University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Trust Board				**Public Trust Board Paper M**	
Date of the meeting:	9th October 2025					
Title:	**10-Point Plan on Getting Back to Basics for Resident Doctors**					
Report presented by:	Mr Mark J McCarthy, Director of Clinical Education / Associate Medical Director					
Report written by:	Vidya Patel, Medical People Services Manager					
Action – this paper is for:	Decision/Approval		Assurance		Update	

Background

Resident doctors play a vital role in delivering patient care while training across multiple sites and organisations. This dual responsibility creates challenges not typically faced by other staff groups. Resident doctors can experience issues such as payroll errors, poorly managed rotas, limited access to rest facilities and hot food, and repeated mandatory training. Transition points between placements—such as induction, payroll setup, and rota gaps—can further reduce morale and weaken their sense of belonging.

In August 2025, NHS England (NHSE) issued a letter outlining the *10-Point Plan on Getting Back to Basics for Resident Doctors*, which sets out national expectations and actions to tackle these recurring challenges. The plan focuses on practical improvements with the aim of improving both the training and working experience for resident doctors. Please see letter in annex A.

Purpose of the report:

This report provides the Trust Board with:

- Context and immediate actions following NHSE's letter.
- UHL's baseline compliance position against the 10-Point Plan.
- Next steps to ensure progress ahead of full implementation.
- Recommendations for Board oversight.

Introduction:

Improving the working lives of NHS staff is a key strategic priority, as highlighted in the NHS Long Term Workforce Plan and reinforced in the NHS Priorities and Operational Planning Guidance for 2024/25. Supporting staff effectively leads to better patient care, higher productivity, greater retention, improved wellbeing and less burnout.

While this commitment applies across the workforce, evidence from resident doctors highlights areas where improvement is needed to enhance their working and learning experiences. NHSE's 10-Point Plan identifies clear deliverables across wellbeing, rota transparency, payroll, mandatory training, exception reporting, reimbursement processes, and rotation reform.

Current Position

Following discussion at the Executive Planning Meeting (EPM) on 16 September 2025, key leads have been appointed at UHL:

- **Senior Lead:** Mark McCarthy Director of Medical Education supported by Vidya Patel, Medical People Services
- **Resident Doctor Peer Representative:** Jack Hague, Resident Doctor and DiTC Chair
- **Payroll Accuracy:** Michael Fearon, Pay & Benefits Improvement Lead
- **Rota & Schedule Transparency:** Vidya Patel, Medical People Services Manager
- **Exception Reporting;** Raunak Singh, Asmita Patwardhan, Guardians of Safe Working and Vidya Patel, Medical People Services.

UHL has completed and submitted (by the deadline of 12th September) the baseline self-assessment, providing information on key leads, facilities, annual leave arrangements, self-rostering, communication plans for the national survey, payroll errors, study leave reimbursement, and mandatory training compliance (see Annex B for full submission screenshots).

An action plan has been developed to track progress against each of the 10 priorities (see Annex C), and the Terms of Reference (see Annex D) have been drafted in readiness for the first Steering Group meeting.

Feedback shared via the Chief Registrar highlights several recurring concerns raised by resident doctors. The most pressing issue is rest facilities, with space being overcrowded and inadequate. Parking was also raised, particularly the safety risks of walking to the King Power Stadium after long day shifts. Payroll inaccuracies, especially when doctors rotate back into the Trust, continue to cause frustration and stress. Positive feedback was provided for the provision of hot food, the publication of rotas in advance, and the timely reimbursement of course-related expenses.

