.35	Apparently 5/6 positions in post. I have been assured that 24/7 cover is being provided with full rota rule compliance.
	FY2					
	ST1-2					
	ST3+	(1.00)		181.00		
Paediatric Oncology and Haematology	FY1				0.26	Very high reported over establishment. Confusing data.
	FY2	1.73				
	ST1-2	1.52		9.00		
	ST3+	10.15		127.60		
Paediatric Plastic Surgery / Burns	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Paediatric Trauma and Orthopaedic Surgery	FY1					Green
	FY2					
	ST1-2	0.47				
	ST3+	2.00				
Paediatric neurology	FY1					Escalating exception reporting.
	FY2					
	ST1-2		1			
	ST3+		8			
Paediatric respiratory	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Paediatric Endocrinology	FY1					Green
	FY2					
	ST1-2					
	ST3+					

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Radiology	FY1	<b>(1.00)</b>			<b>0.17</b>	Green
	FY2					
	ST1-2	<b>(0.40)</b>				
	ST3+	<b>4.18</b>		<b>87.00</b>		
Microbiology Pathology	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Laboratory Medicine	FY1					Green
	FY2					
	ST1-2	<b>1.00</b>				
	ST3+					

Speciality	Grade	Over/ <b>under</b> establishment (WTE)	Exception Reports	Total Locum Hours	Total locum WTE	Comment
Clinical Teaching Fellow	FY1				<b>0.16</b>	Green
	FY2					
	ST1-2			<b>81.50</b>		
	ST3+					
Occupational Health	FY1					Green
	FY2					
	ST1-2					
	ST3+					
Other	FY1					Green
	FY2					
	ST1-2					
	ST3+					

## Discussion

Patterns which potentially identify specialties with inadequate resource to meet demand, which is likely to result in unsafe working, are identified and highlighted. Red flagged specialties are: **Acute Medicine, Dermatology, Respiratory Medicine, Intensive Care, Cardiology and Obstetrics & Gynaecology**. This will be escalated through MWAG, with a request for department level analysis and response.

## Summary

There has been no objective evidence arising from direct communication, or the exception reporting system, to suggest that the junior doctors and dentists at the Bristol sites of UHBW are working on non-compliant rotas. The requirement for HR to run all work schedules through compliance software should flag any issues of this nature resulting in either redesign, by the departmental rota lead, or involvement of GOSWH if not resolved. Trust wide rota design, and management, continues to be of concern with uncertainty over whether the planned Trust wide rota review exercise is going ahead. As previously stated, I consider this to be of paramount importance.

Exception reporting suggests that additional hours are frequently worked to support under resourced rotas. High levels of locum hours are also seen in some areas, again most likely reflecting an under resourced workforce. As shown, this is likely to be in the region of 10% of UHB workforce representing approximately 75 WTE posts.

The updated exception reporting system, which mandates that all reports are now made against a specific specialty, continues to prove beneficial and allows summarised reports for individual specialties to be provided at each month end. This is widely welcomed and has resulted in several early interventions being implemented with resulting reductions in exception reporting.

Exception reporting is increased from the previous quarter but remains relatively stable.

Cardiology are working to improve the physical environment for junior doctors with provision of designated non clinical workspace being sought.

Early summer resignations are significantly contributing to workforce deficits in multiple specialties. Could MWAG establish the reasons for not being able to establish a contractual three month notice period for locally employed doctors?

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

28<sup>th</sup> June 2024.

## Appendix 1.

### UHBW Junior Staffing Report (Bristol) as at: March 2024.

#### Division of Medicine

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
A&E Bristol	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	<b>31.00</b>	<b>31.48</b>	<b>0.48</b>	<b>32</b>
	ST3+	<b>18.72</b>	<b>19.61</b>	<b>0.89</b>	<b>23</b>
Acute Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly and Stroke	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	<b>1.30</b>	<b>3.30</b>	<b>2</b>	<b>3</b>
Dermatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	<b>3</b>	<b>1</b>	<b>(2)</b>	<b>3</b>
	ST3+	<b>4</b>	<b>4</b>	-	<b>4</b>
Diabetes and Endocrinology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	<b>3</b>	<b>3</b>	-	<b>3</b>
Gastroenterology	FY1	<b>2</b>	<b>3</b>	<b>1</b>	<b>3</b>
	FY2	-	-	-	-
	ST1-2	<b>2</b>	<b>2</b>	-	<b>2</b>
	ST3+	<b>4</b>	<b>3.80</b>	<b>(0.20)</b>	<b>4</b>
Hepatology	FY1	<b>2</b>	<b>2</b>	-	<b>2</b>
	FY2	<b>1</b>	<b>1</b>	-	<b>1</b>
	ST1-2	<b>3</b>	<b>3</b>	-	<b>3</b>
	ST3+	<b>6</b>	<b>5</b>	<b>(1)</b>	<b>5</b>
Liaison Psychiatry	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

