St Helens and Knowsley Teaching Hospitals NHS Trust

Minutes

RDF for Thames Valley, Palliative Care & East of England Resident Doctors
Date: Monday 7th September 2026
Venue: via Microsoft Teams

Chaired by: Dr Peter Arthur, Guardian of Safe Working – GP, Palliative, Public Health & Sports Science

In Attendance:	
Dr Peter Arthur	Guardian of Safe Working
Lacey O'Regan	Lead Employer HR Governance Team Leader
Rachel Travis	Lead Employer HR Business Partner
Elizabeth Hickling	Lead Employer HR Business Partner
Ousseynou Ly	BMA Representative
Dr LO	EOE ST3
Dr AM	EOE Public Health ST4

Apologies:	
Sadia Farooq	BMA Representative

	Welcome and Introductions	Action	Deadline
	Introductions from those in attendance, minutes will be shared and made available on website.	**N/A**	**N/A**
2	**Guardian of Safe Working Update**		
	Dr Arthur: Exception reports are being submitted on a fairly regular basis, with the majority relating to additional hours worked that fall below the two-hour threshold and are therefore processed by the HR Governance Team. To process these reports, we require evidence of both the working rota and confirmation that the additional hours were worked. Unfortunately, this information is not always included when reports are submitted, which results in us having to contact registrars for further evidence and can delay the process. We have also noticed that some registrars are submitting multiple exception reports at the same time. As exception reporting is intended to capture occasional additional hours worked, rather than a recurring pattern, this raises some concern. Where there appears to be a regular issue, we may need to discuss this further and escalate the matter to the relevant clinical supervisor to ensure doctors are not consistently working beyond their contracted hours.	**N/A**	**N/A**
3	**BMA Update**		
	OL: Since the last RDF, the resident doctor strike was settled and I don't think we'll hear any more action on that front for the foreseeable future. I am not receiving complaints regarding exception reporting as the reforms have made the process far simpler and smoother for people to claim. In February when it was being implemented, the challenge for many of the trusts that I cover was whether they were ready for the implementation, but I haven't heard any complaints or backlash since the transition.	**N/A**	**N/A**

4	**Any Other Business**		
	Dr LO: I came along to see what happens during the RDF. Whilst I am here, I would like to ask if the list of educational supervisors is updated on the software, as over a year ago I wanted to make an exception report but got stuck at the point of where I had to name my educational supervisor. It appeared that they were not on the list so after that I gave up. **Dr Arthur:** I'm sorry to hear that your supervisor was not listed. We do our best to keep the supervisor list up to date; however, it is a very dynamic process, with trainers regularly leaving and new trainers being added, which can make it challenging to ensure the list is always completely accurate. If you are unable to locate your Educational or Clinical Supervisor, please feel free to contact me directly or raise the query with the HR Governance Team at Lead Employer, who will be happy to assist. I'm also sorry to hear that you were unable to complete the process. We have recently introduced a new exception reporting system which is more intuitive and user-friendly. We are hopeful that this issue will not reoccur, as the latest process no longer requires the supervisor to be selected from a predefined list when submitting an exception report. This should make raising reports much more straightforward and reduce the likelihood of similar difficulties in the future. **Dr AM:** I am here to see what happens during the RDF and be a voice for public health or to take messages away to EOE Public Health. **Dr Arthur:** Public Health registrars undertake non-resident on-call duties quite frequently, which can occasionally create challenges when reviewing exception reports. When raising an exception report, we ask resident doctors to remember that their pay is based on an average of hours worked across the entire rota cycle, rather than on individual shifts or isolated occasions where additional hours may have been worked. As a result, we need evidence that the agreed rota cycle has been breached overall, rather than evidence of a single instance of additional hours worked. It would be expected that, over the course of the rota cycle, periods where extra hours are worked may be balanced by quieter periods where fewer hours, or no hours at all, are worked while on call. For example, if, over a three-month rota cycle, you can demonstrate that you have worked additional hours above those for which you are contracted and paid, and that these hours are not offset elsewhere within the rota, then we would be able to reimburse for the excess hours worked after reviewing the evidence provided against the rota to determine whether an overall breach of the work schedule has occurred and if additional payment is due. **Dr AM:** That's great, I'll ensure that anything we have locally regarding exception reporting reflects that and ensure there is an understanding with EOE Public Health registrars which I think there already is.	**N/A**	**N/A**
5	**Next Meeting**		
	Monday 7th December 2026 @ 1pm.		