

Public Board of Directors
Item number: 23
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Private/ public paper:	Public
Report Title:	Guardian of Safe Working Report Quarterly Report – 1st Quarter – April to June 2025
Author(s) Accountable Director:	Dr Zoe Kwan, Guardian of safe working Dr Helen Crimlisk, Executive medical director
Presented by:	Dr Helen Crimlisk, Executive medical director
Vision and values:	The role of the Guardian of Safe Working includes being a champion for safe working hours to ensure we work together to ensure we keep improving , overseeing safety relating to exception reports ensuring we are inclusive in line with the Trust vision to improve the mental, physical and social wellbeing of the people in our communities .
Purpose and key actions:	The purpose of the Guardian of Safe Working report is to provide assurance that resident doctors at Sheffield Health and Social Care are working safe hours, and that exception reports are reaching a timely and satisfactory resolution. The report also provides information on reasons for absence and the use of locums to staff the out-of-hours rota.
Executive summary:	<p>The duty of the Guardian of Safe Working is to ensure that doctors in training (resident doctors) work safe hours. Assurance is provided that between April 2025 to June 2025, resident doctors at Sheffield Health and Social Care worked safe hours.</p> <p>This report provides assurance around the working hours of resident doctors. The Guardian of Safe Working will consider the individual circumstances of all issues raised and that the principles of ensuring equality, diversity and inclusion are adhered to. All resident doctors continue to work hours that are compliant with their contracts and all relevant legislation. The British medical association (BMA) are currently in consultation with the Government regarding a revision of the rules surrounding exception reporting as part of the recently agreed paid deal with resident doctors.</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Reduce Inequalities	Yes		No	X	

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
Links to Care Quality Commission Quality and Safety Standards: Safety and Quality of service provision, Staffing, Supporting Workers	
BAF and corporate risk/s:	<p>BAF 0014 There is a risk that our workforce does not reflect the skills required to support our strategic priorities</p> <p>Risk 5409 A risk to patient safety due medical staffing and recruitment challenges resulting in a sub-optimal level of medical capacity in inpatient and community services</p>
Any background papers/ items previously considered:	This report is received quarterly at the Board of Directors.
Recommendation:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note for assurance that resident doctors at Sheffield Health and Social Care continue to keep safe working hours. • Note for assurance that the exception reporting process continues to support safe working and enable the appropriate compensation of additional hours worked.

Public Board of Directors
Guardian of Safe Working Report Quarterly Report – 1st Quarter
September 2025

Purpose of the Report

The purpose of the Guardian of Safe Working Report is to provide assurance that Resident Doctors at Sheffield Health and Social Care are working safe hours, and that Exception Reports are reaching a timely and satisfactory resolution. The Report also provides information on reasons for absence and the use of locums to staff the out-of-hours rota.

Background

This quarterly review covers April, May and June of 2025. There are robust arrangements for current and new staff to be made aware of the process of exception reporting.

A Resident Doctor Forum (previously named Junior Doctor Forum) was held on 21st July 2025. The date for the next meeting is to be confirmed.

The 2016 Terms and Conditions of service (TCS) for doctors in training introduced a new role regarding safe working, the Guardian of Safe Working (GOSW) in all organisations that employ or host NHS training doctors. The role of the Guardian of Safe Working includes being a champion for safe working hours, attending induction to explain the Guardian of Safe Working role to new doctors, overseeing safety relating to exception reports, monitoring compliance, escalating issues for actions when not addressed locally, requiring work schedule reviews to be undertaken where necessary, intervening to mitigate safety risks and where issues are not being resolved satisfactorily. The GOSW also distributes monies received as a result of fines for safety breaches as directed by the residents through the Resident Doctors' Forum and provides assurances to both the Board of Directors and the doctors in training on safe working and compliance with Terms and Conditions. The role also involves providing a quarterly report to the Board and the Local Negotiating Committee, an annual report to the Board of Directors and a responsibility for providing information to external national bodies. There is also a requirement that the Guardian of Safe Working convenes Resident Doctor Forums on a regular basis.

High Level Data for Sheffield Health and Social Care

Number of Doctors in Training (Total)	46
Number of Doctors in Training on 2016 TCS (Total)	46
Amount of time available in job plan for Guardian to do role	0.5 PA
Admin Support provided to the Guardian	0.25 WTE
Amount of job-planned time for Educational Supervisors	0.25 PA

Exception Reports (with regard to working hours)

	Clinical Fellows	FY1/FY2	CT	HT	TOTAL
April 2025	0	0	1	0	1
May 2025	0	7	5	0	12
June 2025	0	0	3	0	3

Seven exception reports (FY2) were resolved with payment due to rotation, 6 were resolved with TOIL and 3 remain overdue for review.

Work Schedule Reviews

There were no work schedule reviews requested by resident doctors or requiring completion due to an identified pattern of deviation from agreed work schedules.