## Division of Medicine continued March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Respiratory Medicine	FY1	6	6	-	6
	FY2	-	-	-	-
	ST1-2	8	9	1	9
	ST3+	5	5	-	5
Rheumatology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1	1	-	1
	ST3+	2	1.20	(0.80)	2
SARC (Sexual assault referral centre)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Unity Sexual Health	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1	4.80	3.80	5
	ST3+	5	2.70	(2.30)	4
Sleep / NIV	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	1	1	1
General Medicine (needs splitting)	FY1	20	16	(4.00)	16
	FY2	15	14	(1.00)	14
	ST1-2	25	31.19	6.19	33
	ST3+	8	8.19	0.19	11



## Division of Surgery March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	6.00	6.00	6
	ST3+	24	25.49	1.49	27
Cardiac Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	8	11.52	3.52	12
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Endoscopy	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	1	2	1	2
ENT	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10	9	(1)	6
	ST3+	8	7	(1)	8
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1	1	1	-	1
	FY2	5	4	(1)	4
	ST1-2	8.50	6.94	(1.56)	7
	ST3+	26.02	22.96	(3.06)	24
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

## Division of Surgery Continued March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Ophthalmology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	2	1	(1)	1
	ST3+	24	24.69	0.69	26
Oral Maxillofacial Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	7	5.78	(1.22)	6
Thoracic Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	2	1	(1)	1
Trauma and Orthopaedics	FY1	3	3	-	3
	FY2	3	4	1	4
	ST1-2	9	8	(1)	8
	ST3+	10	9.98	(0.02)	10
General Surgery	FY1	11	11	-	11
	FY2	3	4	1	4
	ST1-2	5	7	2	7
	ST3+	13	9.77	(3.23)	10
Dental	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	18	22.90	4.90	24
	ST3+	18.60	7.80	(10.80)	8

## Division of Specialised Services March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1	-	(1)	-
	ST3+	14	13.41	(0.59)	14
Cardiac MRI	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	4	3	(1)	3
Cardiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	11	11.93	0.93	12
	ST3+	21.40	19.42	(1.98)	21
Clinical Genetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3	1.70	(1.30)	2
Haematology	FY1	1	1	-	1
	FY2	1	1	-	1
	ST1-2	4	6	2	6
	ST3+	15.20	14.96	(0.24)	16
Oncology	FY1	1	1	-	1
	FY2	2	1.91	(0.09)	2
	ST1-2	9.60	8.50	(1.10)	9
	ST3+	17	19.31	2.31	21
Palliative Care	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	0.50	0.50	1
	ST3+	2	2.48	0.48	3

## Division of Women and Children's March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Community Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	4	2	(2)	2
	ST3+	4	5.99	1.99	7
General Paediatrics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	1	1	1
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	10.40	10.03	(0.37)	11
	ST3+	12	20.73	8.73	25
O&G	FY1	2	1	(1)	1
	FY2	3	3	-	3
	ST1-2	8	10.60	2.60	11
	ST3+	19.48	20.28	0.80	23
Paediatric A&E	FY1	-	-	-	-
	FY2	-	1	1	1
	ST1-2	9	9.93	0.93	11
	ST3+	15	16.54	1.54	19
Paediatric Anaesthetics	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	1	-	(1)	-
	ST3+	10	13.48	3.48	14
Paediatric Cardiac Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	3	1	(2)	1
Paediatric Cardiology	FY2	-	-	-	
	ST1-2	1	1	-	1
	ST3+	8	9.23	1.23	10

## Women and Children's Continued. March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Paediatric General Surgery	FY1	-	-	-	-
	FY2	1	1	-	1
	ST1-2	6	3	(3)	3
	ST3+	9	10.89	1.89	11
Paediatric Intensive Care (PICU)	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3	1.80	(1.20)	2
	ST3+	16.23	20.75	4.52	23
Paediatric Neurology	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Neurosurgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	6	5	(1)	5
Paediatric Oncology and Haematology	FY1	-	-	-	-
	FY2	6	7.73	1.73	8
	ST1-2	13	14.51	1.51	16
	ST3+	34	44.15	10.15	53
Paediatric Plastic Surgery / Burns	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	5	5	-	5
Paediatric Trauma and Orthopaedic Surgery	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	3	3.47	0.47	4
	ST3+	7	9	2	9
Paediatric Endocrinology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Paediatric Respiratory	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-

