Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Guardian of Safe Working Hours Quarterly Report, Q2 2025-26**

Status:	**For Information**
History:	**Quarterly report**

Board Lead:	**Chief Medical Officer**
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Confidential:	**No**
Key Purpose:	**Assurance**

Executive Summary

1. This report provides an overview of safe working hours assurance for Resident Doctors at OUH, focusing on work scheduling, exception reporting, rota gaps, and locum usage. While activity remains stable, ongoing data and system challenges continue to limit assurance.
2. **Work Schedule and Duty Roster Assurance:** Work schedules and rosters are produced in line with the 2016 Terms and Conditions of Service (TCS) and Code of Practice, but there is no formal process to verify timely issue or alignment. The Improving Working Lives Group, co-chaired by the Director of Medical Workforce and the Assistant Director of Workforce, is leading implementation of the NHS England 10 Point Plan to Improve Resident Doctors' Working Lives, strengthening governance and compliance across divisions.
3. **Exception Reporting and Compliance:** Exception reporting data remain affected by system errors (Ulysses Risk 2698). In Q2, 357 reports were closed, with four still open. Three immediate safety concerns reflected rota fragility and workload pressures. Most reports resulted in time off in lieu, though some doctors were unable to take this within four weeks. There is still no mechanism to track whether agreed outcomes are fulfilled.
4. **Fines and Breaches:** Nine fines were issued for working hours breaches, totalling £777 (£486 to doctors, £291 to the Resident Doctors' Forum). Governance of fine-related funds remains complex due to reconciliation issues.
5. **Work Schedule Reviews:** No formal reviews were undertaken. An informal review in Paediatric Surgery identified workload, cultural, and staffing pressures, which are being addressed locally with oversight from the Foundation Training Programme Director and Deputy Director of Medical Education.
6. **Rota Gaps and Locum Usage:** There is still no centralised monitoring of trainee vacancies or locum activity. Resident Doctors worked 3,043 locum shifts this quarter, mostly to cover vacancies. The lack of integrated data continues to limit assurance of compliance and sustainability.
7. **Resident Doctors' Forum (RDF):** The RDF met in July and September 2025, focusing on funding applications, exception reporting reforms, and 10 Point Plan implementation. Actions included improving funding clarity, increasing Resident Doctor involvement in the Improving Working Lives Group, and strengthening engagement initiatives.
8. **Conclusion:** Structural and data challenges persist, but the Improving Working Lives Group, under Chief Medical Officer oversight with support from the People team, provides a strong framework for delivering the 10 Point Plan and embedding safe working hours governance across OUH. The Trust Board is asked to note progress and support continued work to enhance local accountability, compliance, and wellbeing for Resident Doctors.

Guardian of Safe Working Hours Quarterly Report, Q2 2025-26

1. Purpose

1.1. This quarterly report of Safe Working Hours (Q2: July-September 2025) is presented to the Trust Board with aim of providing context and assurance around safe working hours for OUH Resident Doctors.

2. Report Limitations

2.1. The ability to provide robust assurance remains limited by reliance on sporadic, voluntary feedback and the absence of dedicated corporate administrative support. As a result, access to relevant data is constrained.

2.2. A lack of reported non-compliance should not be interpreted as evidence of compliance. Given these limitations, the Guardian advises that this report be read with caution.

3. Background

3.1. The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 state:

3.1.1. The Guardian reports to the Board of the employer (and host organisation, if appropriate), directly or through a committee of the Board, as follows:

3.1.2. The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the JLNC, or equivalent. It will include data on all rota gaps on all shifts.

3.1.3. A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Trust Chief Executive. This report shall also be provided to the JLNC, or equivalent.

3.1.4. Where the Guardian has escalated a serious issue in line with Terms and Conditions paragraph 10(d) and the issue remains unresolved, the Guardian must submit an exceptional report to the next meeting of the Board.