Next Steps

While some 10-Point Plan requirements have already been met, further work is needed, and some areas await guidance from NHS Employers. Key areas of focus include:

1. **Workplace Wellbeing**
    - Audit rest areas, parking, mess facilities, 24/7 hot meals, and learning spaces within 12 weeks.
    - Initial feedback indicates insufficient rest facilities, car parking concerns, and payroll inaccuracies, though hot food, advance rota publication, and course expense reimbursement were positively noted.
    - Outcomes and required actions will be submitted to TLT and PCC.
    - Intended impact: Improved access to facilities and staff wellbeing.
2. **Rota and Schedule Transparency**
    - NHSE to provide 90% of trainee information 12 weeks before rotations.
    - Trust to issue work schedules ≥8 weeks and detailed rotas ≥6 weeks in advance.
    - Submit performance data nationally.
    - Intended impact: Greater certainty and improved work-life balance.
3. **Annual Leave Reform**
    - NHSE review of leave allocation and management, with recommendations for fairer, more consistent practice.
    - Intended impact: Enhanced rest and recovery.
4. **Board-Level Leadership**
    - Board approval of senior appointments.
    - NHSE role specification publication (Sept 2025).
    - Intended impact: Stronger accountability and escalation of issues.
5. **Payroll Accuracy**
    - Participate in national payroll improvement programme within 12 weeks.

- By March 2026, reduce rotation-related payroll errors by 90%.
- Establish board-level governance and national reporting.
- Intended impact: Fewer payroll errors and improved trust.

6. **Eliminating Mandatory Training Duplication**
   - Trust already complies with May 2025 MoU to accept prior training, though uptake is low.
   - National framework reform expected by April 2026.
   - Intended impact: Reduced duplication and more time for clinical work.
7. **Exception Reporting**
   - Agreement for national reforms in collaboration with BMA, NHS Employers, and DHSC.
   - Some of the changes being proposed are in line with the Exception reporting process UHL implemented in 2017
   - Awaiting NHSE update on TCS and further guidance, as well as software update before further action can be taken.
   - Intended impact: Safer working practices and fair pay for extra hours.
8. **Course-Related Expenses Reimbursement**
   - Trust to reimburse approved claims within 4–6 weeks.
   - Intended impact: Faster reimbursement and improved access to professional development.
9. **Rotation Reform**
   - NHSE and DHSC to launch pilot rotational schemes within 12 weeks.
   - Intended impact: Smoother, more predictable rotation management.
10. **Lead Employer Model Expansion**
    - NHSE roadmap for expanding the lead employer model across all doctors and dentists by October 2025.
    - Intended impact: Reduced administrative burden and consistent employment arrangements.

Recommendations

The Trust Board is asked to:

1. Acknowledge the immediate actions undertaken in response to NHSE's letter.
2. Note UHL's baseline assessment (Annex B).
3. Approve the establishment of the Steering Group (from October 2025), along with the draft action plan and Terms of Reference.
4. Expect the next progress report in January 2026

Annex A – Letter from NHSE - appended

PRN02140 Getting the basics right for res

Annex B – UHL Submission of Baseline Assessment - appended

Baselining Improving Doctors' Working Live

Annex C – Action Plan – appended

Draft 10-Point Plan on Getting Back to Ba:

Annex D – Steering Group Draft TORs – appended

Draft TOR for Steering Group.docx

10 Point Plan to improve resident doctors' working lives

Fixing unacceptable working practices: getting the basics right for resident doctors

The 75,000 resident doctors working across the NHS are the backbone of the service – but too often they are let down on basic issues like payroll errors, poor rota management, lack of access to rest facilities and hot food, and unnecessarily repeating training.

While some progress has been made, it has been too slow, and many still face unfair and inconsistent working conditions.

Supported by our commitment to staff under the recently published 10 Year Health Plan for England, NHS England is setting out 10 ways in which we are improving resident doctors working conditions over the next 12 weeks.

This plan sets out actions for NHS England and individual trusts. To ensure meaningful progress, it will be formally incorporated into the new NHS Oversight Framework. However, trusts should proceed on the basis that it is already in effect and take appropriate action without delay.

Trusts are also expected to develop a Board Assurance Framework to provide oversight of this work. The outcomes should be included in their annual reports to demonstrate accountability and progress.

Every NHS organisation is required to act across all 10 areas within the next 12 weeks. Progress must be reported to their boards and, where actions are not met, a formal explanation and corrective measures should be provided.

