

Guardians of Safe Working Hours Annual Report

Public Board 28th May 2026

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| Presented for: | Information |
| Presented by: | Dr Anju Aggarwal Consultant Obstetrician & Gynaecologist and Guardian of Safe Working Hours |
| Author: | Dr Anju Aggarwal Consultant Obstetrician & Gynaecologist and Guardian of Safe Working Hours |
| Previous Committees: | None |

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| Freedom of Information Act (FOIA) Exemption | <input type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA) |
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| Link to Strategic Objective | Support and develop our people |
| Link to Provider Capability Assessment | Quality of care |
| Link to CQC Well-led Statement | Governance, Management and Sustainability |
| Regulatory Impact | Regulation 18: Staffing |

| Key points | Purpose |
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| 1. Annual report from the Guardians of Safe Working Hours detailing Leeds Teaching Hospitals Trust's current position with respect to the Version 11 (February 2023) of Terms and Conditions for NHS Doctors and Dentists in training. | Discussion and Information |
| 2. New Framework Agreement on reforming Exception reporting process; implemented since February 2026 | Information |

| Risk Appetite Framework | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| Level 1 Risk | Level 2 Risks | (Risk Appetite Scale) | Impact |
| Workforce Risk | Workforce Deployment Risk - We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required. | Cautious | Operating within |
| Operational Risk | Health& Safety Risk - We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines. | Cautious | Operating within |
| External Risk | Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. | Averse | Operating within |

1. Summary

The Guardians of Safe Working Hours (GoSWH) ensure that the rotas for doctors and dentists in training (mentioned as residents further in the report) at LTHT adhere to Terms and Conditions of Service (TCS) 2016 contract.

The GoSWH role was established with the introduction of the Doctors and Dentists in Training Terms and Conditions of Service in 2016. The residents report any deviations from working patterns or safety concerns using the exception reporting tool. We review all reports and support the individuals and relevant teams to ensure adherence to the contract and the wellbeing of resident doctors.

The Guardian of Safe working team consists of:

- Dr Anju Agarwal - Consultant in Obstetrics and Gynaecology
- Second GoSWH post has been vacant since February 2026 – an appointment is in process.
- Mr Jack Thurland – Administrative Officer

We lead efforts to monitor and address safe working concerns, collaborating with relevant stakeholders and advocating for the wellbeing of residents.

The team provides a regular update to the Medical Education Subcommittee (MESC), the Learning Education and Training Committee (LETC), a sub-committee of the Workforce Committee, Local Negotiating Committee (LNC/JCNC) and NHSE Yorkshire and Humber meetings for Monitoring of Learning Environment.

We provided an update in the LTHT Quality report in February this year (appendix 2). This demonstrates our consistent encouragement towards exception reporting processes and engagement with deployment teams and relevant Clinical Service Units (CSUs).

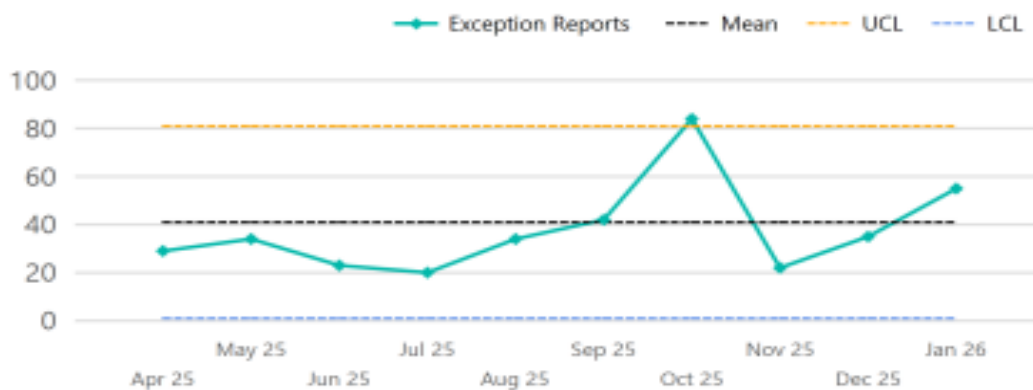
This report includes detailed information on exception reporting, highlighting the number of reports, breakdown by grade and category, immediate safety concerns, and reports submitted for various CSUs in the 10 months period (April 2025- January 2026) and also highlights the actions taken.

A new Exception Reporting Framework Agreement has been introduced since February 2026, which has several new and amended rules and regulations in terms of access and reporting. This has led to significant increase in the number of reports coming through (282 reports and 12 breaches incurring fines in a 2-month period). The data for February 2026 – March 2026 would be presented in the 2027 annual report.

2. Findings

The total number of exception reports submitted in this 10-month period was 378. This is in line with previous years apart from last year when there was an increase in the number.

Statistical Process Control - Exception Reports



The following chart and statistics are provided as supporting information (Appendix 1). Please refer to the attached Dashboard for further details on:

- Year on year total reports
- Reports every month in 10 months period
- Top 10 reporting specialities
- Top 10 reporting CSUs – total and monthly
- Top 10 reporting rotas
- Exception reports – by Garde reporting
- Exception reports- by Type

a. Exception reporting – overall summary:

The number of Exception reports have remained consistent. Most reports came due to extra hours, overtime payment being the most common outcome (286). The Time off in lieu was authorised for some (25). The doctors in Foundation years seem to use this tool more than doctors in higher grades. There are multiple factors behind it but we have seen an increased engagement from doctors in higher training programs over the last couple of years.