3.1.5. The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

3.1.6. There may be circumstances where the Guardian identifies that certain posts have issues that cannot be remedied locally and require a system-wide solution. Where such issues are identified, the Guardian shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g., Health Education England, NHS England, NHS Improvement) to find a solution.

4. Q2 Report

4.1. Exception reporting data continues to be affected by electronic system issues, including inaccurate attribution of supervisors and specialties (Trust risk register: Ulysses 2698). While local workarounds remain in place, there is still no Trust-wide solution, and data should therefore be interpreted with caution.

4.2. Exception reporting alone does not provide full assurance of compliance with safe working hours and must be triangulated with rota monitoring, work schedule reviews, contractual checks, and direct feedback. The Improving Working Lives Group, chaired by the Assistant Director of Workforce, is overseeing implementation of the national 10 Point Plan to Improve Resident Doctors' Working Lives at OUH. This includes strengthening local governance processes to ensure compliance with the new contractual regulations introduced as part of the government's settlement with Resident Doctors.

Table 1: High level data

Area	**Number**
Number of OUH employees (approx. total)	12,000
Number of OUH Resident Doctors (approx. total)	1,400
Number of doctors in training: Total Deanery posts	1,071
Number of doctors in training: not currently in post (Parental leave/long-term sick/out of programme)	54
Number of doctors in training: Fulltime / Less than fulltime	815/257
Locally employed 'resident' doctors	450
Number of resident doctor rosters (approx.)	200
Foundation year 1	120
Foundation year 2	141
Core Trainees	36 (19 surgical)

Internal Medicine Training	75
Dental	4
General Practice	46
Specialty Trainees	648
Job planned time for Guardian	8 hours / week
Job planned time for Deputy Guardian (vacant for most of this quarter)	4 hours / week
Dedicated admin support for Guardian Role, the Resident Doctor Forum and issues arising related to safe working hours (requested 1 WTE)	0 hours / week

5. Work Schedule and Duty Roster Assurance

5.1. Work schedules define contracted hours and educational content, while duty rosters set the specific working pattern. Both must align with the 2016 Terms and Conditions of Service (TCS) and the Code of Practice, requiring schedules to be issued eight weeks and rosters six weeks before placement.

5.2. At OUH, Medical HR uses DRS software to ensure contractual compliance, but there is currently no formal process to confirm that issued rosters match approved work schedules or that national deadlines are consistently met. Implementation of the 10 Point Plan to Improve Resident Doctors' Working Lives is now being overseen by the Improving Working Lives Group, co-chaired by the Director of Medical Workforce and Assistant Director of Workforce, which is coordinating actions to achieve full compliance and monitoring across all divisions.

6. Exception reports (with regard to working hours) – Appendix 1

6.1. Exception reporting allows Resident Doctors (including those on 2016 TCS-equivalent contracts) to flag differences between scheduled and actual hours worked, supporting timely resolution and schedule adjustments.

6.2. In Q2, 357 exception reports were closed, with four still open (quarterly average: 205; range: 47–530).

6.3. Three Resident Doctors raised subjective immediate safety concerns this quarter across three specialties, highlighting recurring themes of staffing shortfalls, missed breaks, and rota fragility.

6.4. One report described extended handover and ward rounds due to workload pressures. Another detailed a bank holiday long day where inadequate staffing led to excessive workload, missed breaks, and delayed patient reviews. This was escalated to HR and consultants. A third related to a late finish following clinical overruns.

6.5. These incidents illustrate persistent capacity pressures and the ongoing challenge of maintaining safe staffing and rest within current rota structures.

6.6. TOIL was the agreed outcome in 273 of 348 cases, with 49 resulting in additional payment. However, 25 doctors reported being unable to take TOIL even four weeks after approval, while only 39 confirmed they had taken it.

6.7. There is no formal system to track whether agreed outcomes (TOIL or payment) are fulfilled. Feedback is ad hoc, limiting assurance for both doctors and the Trust.