Summary of the 10 Point Plan

1. Trusts should take action to improve the working environment and wellbeing of resident doctors
2. Resident doctors must receive work schedules and rota information in line with the Code of Practice
3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing
4. All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.
5. Resident doctors should never experience payroll errors due to rotations
6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating
7. Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours
8. Resident doctors should receive reimbursement of course related expenses as soon as possible
9. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery
10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate

1. Improve workplace wellbeing for our resident doctors

Trusts are expected to take meaningful steps to improve the working environment for resident doctors. Issues will vary by location, so trusts can adapt implementation to reflect local needs and operational realities in these and other areas:

- where possible, [provide designated on-call parking spaces]
- the autonomy to complete portfolio and self-directed learning from an appropriate location for them
- access to mess facilities, rest areas and lockers in all hospitals, including new builds
- a 24/7 out-of-hours menu offering hot meals and cold snacks for staff

Within the next 12 weeks every trust should: Conduct a self-assessment of the feasibility of improving priority areas and develop action plans to address any gaps. This audit and subsequent plans must be approved by the trust's people committee or

equivalent body. Trusts will be expected to provide updates for national reporting on progress.

2. Resident doctors should receive work schedules and rota information as per the requirements of the Rota Code of Practice

From now, and for all rotations going forward NHS England must provide at least 90% of trainee information to trusts 12 weeks prior to rotations commencing.

From now, Trusts must use this information to ensure that resident doctors receive their work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before the rotation begins. Where these standards are not met corrective action must be taken. Performance data must be submitted by trusts, and NHS England will monitor and report on national compliance across all stages of the process.

3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing

It is vital that leave is allocated in a way that meets individual needs while maintaining service delivery.

Within 12 weeks, NHS England will: conduct a review of how annual leave is currently agreed and managed for our resident doctors. This review will identify areas for improvement and lead to clear recommendations to ensure a more consistent, transparent and supportive approach across all trusts.

4. All NHS trust boards must appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to the board

Within 6 weeks, trusts should: appoint a senior named lead for resident doctors' issues (where one is not already in place), and a resident doctor peer representative, to report to the board.

In September 2025, NHS England will: publish a national role specification for the board lead.

The senior lead will formally take on this responsibility within an existing role, supported by a national role specification to be published by NHS England in September. The resident doctor lead will act as a peer representative and enable trust boards to hear directly from resident doctors themselves. They should be invited to attend board level discussions on issues which specifically relate to improving doctors' working lives.

Boards should also ensure their executive teams engage directly with resident doctors to understand local working conditions and priorities. This should be supported by national and local data sources (for example, GMC/NET Survey), with improvement plans developed with the same rigour as staff survey responses.

5. Resident doctors should never experience payroll errors due to rotations

Following a successful pilot that has reduced errors by half, we are extending the learning from this work to all NHS trusts.

Within the next 12 weeks, every trust should: Participate in the current roll out of the national payroll improvement programme and ensure that payroll errors as a result of rotations are reduced by a minimum of 90% by March 2026. All organisations are required to establish a board-level governance framework to monitor and report payroll accuracy and begin national reporting as required.

6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating

Within the next 12 weeks if they are not already doing so, every trust should: Comply with agreements set out in the MoU signed by all trusts in May 2025 by ensuring acceptance of prior training.

By April 2026, NHS England will: reform the entire approach to statutory and mandatory training with a revised framework as outlined in the 10 Year Health Plan for England.

7. Resident doctors should be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours

A new national Framework Agreement for Exception Reporting was agreed on 31 March 2025 and will be rolled out for implementation in due course. The changes agreed simplify the reporting process for resident doctors, ensure they are being fairly compensated for the additional hours they are required to work, and will support the safety of their working hours.

We are committed to implementing these reforms as soon as practicable.

8. Resident doctors should receive reimbursement for course-related expenses within 4 to 6 weeks of submitting their claims

We will transition nationally from an approach where expenses for approved study leave are reimbursed only after a resident doctor has attended a course/activity, to one where reimbursement is provided as soon as possible after the expense is incurred.

