

Trust Board Paper L

Meeting title:	Trust Board					
Date of the meeting:	8 October 2026					
Title:	10-Point Plan on Getting Back to Basics for Resident Doctors – Progress Update					
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Action – this paper is for:	Decision/Approval		Assurance	x	Update	x

1. Purpose of the report

This paper provides the Trust Board with an update on progress against NHS England's 10-Point Plan on Getting Back to Basics for Resident Doctors.

The purpose of the paper is to:

- Summarise the work undertaken to improve the working lives of resident doctors;
- Provide assurance on the governance and monitoring arrangements in place;
- Highlight areas where progress has been made locally;
- Identify the current priorities and areas requiring further support;
- Confirm areas that remain dependent on national guidance or wider system developments.

2. Background

NHS England's 10-Point Plan on Getting Back to Basics for Resident Doctors sets out national expectations for NHS organisations to improve the working and training experience of resident doctors.

The plan focuses on practical improvements in the following areas:

1. Workplace wellbeing;
2. Rota and schedule transparency;
3. Annual leave reform;
4. Board-level leadership;
5. Payroll accuracy;
6. Reducing mandatory training duplication;
7. Exception reporting;
8. Course-related expenses reimbursement;
9. Rotation reform;
10. Lead employer model expansion.

Resident doctors are a rotating workforce and can experience specific challenges linked to induction, payroll setup, rota publication, access to facilities, study leave and annual leave. These issues can affect morale, wellbeing and the overall training experience.

3. Governance and assurance

UHL has made good progress in establishing a structured approach to the 10-Point Plan. The following key leads have been appointed:

- **Non-Executive Director Lead** – Andy Haynes, Chair
- **Senior Lead:** Mark McCarthy Director of Medical Education
- **Resident Doctor Peer Representative:** Ramanathan Annamalai, Resident Doctor in Emergency Medicine (new appointment from August 2026)

A dedicated Steering Group, chaired by the Senior Lead, has been established with representation from the Resident Doctor Peer Lead, Facilities, Payroll and Medical People Services. The group is responsible for reviewing progress, identifying local priorities, agreeing actions and escalating areas where further support is required.

The Trust is also using the nationally agreed Resident Doctors Board Assurance Framework to support future reporting. This provides a consistent way to demonstrate progress, identify gaps, record actions and provide assurance against each area of the 10-Point Plan.

4. Resident doctor engagement and feedback

Resident doctor engagement has been central to the work undertaken to date. A resident doctor survey and a service-level facilities survey have both been completed to understand current provision and identify gaps. All services responded to the facilities survey, and 134 resident doctors completed the resident doctor survey.

Engagement has also continued through the Trust Resident Doctors Forum and DiTC routes, providing resident doctors with opportunities to raise concerns and contribute to proposed improvements.

5. Current priorities

The steering group has reviewed feedback from resident doctors and services and has used this to inform the local actions and priority areas for improvement. The agreed areas of focus at UHL are:

- parking clarity and publication of simple resident doctor guidance;
- overnight catering and access to hot food;
- rest/nap facilities, lockers and workspace;
- rota templates and roster compliance;
- payroll accuracy;
- study leave expenses and consistency of approval processes;
- implementation and monitoring of exception reporting reforms;
- annual leave reform, including the ability to take two consecutive weeks' leave;

6. Progress to date

6.1 Exception reporting reform

Exception reporting is a contractual mechanism which enables resident doctors to raise concerns when their actual working pattern differs from their agreed work schedule. This includes additional hours worked, missed breaks, missed educational opportunities, or concerns relating to safe working. The process is intended to support safe working, protect training opportunities, ensure doctors are appropriately compensated for additional hours worked, and provide organisational oversight of recurring rota or service pressures.

National exception reporting reforms were introduced with the aim to make exception reporting easier to use, more confidential, and more effective in ensuring resident doctors are paid or receive time off in lieu where they work beyond their contracted hours.

The reforms changed the way exception reports are reviewed and managed. Educational exception reports are now reviewed through the Director of Clinical Education route, while non-educational exception reports are managed via Resident Doctor Administrators, Medical People Services and Guardians. This removed the previous reliance on clinical supervisor/consultant involvement to reduce barriers to reporting and support resident doctors to raise concerns without fear that identifiable information would be shared more widely than necessary. The Guardians of Safe Working and Medical People Services continue to retain oversight of exception reporting activity, including identifying themes, patterns and areas where rota or service improvements may be required.

At UHL, work was undertaken at pace to implement the national reforms locally. A local Standard Operating Procedure (see appendix 1) was developed to describe how the revised process would operate within the Trust. This was produced with input from the Guardians of Safe Working, Clinical Education, Medical People Services and BMA colleagues. Resident doctors were consulted via the Trust Resident Doctor Forum and DiTC. The SOP was presented and agreed via the LNC.

Implementation of the SOP was supported by communications for resident doctors and consultants, together with training and ongoing support for Resident Doctor Administrators.

Resident doctors were reminded of the purpose of exception reporting and encouraged to use the process where their work schedule is not met. Regular communications also reinforced the importance of taking appropriate rest breaks, raising missed breaks or additional hours through exception reporting, and using the Allocate system to submit reports.

Implementation has identified some practical issues relating to system functionality. Feedback has been provided to the software supplier and NHS Employers, and some of these issues have subsequently been resolved

The process will continue to be monitored as the reforms become established and updated where required.

6.2 Workplace wellbeing and facilities

Workplace wellbeing remains one of the main areas requiring further action. Feedback has highlighted variation in access to rest areas, nap facilities, lockers, workspace and facilities out of hours. The Board Assurance Framework currently records workplace wellbeing as partially compliant in relation to the improvement plan, reflecting that audit and survey work has been completed but further delivery is required.