7. Fines

7.1. Under the TCS, the GSWH must levy fines when exception reports identify breaches of working hours regulations. While most reports involve minor overruns, breaches such as exceeding maximum shift lengths, can result in financial penalties.

7.2. The fining process faces several challenges. Doctors without access to the reporting system may be unable to report breaches. The system is not linked to work schedules or duty rosters, so it only captures excess hours, not whether they breach regulations. It also lacks options to flag breaches like the 48-hour average working week.

7.3. Of 357 exception reports in Q2, 16 (from 14 doctors across 8 specialties) indicated a potential fine. The most common breach was exceeding the 13-hour shift limit (5 of 16 reports).

7.4. The GSWH has issued 9 fines from 9 reports, totalling £777 (£486 to doctors, £291 to the RDF). Further information is awaited for 4 reports. Three doctors have not responded to repeated requests.

7.5. The Guardian continues to experience challenges in accessing consistent financial data relating to the Resident Doctors' Forum (RDF) cost centre and exception reporting fines. Although efforts have been made by the Finance and Workforce teams to clarify governance arrangements, the information currently available remains incomplete and occasionally inconsistent, both in relation to the total funds held and whether any unspent amounts have been carried forward between financial years.

7.6. Two funding streams are relevant: a one-off £60,833 allocation in 2019 to support improvements in rest facilities under the BMA Fatigue and Facilities Charter, and the ongoing accumulation of funds from Guardian-levied fines. The application of standard accounting principles, which generally prohibit the carry-over of revenue between financial years, continues to present challenges in reconciling these contractual funds with the 2016 Terms and Conditions of Service, which do not specify a timeframe for expenditure.

7.7. The Guardian welcomes ongoing discussions with Finance and Workforce colleagues to ensure that the funds can be managed transparently and in line with contractual intent, enabling them to be used for the education, training, and working environment of Resident Doctors as originally intended.

8. Work Schedule Reviews

8.1. There were no formal work schedule reviews during Q2. However, an informal review was undertaken in Paediatric Surgery following concerns raised by Foundation doctors regarding workload, culture and training environment. The Foundation Training Programme Director (FTPD) and Deputy Director of Medical Education met with Foundation doctors at the end of the rotation in July 2025 to gather feedback.

8.2. Feedback highlighted high workload intensity, frequent late finishes, limited access to breaks, and reduced teaching opportunities, particularly after a reduction in registrar staffing. While senior support was consistently available, residents reported that clinic commitments, administrative workload, and rapid ward rounds affected both learning opportunities and work-life balance.

8.3. Some residents described hesitancy to submit exception reports due to perceived cultural barriers. The department has since begun addressing staffing and cultural issues, with ongoing oversight from the FTPD and Deputy DME. Further feedback from the next cohort is planned for review in December 2025.

9. Rota Gaps / Vacancies

9.1. There has been no change since the previous quarter. There is still no centralised system for recording or monitoring trainee vacancies across OUH. Oversight remains devolved to individual rota coordinators, which limits assurance that rota gaps are being consistently identified, managed, or monitored for their impact on working hours compliance.

10. Locum Bookings / Locum work carried out by Resident Doctors – Appendix 2

10.1. Resident Doctors continue to provide essential support by undertaking locum shifts to maintain safe staffing and reduce the risk of breaching contractual working hours. All locum work must remain within TCS and working time limits, but compliance is difficult to monitor.

10.2. In Q2, Resident Doctors worked 3,043 locum shifts (quarterly average: 3,272; range: 1,356–4,992), with ‘vacancy’ recorded as the most common reason (1,844 shifts; quarterly average: 2,421; range: 772–4,069).

10.3. The absence of centralised vacancy and locum data continues to limit assurance that this activity is both compliant and sustainable.