Within the next 12 weeks every trust should: Review their current processes to ensure they can reimburse resident doctors upon submission of valid receipts for all approved study leave-related expenses, including travel and subsistence.

9. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery

A review of how rotations are managed is now underway and is being led by the Department for Health and Social Care (DHSC) in conjunction with the British Medical Association (BMA). NHS England is working closely with the BMA to fully understand trainees' concerns and to find constructive and workable solutions to address their needs as a matter of priority.

Within 12 weeks, NHS England will: develop and launch suggested pilots of reformed rotational changes, while continuing to look at wider reform.

10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate, by expanding the Lead Employer model

NHS England is committed to extending the Lead Employer model to cover all resident doctors and dentists in training. This change will eliminate the need for trainees to change employers with each rotation, reducing duplication and administrative errors while improving continuity, efficiency, and the overall training experience.

By October 2025, NHS England will: develop a comprehensive and financially sustainable roadmap, underpinned by a robust business case. This will include detailed recommendations on costing and funding, service catalogue requirements, and pricing models for national implementation. The roadmap will provide a clear framework for expanding Lead Employer arrangements across the system**.**

Why are we doing this?

- Supporting resident doctors improves the quality of care offered to patients. Many of these steps will also improve the lives of other staff groups across the NHS.
- Our educators work hard to ensure that resident doctors' education and training is world class, but too often they have been let down on basic issues. The 10 Point Plan will help us respond to what resident doctors have been telling us.
- We have long recognised the need to improve the working lives of resident doctors, but we know we need to go further, faster to build on what we have already done.

Why the focus on resident doctors?

- Resident doctors are different from other staff because they provide care while training in different parts of the NHS, which means they move employer regularly for several years.
- All NHS staff are important, and we will continue to support improvements in working conditions, retention, health and wellbeing and facilities through the 10 Year Health Plan and the forthcoming NHS Workforce Plan.

What have we already done?

We have piloted a payroll improvement programme with 31 trusts to tackle the root causes of payroll errors leading to a 48% reduction in errors.	90% of trusts who responded to a recent survey have a named senior resident doctor lead responsible for improving doctors working lives issues and who report directly to trust boards on this issue.
Started a national review of the current system of resident doctor medical rotations to reduce administrative and bureaucratic burdens.	Learned from the best local initiatives such as an enhanced focus on sexual safety, health and wellbeing, improved local facilities such as doctors' mess, on-call facilities and car parking, and enhancements to HR medical staffing teams particularly around reviewing processes to inform these further national plans.

We have agreed a new national framework to improve exception reporting.	Established a new national project to explore extending Lead Employer arrangements, allowing resident doctors to have a single employer throughout their rotations.

What happens next?

We will immediately:

- include this work within the NHS Oversight Framework and work with all trusts to deliver these 10 actions
- ask NHS regions to support and oversee trusts in their delivery
- require trust boards to take clear ownership of local improvements to resident doctors' working lives by developing and implementing action plans informed by staff feedback and national survey results
- share these actions with all resident doctors via their educators, medical directors and deans, including with the new resident doctors who rotated in August, and expect them to hold us to account

From the autumn we will publish new data and information on**:**

- trusts delivering access to the basics – lockers, rest facilities, hot meals, on-call parking spaces
- delivery of 8 week work schedules and 6 week rota notice on rotations
- number of payroll errors
- self/preferential e-rostering
- percentage of trusts delivering board level reporting of issues
- changes to the way in which annual leave can be taken

Annex B

Baselining Improving Doctors' Working Lives Programme – UHL Submission

Baselining Improving Doctors' Working Lives Programme

This form requests that you provide information in respect of actions your Trust is taking to improve the Working Lives of Resident Doctors. The Survey should take **no longer than 15-20 minutes to complete** and all answers will be treated in line with General Data Protection Regulations requirements. Many thanks for your support in completing this request. **PLEASE PROVIDE YOUR RESPONSE BY Friday 12th September 2025**

