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|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|--------|----------------------------|
| <b>Meeting title:</b>                                  | Trust Board                                                                                                                                                                              |  |           |  |        | <b>Trust Board Paper K</b> |
| <b>Date of the meeting:</b>                            | 8 <sup>th</sup> October 2026                                                                                                                                                             |  |           |  |        |                            |
| <b>Title:</b>                                          | Resident Doctors Contract Guardian of Safe Working Report                                                                                                                                |  |           |  |        |                            |
| <b>Report presented by:</b>                            | Raunak Singh, Guardian of Safe Working and Consultant in Medicine                                                                                                                        |  |           |  |        |                            |
| <b>Report written by:</b>                              | Raunak Singh, Guardian of Safe Working and Consultant in Medicine<br>Asmita Patwardhan, Guardian of Safe Working and Consultant in O & G<br>Vidya Patel, Medical Human Resources Manager |  |           |  |        |                            |
| <b>Action – this paper is for:</b>                     | Decision/Approval                                                                                                                                                                        |  | Assurance |  | Update | x                          |
| <b>Where this report has been discussed previously</b> | As list above                                                                                                                                                                            |  |           |  |        |                            |

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| <b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b> |
| Not applicable.                                                                                                            |

|                          |
|--------------------------|
| <b>Impact assessment</b> |
| Not applicable.          |

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| <b>Acronyms used:</b>                                 |                      |
| ISC – Immediate Safety Concern                        | RD – Resident Doctor |
| RDA – Resident Doctors Administrator (previously JDA) |                      |

## Purpose of the Report

This report provides an overview of exception reporting activity at University Hospitals of Leicester NHS Trust (UHL) for the period 1 April 2026 to 4 August 2026. It has been prepared in accordance with the national exception reporting reforms and the nationally agreed Board reporting requirements.

The report is presented to the People and Culture Committee (PCC) and the Trust Leadership Team (TLT) for discussion and assurance and to the Trust Board for noting. In line with national requirements, it will also be shared with the Local Negotiating Committee (LNC), Trust Resident Doctors Forum (RDF), and other relevant stakeholders.

## Recommendations

Members are asked to:

- Note the contents of this report and the level of exception reporting activity during the reporting period.
- Recognise the continued importance of exception reporting in supporting safe working hours, patient safety and high-quality training.
- Note the successful implementation of the national exception reporting reforms and UHL's adoption of the nationally agreed reporting framework.
- Acknowledge that no detriment concerns, access disclosures or work schedule reviews were reported during this period.
- Support ongoing monitoring of exception reporting themes, trends and outcomes, including actions arising from recurring issues.

## Summary

This report covers exception reporting activity between 1 April 2026 and 4 August 2026, representing the first reporting period under the revised cohort-based reporting approach aligned to resident doctor rotations.

During the reporting period, 315 exception reports were submitted. The majority related to hours worked and working pattern concerns. No detriment concerns, work schedule reviews or access disclosures were reported.

The report provides assurance that exception reporting continues to support the identification of safe working concerns, promotes engagement between resident doctors and services, and enables appropriate monitoring and governance through the Guardian of Safe Working Hours framework.

## **Main report detail**

### **1. Introduction**

Exception reporting remains a key mechanism for maintaining safe working hours, protecting patient safety and safeguarding educational opportunities, and it is also the route by which resident doctors can ensure that all work undertaken is appropriately recognised and compensated.

As highlighted in the previous report, this report covers a four-month period aligned with the resident doctors' rotation schedule. This approach allows for a full assessment of each cohort during their placement, ensuring more coherent data and improving the quality of analysis. The reporting periods are as follows:

| <b>Reporting Period</b> | <b>Presented to PCC and TLT</b> | <b>Presented to Trust Board</b> |
|-------------------------|---------------------------------|---------------------------------|
| August to December      | January                         | February                        |
| December to April       | May                             | June                            |
| April to August         | September                       | October                         |

Trends from previous years will be reset starting from May 2026. Therefore, historical data will not be included in this report, as this change prevents direct comparison with previous reporting periods and ensures that future analyses reflect the new cohort-based approach.

This report is reviewed and discussed at the Trust Leadership Team and People and Culture Committee meetings. It is also presented to the Trust Board, Local Negotiating Committee, Medical Oversight Group, and the Trust Resident Doctors Forum for review and oversight.