A wider issue that remains is to address the rota gaps created by short term sickness. This results in doctors taking on work beyond their scheduled work e.g. covering multiple wards without any remuneration unless they also finish late.

The bulk of Exception reports continues to come from Trauma & Orthopaedics and Oncology. We have met with training leads in respective CSUs but no significant change has been possible due to rota gaps.

There has been increase in number of Exception reports from Obstetrics & Gynaecology. The residents have reported frequent occurrences of rota gaps which has meant one Resident carrying 2 bleeps and often beyond their level of training. We have communicated this to the senior management team, but no significant improvement has yet occurred.

We have met with paediatric training leads after a series of reports demonstrating rota gaps, particularly on the night on calls. Several measures were put in place in discussion with residents and there has been significant reduction in the number of reports recently.

b. Work Schedule Reviews

We have not needed to undertake any Work Schedule review in last 10 months which is a testament to the excellent organisation of rotas by the deployment teams. We need to be mindful that overall, only a small proportion of doctors raise exception reports so this may not be representative of wider working across the trust.

We receive several exception reports about lack of required rest hours during non-resident On-call across specialities. Other area of concern has been inability to take breaks on a long day consistently. Both issues to a certain extent have been addressed in Reforms.

c. Breaches and Fines

The Doctors and Dentists in training TCS provide safeguards for average and continuous number of hours worked. We monitor adherence to these safeguards closely. These breaches incur a financial penalty and there is guidance on how these can be spent to improve working conditions. We have worked hard to re-establish the process of issuing fines in these situations. The fines have been back dated and all funds raised will be used in accordance with principles set out in the Terms and Conditions in discussion with Residents. The fines are intended to highlight the areas where improvements are needed, and we would encourage them to adhere to safe working conditions for Resident doctors. The fine and penalty payment balance up until 09.04.2026 was £45,478.52. The funds are going to be spent in discussion with the residents through Resident Doctor Forums, Chief Registrars and BMA resident doctor representatives. For transparency and consistency, an application form has been developed and circulated to all residents in LTHT to bid on resources with wider benefit. We will provide breakdown of these spent in subsequent reports.

3. Quality and Performance Implications

A small number of reports have been raised as Immediate Safety Concerns (ISC), which can affect the performance of services. This is discussed further in section 5.

4. Financial Implications

The outcome for majority of the exception reports is payment for overtime. But most of these reports are generated due to unfilled gaps on the rota rota so we are unsure of the overall financial burden on the trust. The GoSWH do not monitor the financial implications.

The newly implemented framework introduces additional avenues for financial penalties and would lead to increase in the number of exception reports and fines. This data would be presented in the next annual report.

5. Risk

A total of 17 reports were submitted as Immediate Safety Concerns (ISC). However, on deep dive, none of these have resulted in patient harm but had potential to compromise patient safety. More than half of these came from Women's CSU (9) and related to one rota. Work is being progressed with the CSU to mitigate against these. The impact will be monitored and reported.

6. Communication and Involvement

We have taken every opportunity to meet and hear from residents. We chair quarterly Resident Doctor Forums which are run hybrid to encourage participation. The dates are published well in advance, and the venue is rotated between SJUH and LGI. Resident doctors have an opportunity to engage with Director of Human Resources (HR), Chief registrars and BMA representative directly. Their presence in these meetings has helped us to resolve several issues around working conditions and rotas quickly.

We meet resident doctors at their Trust induction. We have distributed posters highlighting our role and displaying a QR code for residents to access the exception reporting portal easily. We work closely with Chief Registrars and support them in their activities.

We arrange regular face to face drop-in sessions in doctors' mess/post graduate centre for an informal chat. We have regularly contacted training leads across departments where concerns are, to ensure a safe culture is established for exception reporting and to ensure this can result in positive action. We are part of national GoSWH WhatsApp group and work with GoSWH based in community setting in Leeds. We are going to attend the forthcoming Regional Yorkshire & Humber GoSWH meeting in June.

From April 2026, there will be monthly updates to the Chief Medical Officer Team via the medical directorate as well as 1-1 meetings – enabling sharing of themes, embedding of processes and enhanced engagement with the CSU and Medical Education teams.

7. Impact on Equality & Health Inequalities

We continue to ensure all doctors and dentists in training and those in non-training grades have access to exception reporting tool.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

9. Recommendation

We ask the Board to note the impact of the support provided to enable the implementation the Exception reporting reforms.

We ask the Board to note the efforts being made to enhance wider engagement with the Clinical Service Units, Medical Education Departments and the Chief Medical Officer Team, to enable further embedding of the culture of exception reporting which will in turn be used to positively influence change.

10. Supporting Information

The following two supporting information make up this report:

1. Exception Reporting Dashboard 2025-2026
2. Quality report February 2026

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