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Organisation Details

1. Please provide the name of your organisation (IN FULL) *

University Hospitals of Leicester NHS Trust

2. Please provide the name of the person responding to this survey on behalf of your organisation. *

Mark McCarthy and Vidya Patel

3. Their role *

Director of Medical Education and Medical People Services Manager

4. Their e-mail address *

mark.mccarthy10@nhs.net and vidya.patel@nhs.net

5. Which of the following facilities and support levels do you offer to Resident Doctors *

	YES, for ALL	YES, PARTIALLY (available but to less than 50% of Resident Doctors	NO	Planning to Introduce in the next 3 months
Access to Lockers	○	◉	○	○
Designated on-call car parking access.	◉	○	○	○
Rest facilities.	◉	○	○	○
Access to hot and cold food 24/7.	◉	○	○	○
Access to cold food 24/7.	◉	○	○	○
Access to inductions specifically designed to meet the needs of Resident Doctors.	◉	○	○	○
Offer beds or sleeping pods free of charge, to allow for rest post duty periods for staff who feel too tired to drive home.	◉	○	○	○
Ability for Resident Doctors to work from home for portfolio and self-directed learning where possible.	○	◉	○	○
Access to free psychological support and treatment.	◉	○	○	○
Positive feedback mechanisms to reward and promote staff for excellence (e.g. Greatix or Patient Safety 2)	◉	○	○	○
Protected Breaks	○	◉	○	○
Promotion of the Safe Learning Environment Charter	○	◉	○	○
Sexual safety /harassment training and awareness	◉	○	○	○

Resident Doctors must be able to take annual leave in a fair and equitable manner

It is vital that leave is allocated in a way that helps look after individual's needs and well being while maintaining service delivery. Over the next 12 weeks, we will conduct a review of how annual leave is currently agreed and managed for our Resident Doctors. This review will identify areas for improvement and lead to clear recommendations to ensure a more consistent, transparent, and supportive approach across all trusts.

6. Do you have a local policy to encourage good annual leave management which explicitly includes reference to resident doctors? *

- (●) Yes
- ( ) No
- ( ) Not yet. Planning to introduce in the next 6 months

7. Is good annual leave practice covered at resident doctor induction? *

- (●) Yes
- ( ) No
- ( ) Not yet. Planning to introduce in the next 6 months

8. Do you allow resident doctors to carry over annual leave between rotations? *

- ( ) Yes but only for internal rotations
- (●) Yes both for internal and external rotations
- ( ) No

9. If your answer to **QUESTION 8 is YES** please say how much leave you allow Resident Doctors to carry over.

It is good practice for the well-being of the doctor and the needs of service that annual leave is spread throughout the placement/leave year. Therefore doctors are normally expected to use their full annual leave entitlement within their leave year.

In exceptional circumstances or service demands have prevented a doctor from taking the full leave allowance, up to five days of leave per annum (pro rata for contracts of placements of less than 12 months' duration and/or for doctors who work less than full time), may be carried forward to the next post or placement within UHL. Requests for carry over of leave must be discussed, agreed and documented with the line manager of the CMG where the leave is being carried over to. Where a carry over of leave request cannot be agreed to, the reason(s) must be communicated and documented.

Where doctors have been prevented from taking their leave due to service demands, the amount to be carried forward should not normally exceed one week of basic contracted hours (or 1/52 of annualised hours). There may be other exceptional circumstances where the carry over of more than 1/52 annualised hours/1 weeks leave may be considered by the head of service on an individual basis.

Exceptional circumstances will not include where an individual has failed to place requests for annual leave during the first three quarters of the leave period and is then unable to take the remaining balance of annual leave in the final quarter.

10. Do your rostering systems for Resident Doctors allow for self/preferential rostering?

- ( ) Yes our rostering system for Resident Doctors allows for self/preferential rostering
- (●) No our rostering system for Resident Doctors do not allow for self/preferential rostering

Appointing senior leads to take action on Resident Doctor issues

All NHS Trust Boards must appoint two named leads: One senior leader responsible for Resident Doctor issues, and one peer representative who is a Resident Doctor. Both should report to the Board. The senior lead will formally take on this responsibility within an existing role, supported by a national role specification to be published by NHS England by September. The Resident Doctor lead will act as a peer representative and enable Trust Boards to hear directly from Resident Doctors themselves. They should be invited to attend Board level discussions on issues which specifically relate to improving doctors working lives. Boards should also ensure their Executive Teams engage directly with Resident Doctors to understand local working conditions and priorities. This should be supported by national and local data sources (e.g. GMC/NET Survey), with improvement plans developed with the same rigour as staff survey responses.