## Division of Diagnostics and Therapies March 2024

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Radiology	FY1	1	-	(1)	-
	FY2	-	-	-	-
	ST1-2	9	8.60	(0.40)	9
	ST3+	6.20	10.38	4.18	11
Microbiology	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	-	-	-
	ST3+	-	-	-	-
Laboratory Medicine	FY1	-	-	-	-
	FY2	-	-	-	-
	ST1-2	-	1	1	1
	ST3+	-	-	-	-

## Appendix 2.

### Summary of exception reports by specialty, grade, and reason 01<sup>st</sup> February to 30<sup>th</sup> April 2024

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Acute Medicine</b>	FY1	4						<b>4</b>
	FY2							
	ST1-2	8			1	1		<b>10</b>
	ST3+							
		<b>12</b>			<b>1</b>	<b>1</b>		<b>14</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Care of the Elderly</b>	FY1	6		1				<b>7</b>
	FY2	1						<b>1</b>
	ST1-2	1						<b>1</b>
	ST3+							
		<b>8</b>		<b>1</b>				<b>9</b>

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Dermatology</b>	FY1							
	FY2							
	ST1-2	6						<b>6</b>
	ST3+	20						<b>20</b>
		<b>26</b>						<b>26</b>

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Respiratory Medicine</b>	FY1	8						<b>8</b>
	FY2							
	ST1-2	6						<b>6</b>
	ST3+	2			1			<b>3</b>
		<b>16</b>			<b>1</b>			<b>17</b>

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

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

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

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



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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>ENT</b>	FY1							
	FY2							
	ST1-2	17		7				24
	ST3+							
		17		7				24

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Cardiology</b>	FY1	8						8
	FY2							
	ST1-2	8	1					9
	ST3+							
		16	1					17

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

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

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

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>Paediatric Neurology</b>	FY1							
	FY2							
	ST1-2	1						<b>1</b>
	ST3+	4	3			1		<b>8</b>
		<b>5</b>	<b>3</b>			<b>1</b>		<b>9</b>

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	Total (ISC)
<b>O&amp;G</b>	FY1	2						<b>2</b>
	FY2	8			1			<b>9</b>
	ST1-2							
	ST3+							
		<b>10</b>			<b>1</b>			<b>11</b>

### Appendix 3. UHBW Junior Locum Report for Quarter: February 2024 to end April 2024

#### Division of Medicine. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
A&E Bristol	FY1				
	FY2				
	ST1-2			752.00	<b>752.00</b>
	ST3+	81.00		190.00	<b>271.00</b>
Acute Medicine (AMU / MAU)	FY1				
	FY2				
	ST1-2	1823.80			<b>1823.80</b>
	ST3+				
Care of the Elderly	FY1				
	FY2				
	ST1-2				
	ST3+				
Dermatology	FY1				
	FY2				
	ST1-2				
	ST3+				
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown				
Gastroenterology	FY1				
	FY2				
	ST1-2				
	ST3+				
Hepatology	FY1				
	FY2				
	ST1-2				
	ST3+	49.00			<b>49.00</b>
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

## Medicine locum hours continued

Speciality	Grade	Bank	Agency	Nest	Total
Respiratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Rheumatology	FY1				
	FY2				
	ST1-2				
	ST3+				
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+				
Unity Sexual Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+				
'Medicine' (Unspecified)	FY1				
	FY2				
	ST1-2				
	ST3+				
	Unknown			4510.00	<b>4510.00</b>
Out of Hours and take	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for Division of Medicine: 7405.80 locum hours 14.24 (WTE)**

## UHBW Junior Locum Report for Quarter: February 2024 to end April 2024.

### Division of Surgery. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+			305.00	<b>305.00</b>
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Colorectal Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+	15.00			<b>15.00</b>
ENT	FY1				
	FY2	18.00			<b>18.00</b>
	ST1-2	181.00	47.20	353.00	<b>581.20</b>
	ST3+	43.50		45.00	<b>88.50</b>
Hepatobiliary Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Intensive Care	FY1				
	FY2				
	ST1-2	65.00		468.00	<b>533.00</b>
	ST3+	359.50		1353.00	<b>1712.50</b>
Oesophago-Gastric Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				