11. Resident Doctor Forum (RDF)

11.1. The Resident Doctors Forum (RDF) met on 10 July and 18 September 2025, chaired by the Guardian of Safe Working Hours, with an additional meeting in July focused on upcoming industrial action. Meetings were held in person and online to maximise attendance. Key discussions included RDF funding applications (two approved in July and two in September, with one deferred for further review), non-contractual issues for future JLNC discussion, and updates on exception reporting reforms, the NHS England 10 Point Plan, and preparations for the October IAC deep dive on the Resident Doctor Experience.

11.2. The Forum agreed to improve the clarity of RDF funding processes, encourage Resident Doctor participation in the Improving Working Lives group, and strengthen engagement through a small quality improvement project.

12. Conclusion

12.1. Resident Doctors’ working conditions at OUH remain broadly consistent with previous quarters, with continuing challenges in rostering oversight, and data reliability. However, the ongoing implementation of the national 10 Point Plan to Improve Resident Doctors’ Working Lives provides a clear and structured framework to strengthen safe working hours governance across the Trust. Full implementation is required by February 2026 and is being coordinated by the Improving Working Lives Group, co-chaired by the Director of Medical Workforce and Assistant Director of Workforce, with close oversight from the Chief Medical Officer and support from the People team.

12.2. This group is overseeing progress across multiple domains including rostering, annual leave, pay accuracy, mandatory training, and exception reporting, supported by subgroups with Resident Doctor representation. A key aim of this work is to better embed safe working hours governance within OUH's divisional and directorate structures, enabling local teams to understand, review, and respond to their own challenges more effectively. While progress has been steady, achieving consistent engagement and oversight across the organisation will be essential to deliver sustainable improvements in compliance, wellbeing, and patient safety.

13. Recommendations

13.1. The Trust Board is asked to note the continued implementation of the 10 Point Plan to Improve Resident Doctors' Working Lives and the oversight provided by the Chief Medical Officer and the Improving Working Lives Group.

13.2. The Board is asked to endorse the ongoing work to embed safe working hours governance within directorate and divisional structures, ensuring that local teams are supported to understand and address their own compliance and wellbeing challenges**.**

13.3. The Guardian of Safe Working Hours will continue to work with the Director of Medical Workforce, Assistant Director of Workforce and the Improving Working Lives Group to strengthen assurance processes and provide regular updates to the Trust Board and Integrated Assurance Committee.

Appendix 1: Exception Reporting Summary Data

Summary of OUH exception reports: Jul/Aug/Sep.2025					
		Jul	Aug	Sep	**Total**
Reports (*all reports submitted within 2 weeks of quarter ending)*	Total	41	172	148	361
	Closed	41	168	148	357
	Open	-	4	-	4
		The data below relates to the 357 closed exception reports only			
Individual doctors / specialties reporting	Doctors	17	69	52	106
	Specialties	9	23	20	26
Immediate concern		-	2	1	3
Nature of exception	Hours & Rest	41	168	148	357
	Education	0	7	4	11
Additional hours *('Hours & Rest' exception reports only)*	Hours (plain time)	33.1	305.1	157.3	495.5
	Hours (night-time)	13.1	7.8	13.5	34.4
	Total hours	46.2	312.9	170.8	529.9
	Hours per exception report	1.1	1.8	1.2	1.5
Response	Agreed	41	166	141	348
	Not Agreed	-	2	7	9
Agreed Action *('No action required' is the default action for 'education' exceptions)*	Time off in lieu	9	137	127	273
	Payment for additional hours	26	15	8	49
	No action required	6	14	6	26
Grade	F1	18	106	93	217
	F2	18	36	19	73
	SHO	-	16	20	36
	SPR	-	1	6	7
	StR (CT)	-	3	3	6
	StR (FT)	-	1	4	5
	FStR (CT)	3	1	-	4
	StR	1	3	-	4
	FSPR	-	1	1	2
	FF1	-	-	1	1
	FStR	-	-	1	1
	FStR (FT)	1	-	-	1
Hospital Site	John Radcliffe Hospital	19	59	41	119
	John Radcliffe	7	20	27	54
	Churchill Hospital	6	11	14	31
	NOC	-	11	20	31
	Churchill	-	5	14	19
	Horton	3	11	5	19
	Churchill	-	16	2	18
	(blank)	-	7	5	12
	Horton Hospital	-	8	3	11
	Littlemore Hospital	-	2	9	11
	John Radcliffe Hospital	3	5	1	9
	JRH	-	2	3	5
	Nuffield Orhopaedic	-	4	1	5
	JR2	3	1	-	4
	Chruchill	-	3	-	3
	Horton Hospital	-	2	-	2
	Katherine House	-	1	1	2
	GP Practice	-	-	1	1
	Horton General Hospital	-	-	1	1