11. Has your Trust Board appointed a **senior named, accountable Resident Doctor Lead?** *

- (●) Yes
- ( ) No

12. If **YES**, please provide their **NAME** *

Mark McCarthy

13. Their **ROLE** *

Director of Medical Education

14. Their **EMAIL ADDRESS** *

mark.mccarthy10@nhs.net

16. Do you already have a peer representative Resident Doctor who your Board consults with on local issues relating to Resident Doctors and improving their working lives?

- (●) Yes we do
- ( ) No we don't, but we will always consult with our LNC or equivalent bodies on these matters
- ( ) No we do not

17. At what levels of your organisation have you reviewed and discussed the following surveys? *

	Executive Team	People Committee	Trust Board	All
GMC Trainee Survey	( )	( )	( )	(●)
NETS Survey	( )	( )	( )	(●)

18. If you report GMC/NETS survey results to any of the groups in Q6 above, does the report contain a quality improvement plan with individuals assigned as responsible for actions? *

- (●) Yes
- ( ) No

19. How else do you try to understand and act on issues specific to Resident Doctors? (Please tick ALL that apply) *

- [x] Meet regularly with a local representative body of Resident Doctors e.g. LNC, JCC
- [x] Have some other regular similar meeting?
- [x] Meet regularly with BMA representatives?
- [x] Resident Doctors' Forum
- [x] Other Methods (please answer question 13 below)
- [x] Staff survey results specifically for Resident Doctors

20. If you selected **'OTHER METHODS'** in **QUESTION 12**, please provide details below:

Doctors in Training Committee

Resident Doctors should never experience payroll errors due to rotations.

Following a successful pilot that has reduced errors by half, we are extending the learning from this work to all NHS Trusts. **Within the next 12 weeks every trust should:** Participate in the current roll out of the national payroll improvement programme and ensure that payroll errors as a result of rotations are reduced by a minimum of 90% by March 2026. All organisations are required to establish a board-level governance framework to monitor and report payroll accuracy and begin national reporting as required.

21. Have you implemented local SLAs and introduced board-level governance for tracking and reporting payroll errors *

- ( ) Yes
- ( ) No
- (•) No, but planning to in the next 3 months

22. Have you seen any changes in payroll errors over the last 12 months? *

- ( ) Yes, we have seen a DECREASE in errors
- ( ) Yes, we have seen an INCREASE in errors
- (•) No material change
- ( ) We do not monitor

Course related expenses must be reimbursed when expenses occur

Resident Doctors should receive reimbursement of course related expenses within 4-6 weeks after expenses are submitted. We will transition nationally from an approach where expenses for approved study leave are reimbursed only after a Resident Doctor has attended a course/activity, to one where reimbursement is provided as soon as possible after the expense is incurred. **Within the next 12 weeks every trust should:** Review their current processes to ensure they can reimburse Resident Doctors upon submission of valid receipts for all approved study leave-related expenses, including travel and subsidence.

23. In relation to course fee reimbursement, do you: *

- ( ) Process and pay reimbursement at the point the course is booked/expense is incurred.
- (•) Only after attendance on a course.
- ( ) Only after attendance on a course, but planning on changing this approach within the next 3 months.

Baselining Improving Doctors' Working Lives Programme

* Required

No resident doctor should unnecessarily repeat mandatory training when rotating

Within the next 12 weeks if they are not already doing so, every trust should: Comply with agreements set out in MoU signed by all trusts in May 2025 by ensuring acceptance of prior training. By April 2026 we will reform the entire approach to stat/man with a revised framework as outlined in the 10 Year Plan.