### **2. Guardian of Safe Working at UHL**

Dr Katherine Millard, Consultant Neonatologist, has been appointed as the new Guardian of Safe Working Hours at UHL and will commence in the role at the end of September 2026. Dr Millard will succeed Dr Asmita Patwardhan, who is stepping down from the Guardian role to take up a Head of Service position. We would like to thank Dr Patwardhan for her significant contribution to supporting resident doctors, promoting safe working practices and overseeing the exception reporting process during her tenure as Guardian.

#### **2.2 High Level Data**

|                                                         |                                           |
|---------------------------------------------------------|-------------------------------------------|
| Established Number of Doctors in Training               | 1250+                                     |
| Establishment LED Doctors working on JD Contract TCS    | 450+                                      |
| Guardian role at UHL                                    | 2 x 1.5 PAs per week                      |
| Admin support provided to the guardian (if any):        | 0.5 WTE                                   |
| Amount of job-planned time for educational supervisors: | 0.25 per trainee, up to a maximum of 1 PA |

### 3. Reporting Requirements

As part of the exception reporting reforms, the Trust is required to report against a nationally agreed set of measures.

#### 3.1 Number of exception reports submitted

From 1<sup>st</sup> April 2026 to 4<sup>th</sup> August 2026, a total of 315 Exception Reports have been recorded, relating to Hours and Working Pattern.

As part of the exception reporting reforms, Trusts are required to adopt a nationally agreed template for Board reporting. The information presented in this section has been structured in line with these requirements.

#### 3.2 Categories of exception reports submitted

Exception reports can be raised for a range of reasons, including issues relating to hours worked, working patterns, rest requirements, educational opportunities, and immediate safety concerns. Reviewing the categories of exception reports submitted provides valuable insight into the pressures experienced by resident doctors, highlights areas where working patterns may differ from those planned in work schedules, and helps identify themes requiring local action or service improvement.

The national exception reporting reforms require Trusts to report on the categories of exception reports raised during the reporting period. The information below provides a breakdown of exception reports submitted between 1 April 2026 and 4 August 2026, enabling the Trust, Guardian of Safe Working Hours and Board to monitor trends, assess risks, and ensure appropriate action is taken where necessary.

| Type of Exception Reports                  | Outcome    |           |                |                       |                |                   |           |            |
|--------------------------------------------|------------|-----------|----------------|-----------------------|----------------|-------------------|-----------|------------|
|                                            | Payment    | TOIL      | Penalty / Fine | Further Clarification | Pending Review | No Further Action | Withdrawn | Total      |
| Additional hours – unscheduled early start | 10         |           |                |                       |                |                   | 1         | 11         |
| Additional hours – unscheduled late finish | 153        | 84        |                | 4                     | 28             |                   | 14        | 283        |
| Breaches of non-resident on-call patterns  | 14         | 3         | 3              |                       | 1              |                   |           | 21         |
| Inability to take contractual breaks       |            |           |                |                       |                |                   |           | 0          |
| Inadequacy of clinical support             |            |           |                |                       |                |                   |           | 0          |
| Inadequacy of rostered skills mix          |            |           |                |                       |                |                   |           | 0          |
| Suspected non-compliant rota pattern       |            |           |                |                       |                |                   |           | 0          |
| Detriment or threat of detriment           |            |           |                |                       |                |                   |           | 0          |
| Information breach                         |            |           |                |                       |                |                   |           | 0          |
| Access & completion – resolved in time     |            |           |                |                       |                |                   |           | 0          |
| Access & completion – breach               |            |           |                |                       |                |                   |           | 0          |
| Access & completion – test                 |            |           |                |                       |                |                   |           | 0          |
| Other                                      |            |           |                |                       |                |                   |           | 0          |
| <b>TOTAL:</b>                              | <b>177</b> | <b>87</b> | <b>3</b>       | <b>4</b>              | <b>29</b>      | <b>0</b>          | <b>15</b> | <b>315</b> |

There has been an increase in exception reports resulting in payment for additional hours worked. This is likely to reflect the introduction of the national exception reporting reforms, which give resident doctors greater flexibility to choose their preferred outcome following an approved exception report. Doctors are now able to elect either payment or time off in lieu (TOIL), and an increasing number have chosen payment for additional hours worked.

### **3.3 Experiences of actual or threatened detriment**

One of the guiding principles of the exception reporting reforms is to prevent doctors experiencing, either threatened or actual, detriment as a result of exception reporting or indicating intent to exception report. Detriment in an employment context is when an employer, or colleagues, treats an individual unfairly or subjects them to a disadvantage for the sole or main reason that they asserted an employment right.