## Division of Surgery February 2024 to end April 2024 continued

Speciality	Grade	Bank	Agency	Nest	Total
Ophthalmology	FY1				
	FY2				
	ST1-2				
	ST3+	591.90			<b>591.90</b>
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2	25.00		179.00	<b>204.00</b>
	ST3+	15.50		168.00	<b>183.50</b>
Thoracic Surgery Cardiothoracics	FY1				
	FY2			6.00	<b>6.00</b>
	ST1-2			45.00	<b>45.00</b>
	ST3+	135.40		454.00	<b>589.40</b>
Trauma and Orthopaedics	FY1				
	FY2				
	ST1-2	39.30		3.00	<b>42.30</b>
	ST3+	11.50		176.00	<b>187.50</b>
'General surgery' (unspecified)	FY1			160.00	<b>160.00</b>
	FY2			44.00	<b>44.00</b>
	ST1-2			297.00	<b>297.00</b>
	ST3+	10.00		762.00	<b>772.00</b>
Dental	FY1				
	FY2				
	ST1-2	157.20			<b>157.20</b>
	ST3+	46.00			<b>46.00</b>

**Total for Division of Surgery: 6579.00 Locum hours 12.65 (WTE)**

## UHBW Junior Locum Report for Quarter: February 2024 to end April 2024

### Division of Specialised Services. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+				
Cardiac MRI	FY1				
	FY2				
	ST1-2				
	ST3+				
Cardiology	FY1				
	FY2				
	ST1-2				
	ST3+	80.00			<b>80.00</b>
	Unknown			1574.00	<b>1574.00</b>
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Haematology	FY1				
	FY2				
	ST1-2				
	ST3+	38.00			<b>38.00</b>
	Unknown			481.00	<b>481.00</b>
Oncology	FY1				
	FY2				
	ST1-2			635.00	<b>635.00</b>
	ST3+			345.00	<b>345.00</b>
Palliative Care	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for Specialised services: 3153.00 Locum hours 6.06 (WTE)**

## UHBW Junior Locum Report for Quarter: February 2024 to end April 2024

### Division of Women and Children's. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Community Paediatrics	FY1				
	FY2				
	ST1-2				
	ST3+				
General Paediatrics	FY1	28.40			<b>28.40</b>
	FY2				
	ST1-2	188.10			<b>188.10</b>
	ST3+	664.60			<b>664.60</b>
	Unknown			42.00	<b>42.00</b>
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2				
	ST3+	47.50			<b>47.50</b>
	Unknown			273.00	<b>273.00</b>
O&G	FY1				
	FY2				
	ST1-2		141.20	91.00	<b>232.20</b>
	ST3+		219.10	766.00	<b>985.10</b>
Paediatric A&E	FY1	18.50			<b>18.50</b>
	FY2	18.80			<b>18.80</b>
	ST1-2	70.50			<b>70.50</b>
	ST3+	429.50			<b>429.50</b>
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+				
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	74.00			<b>74.00</b>



**Division of Women and Children's February 2024 to end April 2024 cont.**

<b>Speciality</b>	<b>Grade</b>	<b>Bank</b>	<b>Agency</b>	<b>Nest</b>	<b>Total</b>
<b>Paediatric Cardiology</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>				
	<b>Unknown</b>			11.00	<b>11.00</b>
<b>Paediatric General Surgery</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>	19.40			<b>19.40</b>
<b>Paediatric Intensive Care (PICU)</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>	45.50			<b>45.50</b>
	<b>ST3+</b>	471.50			<b>471.50</b>
<b>Paediatric Neurosurgery</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>	73.00		108.00	<b>181.00</b>
<b>Paediatric Neurology</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>				
<b>Paediatric Oncology and Haematology</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>	9.00			<b>9.00</b>
	<b>ST3+</b>	127.60			<b>127.60</b>
<b>Paediatric Plastic Surgery / Burns</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>				
<b>Paediatric Trauma and Orthopaedic Surgery</b>	<b>FY1</b>				
	<b>FY2</b>				
	<b>ST1-2</b>				
	<b>ST3+</b>				

**Total for Women and Children's: 3937.20 Locum hours 3.81 (WTE)**

## UHBW Junior Locum Report for Quarter: February 2024 to end April 2024

### Division of Diagnostics and Therapies. Hours.

Speciality	Grade	Bank	Agency	Nest	Total
Radiology	FY1				
	FY2				
	ST1-2				
	ST3+	16.00		87.00	
Microbiology	FY1				
	FY2				
	ST1-2				
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for D&T: 103.00 Locum hours**

## UHBW Junior Locum Report for Quarter: February 2024 to end April 2024

### Division of Trust / Other. Hours

Speciality	Grade	Bank	Agency	Nest	Total
Clinical Teaching Fellow	FY1				
	FY2				
	ST1-2	81.50			<b>81.50</b>
	ST3+				
Occupational Health	FY1				
	FY2				
	ST1-2				
	ST3+				
Other	FY1				
	FY2				
	ST1-2				
	ST3+				

**Total for Trust: 81.50 Locum hours**