24. Do you accept mandatory training completed by resident doctors elsewhere, in line with the Recognition of Statutory and Mandatory Training Memorandum of Training **AND** do you adhere to the People Policy Framework for Mandatory Learning agreed on 1 May 2025? *

- ◯ Yes, MOU only
- ◉ Yes, both
- ◯ Yes, People Policy Framework only
- ◯ No
- ◯ No, but planning to within the next 6 months

Annex C

10-Point Plan on Getting Back to Basics for Resident Doctors – UHL Action Plan - Draft						
Area	**10 Point Plan Piroty**	**Timeline**	**Lead**	**Actions Taken**	**Next Steps**	**Status**
Board-Level Leadership	Appoint senior lead & resident doctor peer representative; executive team engages with doctors; publish national role specification	ASAP	Andrew Furlong/ Clare Teeney	1. Leads appointed 2. **Senior Lead**: Mark McCarthy (DME) will act as the senior leader, with support from People Services colleagues. 3. **Resident Doctor Representative**: Jack Haque, Resident Doctor and DiTC Chair		5
Workplace Wellbeing	Undertake an audit into feasibility of improving rest areas, parking, mess facilities, 24/7 hot meals; allow portfolio/self-directed learning from appropriate location	Within 12 weeks	Mark McCarthy / Vidya Patel	1. Initial Survey drafted	1. Conduct a self-assessment 2. Develop action plans to address any gaps	4
Rota & Schedule Transparency	Provide 90% of trainee info 12 weeks before rotations; issue work schedules ≥8 weeks in advance; detailed rotas ≥6 weeks before rotations; submit performance data nationally	From Now	Vidya Patel	1. Key Lead assigned and registered with NHS E 2. Data being gathered	1. NHS E to provide 90% of trainee information 12 weeks prior to rotation. 2. NHS E to publish reporting arrangements 3. Trust to issue work schedules 8 week prior 4. CMG to issue duty rosters 6 weeks prior	4
Annual Leave Reform	Conduct & publish review of annual leave allocation; provide recommendations for fair and consistent practices	Within 12 weeks	Education and People Services	1. Trust Policy in place	1. NHS E to conduct a review of how AL is currently managed and identify improvements.	1
Payroll Accuracy	Participate in national payroll improvement programme; reduce rotation-related payroll errors by ≥90%; establish board-level governance & begin national reporting	Within 12 weeks and By Mar 2026	Michael Fearon	1. Key Lead assigned	1. Trust to participate in the roll out of national payroll improvement programme. 2. Establish a board-level governance framework to monitor and report payroll accuracy 3. Begin national reporting	
Eliminating Mandatory	Comply with May 2025 MoU to accept prior training; introduce	Within 12 weeks	Education and	1. Trust complies with MOU signed in May 2025 to accept		5

Training Duplication	reformed national framework		People Services	prior completed training. 2. Adhere to the People Policy Framework for Mandatory Learning (2025)		
Exception Reporting	Implement new national framework to encourage engagement with exception reporting	Ongoing	Asmita Partwad-han/ Raunak Singh/ Vidya Patel		1. New exception reporting reforms agreed by BMA/NHS 2. NHS E to update TCS September 2025	1
Course-Related Expenses Reimbursement	Review reimbursement processes to allow reimbursement upon receipt submission within 4–6 weeks	Within 12 weeks	Education		1. Review current process to ensure all claims reimbursed within 6 weeks	4
Rotation Reform	Develop & launch pilot rotational schemes; continue wider reform	Within 12 weeks	Education and People Services		1. NHS E to develop and launch suggested pilots of reformed rotational changes.	1
Lead Employer Model Expansion	Produce roadmap for extending Lead Employer model to all resident doctors/dentists	Oct 2025	Education and People Services		1. NHS E to provide a framework for expanding Lead Employer arrangements	1

Status key;

5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced

University Hospitals Of Leicester NHS Trust

10-Point Plan on Getting Back to Basics for Resident Doctors - Facilities Survey

In line with the NHS 10-Point Plan for Resident Doctors, we are undertaking a assessment of facilities available. This survey is being sent to all Heads of Service to ensure we capture responses from every Service. Please complete the attached survey and return it by:

Your Service

Specialty/ Hospital site	**Name and role of manager completing the survey**

Office & Working Space

Dedicated office/working space available?