Space and funding remain significant constraints. Although progress has been made in establishing nap facilities within some services, provision is not yet available across all areas. This is particularly challenging given that approximately 108 resident doctors may be on duty each night across UHL.

The Steering Group has therefore considered opportunities to maximise the use of existing and underutilised space, including the potential to repurpose suitable clinical areas as overnight rest facilities. Facilities colleagues are currently reviewing available options and assessing the practical requirements needed to support this, including access arrangements, cleaning provision, security, and safety considerations, to determine what may be feasible.

6.3 Parking

Parking has been identified as a key area of concern for resident doctors, particularly in relation to clarity of arrangements, distance from clinical areas, cost and out-of-hours access/safety.

Working with Facilities, the Resident Doctor Lead and Medical People Services, clearer parking guidance has been developed and circulated to resident doctors. Further improvements remain in progress, including the introduction of an electronic application process and clearer information about out-of-hours access and safety arrangements.

6.4 Catering and hot food provision

Catering and access to food, particularly out of hours, continue to be raised as significant issues affecting resident doctor morale. Resident doctors have reported limited access to hot food during night-time working, and this therefore remains a priority within the 10-Point Plan work programme.

The latest proposal is to extend catering provision at the Leicester Royal Infirmary site to seven days a week, operating from 8 pm to midnight as a six-month trial. The proposed offer would include jacket potatoes, soup, pasties and similar hot food options.

If approved, the proposal would improve access to food for resident doctors, other staff working night shifts and patients.

6.5 Rota and schedule transparency

Compliance with work schedule and roster publication standards is generally good (except for LTFT work schedules), the Steering Group continues to focus on opportunities to further strengthen changeover processes.

This includes clearer communication of key milestones and deadlines to rota coordinators and the reinstatement of a Medical People Services post to support delivery. This is particularly important given the increasing complexity associated with late allocation changes, growth in less than full-time (LTFT) working, and individual work pattern requirements.

For the August 2026 changeover, UHL achieved 89% compliance with the requirement to issue work schedules to WTE doctors in training at least eight weeks before commencing their post, and 60% compliance with the requirement to issue LTFT rota templates at least six weeks in advance.

6.6 Annual leave reform

The Resident Doctors Annual Leave Policy has been reviewed and updated in response to national annual leave minimum standards.

The revised approach expects rota templates to support resident doctors to take their contractual entitlements, including annual leave, bank holidays and study leave. A key requirement is that resident doctors should be supported to request and take two consecutive weeks of annual leave within a 12-month period. Resident doctor rota templates have been assessed and, where required, changes are being made to accommodate the national requirements. Currently, 97% of UHL rota templates have been assessed as supporting the ability to take two consecutive weeks of annual leave.

In addition following feedback from resident doctors the policy also includes a section dedicated to booking leave for life changing events.

The policy has been shared with Resident Doctor Administrators, resident doctors and BMA representatives and officers for consultation and approval through the appropriate governance route

6.7 Payroll accuracy

Payroll accuracy remains a key priority, particularly at rotation points. A named Pay and Benefits lead is in place, and monthly KPI reporting is being used to monitor overpayments and underpayments for resident doctors.

This supports national reporting and provides an opportunity to identify themes, recurring issues and areas for improvement.

6.8 Mandatory training duplication

UHL is recorded as compliant with the national Memorandum of Understanding to accept previously completed statutory and mandatory training where appropriate. This arrangement is communicated through the HELM guide provided to resident doctors and reinforced during Trust induction.

6.9 Study leave and course-related expenses

Progress has been made in relation to course-related expenses, with resident doctors able to claim study leave expenses in advance. Study leave and course-related expenses have been discussed through the Steering Group. Feedback indicates that the reimbursement process itself is working more effectively, but there may still be variation in how study leave approval is managed across services. This can create practical challenges where resident doctors need to book high-demand courses in advance of placements being agreed and rosters written.

6.10 Rotation reform and lead employer model

Rotation reform and lead employer model expansion remain included in the action plan. These areas are largely dependent on national direction and wider system decisions. UHL will continue to monitor national developments and respond as further guidance becomes available.

7. Risks and issues

The key risks and issues are:

- space constraints limiting the ability to improve rest/nap facilities and workspace;
- funding and operational pressures affecting facilities improvements;
- continued concerns regarding out-of-hours catering provisions;
- rota compliance affected by late allocation changes, LTFT adjustments and service pressures;
- variation in study leave approval processes across departments;
- need to maintain resident doctor engagement despite frequent rotations;
- reliance on national guidance for rotation reform and lead employer model expansion.
- Resources to manage the implementation.

8. Conclusion

UHL has made progress in establishing governance, collecting resident doctor feedback, developing a live action plan and progressing key workstreams linked to the NHS England 10-Point Plan.

Progress has been made in annual leave reforms, exception reporting, payroll KPI reporting, rota monitoring, study leave expenses and communication of parking availability.

However, further support is required to address the practical areas that matter most to resident doctors, particularly overnight catering, rest/nap facilities and lockers.

9. Recommendations

The Trust Boards is asked to:

1. Note the progress made against the NHS England 10-Point Plan for Resident Doctors.
2. Note that service and resident doctor feedback has been reviewed and is being used to inform the local action plan and priority areas.
3. Note that UHL will use the nationally agreed Resident Doctors Board Assurance Framework as the main assurance tool for future reporting.
4. Note the current assurance position, with no areas recorded as non-compliant, but several areas remaining partially compliant and or not commenced.
5. Support continued prioritisation of workplace wellbeing, including parking, out-of-hours catering, rest/nap facilities, lockers and workspace.
6. Support continued delivery of the rota transparency, annual leave reform, payroll accuracy, exception reporting and study leave workstreams.