Out of Hours Locum Bookings (by Grade)

April 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
FY2 / CT1-3 / GPST	13	114.5	4	26	9	88.5	0	0
ST4-8	15	171.5	14	159	1	12.5	0	0
May 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
FY2 / CT1-3 / GPST	22	235	7	63.5	15	171.5	0	0
ST4-8	10	69	10	69	0	0	0	0
June 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
FY2 / CT1-3 / GPST	13	114.5	6	35	7	79.5	0	0
ST4-8	9	88.5	9	88.5	0	0	0	0

Out of Hours Locum Bookings (by Reason)

April 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
Induction	1	4.5	1	4.5	0	0	0	0
LTFT	8	76	5	54.5	3	21.5	0	0
Parental	9	104.5	9	104.5	0	0	0	0
Sickness	6	51	2	9	4	42	0	0
Resident off OOH	4	50	1	12.5	3	37.5	0	0
May 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
Induction	5	62.5	1	12.5	4	50	0	0

LTFT	2	17	0	0	2	17	0	0
Parental	5	30.5	5	30.5	0	0	0	0
Sickness	4	50	0	0	4	50	0	0
Resident Acting Up	5	38.5	5	38.5	0	0	0	0
Emergency	1	4.5	1	4.5	0	0	0	0
Resident off OOH	10	101	5	46.5	5	54.5	0	0
June 2025								
	Shifts requested	Hours requested	Shifts Covered (Internal)	Hours Covered (Internal)	Shifts Covered (Agency)	Hours Covered (Agency)	Shifts Uncovered	Hours Uncovered
LTFT	5	46.5	4	34	1	12.5	0	0
Parental	3	29.5	3	29.5	0	0	0	0
Resident CCT	2	25	2	25	0	0	0	0
Resident off OOH	12	102	6	35	6	67	0	0

Fines

No fines have yet been levied during this quarter at Sheffield Health and Social Care.

Qualitative Information

The Trust started using the Allocate Exception Reporting software in August 2017. All residents are given training in Exception Reporting and are introduced to the system at Induction with further guidance provided within the resident committees.

In the quarter of April 2025 to June 2025, there were 16 exception reports completed, all of which were in relation to hours of working. Seven exception reports (FY2) were resolved with payment due to rotation, 6 were resolved with TOIL and 3 remain overdue for review.

Resident Doctor Forums continue to be well attended and engaged with. The meeting is hybrid and considered as protected time for residents. Clinical supervisors support their attendance. Actions as a result of discussions at the Resident Forums, completed actions include development of a resource platform (Toolbox), improvements in digital equipment provided to improve wellbeing and the ability for Clinical Fellows to Exception Report to further identify areas where doctors were staying over contracted hours.

Attendance at the Regional Guardian of Safe Working Meetings ensures that SHSC aligns with best practice and is appraised with updates such as guidance from the BMA.

The Guardian of Safe Working is a standing member of the new Medical Engagement, Experience, and Equality Group.

Resident Doctors took part in Industrial Action from 7am on 25th July until 7am on 30th July. This followed the renewed mandate for industrial action announced by the BMA. The result grants the BMA a six-month mandate for industrial action, covering the period from 21 July 2025 to 7 January 2026.

The Exception Reporting reform for Resident Doctors has been proposed to take effect from 12th September 2025. The content of the framework agreement was based on the twelve principles agreed between the BMA and government, outlined below.

Doctors must be awarded pay or receive time off in lieu (TOIL) for all time worked above contracted hours subject to making an exception report.

1. Doctors should be enabled and encouraged to exception reports.
2. They should not suffer any detriment as a result of reporting.
3. None of these changes should undermine the Guardian of Safe Working Hours' ability to undertake their roles and identify unsafe working practices.
4. As with all claims for overtime/additional working, there needs to be a sign-off process, but challenges to claims should be by exception rather than the norm.
5. The system for reporting should be clear and straightforward.
6. In reference to exception reports asserting a doctor worked additional hours of two hours or less in one occurrence, the only determination the employer will seek to reach when deciding whether to pay the doctor is whether or not the additional hours were indeed worked; the perceived retrospective merits of the doctors' decision to work the additional hours should not be considered when determining whether to make payment for the additional hours.
7. Exception reports arising from a doctor having worked more than two hours in one occurrence, should be investigated to ensure safe staffing is maintained and could be subject to a locally determined process, which must be agreed upon with the BMA Local Negotiating Committee.
8. Claims should be based upon clear agreed criteria for what constitutes additional working, for example theatre overruns.
9. All educational exception reports to go to DME for approval.
10. All other exception reports to go to HR or Medical Workforce HR for approval.
11. Review the contractual deadlines to ensure that they are sufficient for exception reporting submission to remove the undue burden from doctors and replace with timeframes that empower doctors to manage exception reporting when convenient to them as professionals.
12. The underlying ethos to this change should be to empower and trust doctors to conduct themselves professionally, and to remove wherever possible, and minimise wherever it is not, the time-consuming aspects of the process.

Full implementation of the reforms will be subject to a change in the current National Terms and Conditions for Doctors in Training. This is still under negotiation between the BMA and NHS Employers. The date on 12 September was set by the Department of Health and Social Care following industrial action last year. Although a framework has been released, we are waiting for Version 12 of the National Terms and Conditions to be released before we understand the contractual responsibilities of SHCS as an employer. This also includes the release of the required systems specifications for our current provider RLDatix. There is currently no set date for these to be released.

Summary

In the period April 2025 to June 2025, the exception reporting procedures continue to be understood by resident doctors. The exception reporting process supports safe working and enables the appropriate compensation of additional hours worked.

The reforms to Exception Reporting are still in the process of being implemented. There are currently obstacles to achieve full implementation by 12 September 2025. These are continually being followed up by the Guardian of Safe Working and the Medical Education team.

Recommendation

The Board of Directors is asked to:

- Note for **assurance** that resident doctors at Sheffield Health and Social Care continue to keep safe working hours.
- Note for **assurance** that the Exception Reporting process continues to support safe working and enable the appropriate compensation of additional hours worked.