

Boards in Common Paper H

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group – UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	8 May 2026					
Title:	5.1 (Paper H) Guardians of Safe Working: Consolidated annual report for 2025-26					
Report presented by:	Sarika Goel (NGH) and Mustafa Raza (KGH), Guardians of Safe Working					
Report written by:	Sarika Goel (NGH) and Mustafa Raza (KGH), Guardians of Safe Working					
Action – this paper is for:	Decision/Approval		UHN Assurance	X	Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	
Where this report has been discussed previously	N/a					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

As set out in the executive summary below. Board Assurance Framework Risk UHN18 refers: If we fail to put in place sufficient support for colleagues and/or processes that fail to create a safe working environment where people feel valued, included and supported, then this will lead to increased sickness absence, poor staff engagement, poor retention, a negative impact on morale and potential impact on patient care.

Impact assessment

Financial:

Fines are imposed on a department when specific safe working rules are breached. The triggers for fines include:

- Exceeding the 48-hour weekly average limit
- Working more than 72 hours in any consecutive 7-day period
- Reducing the minimum 11-hour rest period to 8 hours or less
- Missing 25% of scheduled breaks within 4 weeks

Cost centres have been created to facilitate fine payment.

Legal: No contract breaches identified during the reporting period.

Equalities: No equality concerns raised during the reporting period.

Purpose of the Report

This is the first annual consolidated Guardians of Safe Working report. It seeks to provide assurance to Boards that resident doctors are safely rostered, and working hours comply with the 2016 Terms and Conditions of Service (TCS), with exception reporting monitored and well-being initiatives in place.

Recommendation

The Boards are requested to receive the report and to indicate assurance in respect of the trusts' ongoing commitment to safe working hours, proactive exception reporting, and staff well-being.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP BOARDS OF DIRECTORS: 8 MAY 2026

1. *Background*

The Guardians of Safe Working are responsible for monitoring resident doctors' working hours and ensuring they do not exceed safe limits. Exception reports are submitted when doctors work beyond rostered hours, miss breaks, or experience unsafe workloads. Analysis of these reports, alongside work schedule reviews and rota monitoring, informs actions to protect doctors and patients and ensures adherence to contractual and legal requirements.

2. *Overview*

Across Kettering General Hospital (KGH) and Northampton General Hospital (NGH), there is sustained progress in strengthening safe working hours governance, improving responsiveness to exception reporting, and enhancing support for Resident Doctors. Operational pressures remain significant—particularly in General Medicine and rota-dependent specialties—but both sites demonstrate proactive oversight, timely escalation, and alignment with the national 10-Point Plan to Improve Resident Doctors' Working Lives.

3. *Key Activity and Trends 2025-2026*

KGH

1. Recruitment of **two FY2 doctors** has reduced late finishes and improved rota resilience mainly in General surgery department.
2. Urology rota concerns regarding **Specialist Registrars' overnight rest** addressed through rota redesign and increased FY2 support.
3. **75 exception reports** submitted; **four ISC reports**, none meeting ISC criteria after review. All exception reports were related to working hours. Since August, there has been a notable reduction in the overall number of exception reports, largely due to proactive engagement with medical staffing teams, trainee and non-trainee doctors, and supervisors. By addressing key areas of concern, we have ensured rota compliance and strengthened support for doctors
4. improvements made to handover processes, ward support, and communication following escalations.

NGH

1. **671 exception reports** submitted; volume doubled over the year. This is largely attributable to rota gaps and additional hours worked by doctors. Numbers have increased since we provided access to Locally Employed Doctors.
2. **February 2026 peak (127 reports)** following extension of exception reporting to Locally Employed Doctors.
3. **FY1/FY2 doctors submitted 78%** of all reports.
4. **General Medicine** accounted for **54%** of all reports and **56%** of ISC-flagged reports.
5. **652.7 additional hours** claimed (≈16.3 working weeks).
6. **62%** resolved by payment; **24 Guardian's fines** issued.

4. February 2026 Exception Reporting Reforms

1. Educational and Clinical Supervisors removed from the process.
2. Medical Staffing actions all reports under 2 hours.
3. GOSW investigates and actions all reports over 2 hours.
4. Confidentiality fines introduced for breaches.
5. Doctors can now choose payment or TOIL for additional hours.
6. Trusts must provide system access within 10 days (reducing to 7 days in August) or face a fine.
7. Reporting access extended to Locally Employed Doctors, contributing to increased transparency and reporting volume.

5. Common Themes

1. Excessive working hours, late finishes, and missed rest breaks.
2. Persistent rota gaps, particularly in General Medicine, Oncology, and Haematology.
3. Inconsistent senior support on ortho-geriatric and postnatal wards, which has been addressed.
4. Teaching overruns and missed educational opportunities.
5. Barriers to exception reporting improving post reform.
6. Fatigue, burnout, and reduced morale linked to workload intensity.

6. Key Risks

1. **Workforce fatigue and burnout** affecting wellbeing and retention.
2. **Patient safety risks** due to staffing gaps and delayed senior review.
3. **Rota non-compliance**, including rest requirements, leading to fines and reputational impact.
4. **Training quality concerns**, including missed SDT and reduced supervision.
5. **Financial pressures** from increased exception reporting, fines, and locum use.

7. Assurance Measures

1. Strengthened Guardian visibility across clinical areas and at induction.
2. Proactive monitoring and timely resolution of exception reports.
3. Rota adjustments and improved handover processes.
4. Updated Safe Working Hours Policy reflecting TCS changes pending ratification.
5. Dedicated cost centre for Guardian's fines to ensure transparent use.
6. Collaboration with HR, divisional leads, and Medical Education to address recurring issues.
7. Planned wellbeing sessions and continued promotion of exception reporting as a safety and improvement tool.

8. Summary

Both KGH and NGH have demonstrated ongoing commitment to safe working hours, proactive exception reporting, and staff well-being. While systemic pressures and operational challenges persist, robust assurance processes and collaborative problem-solving are in place. Continued focus on rota management, senior support, and staff engagement — aligned with the national 10-Point Plan— is recommended to sustain compliance and promote a positive working environment for resident doctors

9. **Recommendation:** The Boards are requested to receive the report and to indicate assurance in respect of the trusts' ongoing commitment to safe working hours, proactive exception reporting, and staff well-being.