During this reporting period there have been no detriments reported.

### **3.4 Withdrawals**

A doctor can choose to withdraw an exception report that they have submitted at any point in the process following submission. All exception reporting data, including those which have been withdrawn, will be retained for the GoSWH to allow them to perform their role in checking for potential safety implications.

During this period 15 exception reports have been withdrawn.

### **3.5 Access to individual doctors' exception reporting data**

Personally identifiable data related to exception reporting must not be shared without the doctors' specific consent, except where a senior manager or member of the board of directors is presented with an overriding public interest or has a legal obligation.

The affected doctor should be notified of this action as soon as practically possible, and the number of such disclosures must be presented in a manner that preserves a doctors' anonymity

There have been no exception reports access disclosures during this period.

### **3.6 Work schedule reviews related to exception reporting pattern/instances**

The purpose of work schedule reviews is to ensure that a work schedule for doctor remains fit for purpose. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer.

There have been no work schedule reviews in line with the above criteria; however following service review, draft rota template proposals have been created in 4 services.

### **3.7 Rota gaps on all shifts**

NHS Employers have advised that further guidance on the requirements will be published and therefore this will be included in future reports.

### 3.8 Additional information on an ad hoc basis

The GoSWH is required to report any escalated issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level.

The GoSWH is required to report issues, with certain posts, that cannot be remedied locally and require a system-wide solution. The board is required to raise the system-wide issue with partner organisations (for example, NHS England) to find a solution

At this stage there is no requirement to escalate any issues.

## 4. Recipients of Board Reports

The national exception reporting reforms require that Board reports are shared with a defined range of internal and external recipients and are made publicly available within one month of publication as set out below:

| Information to be shared                                                                                                | Recipient(s) of board reports                                                                                                                                                                                                                                                                                                                                                                                                                  | Frequency             |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Quarterly reports (however Trust agreement to report every 4 months)                                                    | <p>The Joint Local Negotiating Committee (JLNC) the Local Negotiating Committee (LNC) chair at least one nominated LNC resident doctor, and relevant RDF representatives upon completion.</p> <p>NHS England (Local office), Care Quality Commission, General Medical Council and General Dental Council.</p> <p>In addition, all quarterly reports must be publicly accessible online within one month after the report has been created.</p> | Each reporting period |
| Issues identified as a result of exception reporting that cannot be remedied locally and require a system-wide solution | <p>LNC</p> <p>The board will raise the system-wide issue with partner organisations (eg NHS England) to find a solution</p>                                                                                                                                                                                                                                                                                                                    | Ad hoc                |
| Annual reports                                                                                                          | <p>DHSC/NHS England</p> <p>Local offices of NHS England, the Care Quality Commission, the General Medical Council and the General Dental Council.</p>                                                                                                                                                                                                                                                                                          | Annual                |

## **5. Immediate Safety concern**

Whilst not a requirement of the national exception reporting reforms, we have included this section to provide assurance regarding exception reports raised as Immediate Safety Concerns.

A total of 21 exception reports were raised as Immediate Safety Concerns. All of the immediate safety concerns have been reviewed by a Guardian and none were assessed as immediate safety concerns.

## **6. Conclusion**

This report demonstrates continued engagement with exception reporting across UHL and reflects the successful implementation of the national exception reporting reforms. Exception reporting remains an important mechanism for identifying concerns relating to working hours, working patterns, patient safety and training opportunities, whilst ensuring resident doctors are appropriately supported and compensated for additional work undertaken.

During this reporting period, no detriment concerns, work schedule reviews or access disclosures were reported, and no issues have been identified that require escalation beyond local resolution.

The Trust will continue to monitor exception reporting activity, review emerging themes and work collaboratively with services, resident doctors and the Guardian of Safe Working Hours to ensure safe working practices, high-quality training opportunities and compliance with national contractual requirements.

## **7. Recommendations**

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The Trust will continue to monitor exception reporting activity, review emerging themes and work collaboratively with services, resident doctors and the Guardian of Safe Working Hours to ensure safe working practices, high-quality training opportunities and compliance with national contractual requirements.

Members are asked to:

- Note the contents of this report and the level of exception reporting activity
- Acknowledge the successful implementation of the national exception reporting reforms and associated changes to processes and governance
- Recognise that UHL has aligned to national requirements, including adoption of the standard Board reporting template
- Support on-going monitoring of exception reporting activity, including themes, trends and actions arising
- Encourage continued promotion of exception reporting to ensure accurate reporting of working patterns and early identification of risks.