Exception type *(more than one type of exception can be submitted per exception report)*	Late finish	39	134	142	315
	Unable to achieve breaks	5	27	14	46
	Early start	-	27	3	30
	Exceeded the maximum 13-hour shift length	4	3	7	14
	Difference in work pattern	5	5	-	10
	Request a work schedule review	3	-	5	8
	Minimum 11 hours rest between resident shifts	3	1	1	5
	Unable to attend scheduled teaching/training	-	2	3	5
	72 hours work in 168 hours	-	2	-	2
Specialty *(Top 10)*	General Medicine	4	48	31	83
	Paediatric Surgery	7	11	25	43
	Orthopaedic surgery	-	11	20	31
	General Surgery	7	10	9	26
	Neurology	9	8	4	21
	Respiratory medicine	-	16	2	18
	Other	6	7	2	15
	Accident and emergency	-	9	5	14
	Haematology	-	4	10	14
	Otolaryngology (ENT)	-	6	5	11

Appendix 2: Locum Bookings / Locum work carried out by Resident Doctors

Summary of OUH Locum Filled Shifts: Jul/Aug/Sep 2025					
		Jul	Aug	Sep	**Total**
Locum Shifts	**Total**	1282	1058	703	3043
	Bank	1141	1008	683	**2832**
	Agency	141	50	20	211
Grade	Specialty	679	597	424	1,700
	Core	551	445	261	1,257
	Foundation	52	16	18	86
Specialty *(top 20 specialties only)*	Acute Medicine	281	312	160	753
	Orthopaedic and Trauma Surgery	205	125	108	438
	General Surgery	95	92	78	265
	Cardiothoracic Medicine	54	54	57	165
	Spinal Services	123	30	-	153
	Paediatric Surgery	36	27	29	92
	Obstetrics and Gynaecology	41	29	21	91
	Paediatrics	41	35	7	83
	Care of the Elderly	19	31	19	69
	Cardiothoracic Surgery	27	18	20	65
	Neonatal Intensive Care	23	18	21	62
	Plastic Surgery	13	38	9	60
	Urology	30	18	10	58
	ENT	25	19	13	57
	Oral and Maxillofacial surgery	30	17	5	52
	Gastroenterology	20	17	13	50
	Neurosurgery	20	22	7	49
	Palliative Medicine	8	22	18	48
	Cardiology	31	14	0	45
	Neurology	13	8	23	44
Reason	Vacancy	702	661	481	1844
	Sick	166	120	123	409
	Other	88	239	63	390
	Industrial Action Cover	232	-	-	232
	Exempt from On Calls	28	20	19	67
	Paternity Leave	26	10	8	44
	Study Leave	22	3	3	28
	Compassionate/Special Leave	15	2	6	23
	Annual Leave	3	3		6
Division	Medicine Rehabilitation and Cardiac	448	462	278	1188
	Neurosciences Orthopaedics Trauma and Specialist Surgery	560	358	241	1159
	Surgery Women and Oncology	271	224	171	666
	Clinical Support Services	3	14	13	30