☐ Resident Doctors only

☐ Shared with other doctors

☐ Shared with wider staff

☐ Not available

PCs/computers available for clinical/academic work?

☐ Yes Shared with other doctors

☐ Yes Shared with wider staff

☐ No

Secure lockers provided?

☐ Yes locker for each resident doctor

☐ Yes lockers available for over 50% of resident doctors

☐ Yes lockers available but for less than 50% of resident doctors

☐ No

How do Resident Doctors find out about office/workspace facilities?

☐ Service Induction/orientation

☐ Service Handbook/intranet

☐ Line manager/rota coordinator

☐ Informally/word of mouth

☐ Other (please specify)

Comments:

Rest & On-Call Facilities

Whilst on duty do you have the following facilities for Resident Doctors?

	Private	Shared with Resident Doctors only	Shared with wider staff	Not available
Break/Rest Room				
Drinks making facility				
Kitchen /fridge/microwave available?				
Nap facilities (recliner/fold out bed)				
Showers				

How do Resident Doctors find out about rest/on-call facilities?

☐ Service Induction/orientation

☐ Service Handbook/intranet

☐ Line manager/rota coordinator

☐ Informally/word of mouth

☐ Other (please specify)

Comments:

Overall Feedback

Biggest challenges in being able to provide the above facilities (up to 3)

Improvements / additional facilities planned

Any further comments

Thank you for your time and contribution.

Annex D

10-Point Plan - Getting Back to Basics for Resident Doctors Steering Group

DRAFT - Terms of Reference (ToR)

1. Purpose

The Steering Group is established to provide oversight, assurance, and coordination of UHL's implementation of NHS England's 10-Point Plan on Getting Back to Basics for Resident Doctors. The Group will:

- Ensure UHL delivers timely progress against each priority.
- Monitor compliance and address barriers.
- Provide assurance and escalation to the Trust Board regarding risks, progress, and outcomes.
- Strengthen resident doctors' experience of training and employment across UHL.

2. Objectives

The Steering Group will:

1. Monitor progress against the 10-Point Plan action plan.
2. Review outcomes from audits (e.g., rest facilities, payroll accuracy, rota publication).
3. Ensure resident doctor voices are embedded in improvement initiatives.
4. Oversee delivery of NHSE-required returns and submissions.
5. Identify risks, dependencies, and required resources, escalating to the Trust Board as needed.
6. Share learning and align with national guidance, regional peers, and local workforce strategies.

3. Membership

- Chair: Senior Lead for Resident Doctors Mark McCarthy, DME)
- Resident Doctor Peer Representative: Jack Haque (DiTC Chair)
- Resident Doctors
- Medical People Services Manager: Vidya Patel.
- Pay & Benefits Improvement Lead: Michael Fearon.
- Facilities Lead for Space:
- Facilities Lead for Catering:
- Facilities Lead for Car parking and Safety
- Finance Lead
- CMG Leads

4. Accountability & Reporting

- The Group is accountable to:
- Formal reports will be submitted
- A written updates will be presented to the People and Culture Committee (PCC) and Trust Leadership Team (TLT)

5. Frequency of Meetings

- Meetings will take place monthly until March 2026, then reviewed.

6. Quorum

- Chair (or nominated deputy).
- At least two further members.

7. Deliverables (initial 12 months)

- Complete audit of facilities and wellbeing support (by Dec 2025).
- Oversee participation in national payroll improvement programme (commence Autumn 2025).
- Monitor progress against rota transparency requirements (≥8 weeks work schedule; ≥6 weeks rota notice).
- Support reduction of payroll errors by 90% by March 2026.
- Ensure compliance with national frameworks on mandatory training, exception reporting, reimbursement timelines, and rotation reform.