

NHS England 10 Point Plan to improve Resident Doctors working lives

Public Board 24th September 2026

Presented for:	Assurance and Information
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Previous Committees:	None

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	People – we make LTHT a brilliant place to work for everyone in order to deliver excellent, safe, and sustainable care for every patient, every time.
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Workforce Equality, Diversity and Inclusion
Regulatory Impact	N/A

Key points	Purpose
1. To update the Board on the work in progress to meet the NHS England 10-Point Plan to Improve Resident Doctor Working Lives.	Information
2. To provide assurance to the Board on the progress towards meeting the actions required from the 10-point plan.	Assurance
3. To provide Assurance to the Board on the progress on managing Medical and Dental Absence.	Assurance

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Operating within
Operational Risk	Health& Safety Risk - We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines.	Minimal	Operating within

1. Summary

The NHS England 10-Point Plan to Improve Resident Doctors' Working Lives, published in 2025, sets out a national framework for improving doctors' day-to-day working experience, wellbeing, training and retention. This paper updates the Board on LTHT's progress since November 2025. Four of the eight Trust-owned requirements are complete, with the remaining four progressing through established workstreams. The principal outstanding challenges relate to estates improvements, annual leave arrangements and consistent delivery of work schedules and rotas across all CSUs.

This report provides an update on LTHT's progress since the last report submitted in November 2025. It highlights the actions taken to implement the requirements of the 10-Point Plan locally and outlines the further work planned to continue improving the working lives of Resident Doctors across the Trust. A summary of the key actions is provided below.

2. Background

A Trust gap analysis was undertaken following the publication of the 10 point-plan in November 2025 and this has been used to continually review progress within LTHT. There are eight Trust requirements and two national requirements. Each action has been assigned a RAG (Red, Amber, Green) rating. This shows we are green against four of the requirements and amber with work in progress to achieve the remaining four. The two nationally led requirements are shown separately because delivery is dependent on NHS England.

1. Improve Workplace wellbeing for our Resident Doctors	6. No Resident Doctor will unnecessarily repeat statutory and mandatory training when rotating
2. Resident Doctors must receive work schedules and rota information in line with the Code of Practice	7. Resident Doctors should be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours
3. Resident Doctors should be able to take annual leave in a fair and equitable way which enables wellbeing	8. Resident Doctors should receive reimbursement for course-related expenses within 4 to 6 weeks of submitting their claims
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	9. We will reduce the impact of rotations upon Resident Doctors' lives while maintaining service delivery (<i>NHSE Action</i>)
5. Resident Doctors should never experience payroll errors due to rotations	10. We will minimise the practical impact upon Resident Doctors of having to move employers when they rotate, by expanding the Lead employer model (<i>NHSE Action</i>)

3. Progress to date

Since November 2025, LTHT has established a formal governance and assurance framework for the NHS England 10 Point Plan and has made substantial progress across Resident Doctor wellbeing, work schedules, exception reporting, onboarding processes and trainee engagement, as detailed below.

- Review of Resident Doctor facilities has been undertaken
- Investment made in additional lockers
- Progress made on out-of-hours food provision
- Estate-wide review completed to identify further improvement opportunities
- Flexible work hubs and study locations identified for self-directed learning
- Process redesign for the August 2026 rotation improved the timely issue of work schedules and rota information. Of the relevant Resident Doctors, 78% received work schedules by the eight-week deadline and 77% received live rotas by the six-week deadline, compared with 47% and 53% respectively for the February rotation.
- Exception reporting reforms fully implemented in February 2026
- Implemented early re-imbursement for course related expenses
- Data submission has been submitted nationally as required.
- Engagement with the Resident Doctor workforce has been ongoing with regular communication sent out to keep them updated. In addition, a monthly meeting is in place for Local Negotiating Committee (LNC) members in order to keep them updated on developments.
- The delivery of the actions is being managed through the Medical and Dental Optimisation Programme, overseen by the Chief Medical Officer. This work will be reported to People Committee twice a year.

Four of the eight Trust-owned actions are reported as fully implemented, with the remaining actions progressing through established workstreams. The most significant ongoing challenges relate to estates-based improvements, annual leave processes and ensuring consistent delivery of rota standards across all CSUs.

Appendix A shows the full gap analysis with a description of the actions underway to achieve compliance across the plan.

Additionally, since the last report in November 2025, NHS England has introduced a number of further requirements to support the delivery of the 10-Point Plan:

Creating a positive training and working environment

- **Safe Learning Environment Charter:** The Trust has incorporated the principles of the Safe Learning Environment Charter into Resident Doctor induction. The Charter promotes a supportive, inclusive and psychologically safe learning environment, helping Resident Doctors to develop the skills and confidence required to deliver safe, high-quality patient care.

Ensuring a safe and respectful workplace

- **Sexual safety and harassment awareness:** Sexual safety awareness will be incorporated into Resident Doctor induction to ensure doctors understand expected standards of behaviour, reporting routes and available support. Further delivery of an associated training programme will align with the Trust's wider sexual safety

work and be implemented in partnership with Organisational Development and Culture teams.

Strengthening Resident Doctor representation and leadership accountability

- **Non-Executive Director (NED) oversight:** Following discussion with the Chief Executive, Professor Angela Graves has been appointed as the Trust's NED lead for Resident Doctor issues. This role will provide additional Board-level oversight and advocacy for matters affecting Resident Doctors, ensuring their experiences and concerns are represented within Trust governance arrangements.

Locally Employed Doctors

The 2026 pay deal introduced changes for Locally Employed Doctors, including the SAS Eligibility and Permanency Framework, access to permanent contracts and enhanced appraisal arrangements. Although these measures sit outside the original 10-Point Plan requirements, they support the wider objective of improving employment experience and workforce stability. LHT has established a working group to oversee implementation, with progress reported through the Medical and Dental Optimisation Programme.

Medical and Dental Sickness Absence

The 10-Point Plan recognises the importance of supporting the wellbeing of Resident Doctors and creating working environments that enable staff to thrive. Sickness absence remains an important measure of workforce wellbeing and organisational support. The Trust therefore continues to monitor medical and dental absence closely and has implemented a number of actions to strengthen attendance management, provide earlier support and ensure consistent processes across services.

Our sickness absence data highlights that:

- At 1.94% in June 2026, sickness absence across medical and dental staff remains well below the Trust target.
- Sickness absence has increased amongst Consultants and Trust Grade doctors.
- Sickness absence amongst Resident Doctors has remained relatively stable, although this follows an increase during the preceding 12 months.

To support staff wellbeing and ensure robust management of attendance, the following actions have been implemented:

- Attendance Assurance Meetings are now established across all CSUs. Deputy Heads of Operational HR have undertaken a review programme to provide assurance, feedback and additional oversight where required, with follow-up reviews scheduled as appropriate.
- Bespoke attendance management training has been delivered to Clinical Directors and Lead Clinicians. This has been supported by strengthened collaboration between clinical leaders and Operational HR colleagues to facilitate case review, advice and early intervention.
- A multidisciplinary task and finish group comprising Operational HR, Medical Workforce, Medical Education and CSU representatives is reviewing arrangements for the transfer of attendance-related information when Resident Doctors rotate between CSUs.

- Where appropriate, cases involving significant or sustained attendance concerns are progressing through the formal stages of the Supporting Attendance Policy.

4. Financial Implications

The implementation of the NHS England 10 Point Plan to improve Resident Doctors' working lives entails both direct and indirect financial impacts. Key areas include:

- **Operational Costs:**
 - There are costs related to an improvement to facilities. Included in this has been an investment in new lockers which have been purchased by the Medical Directorate following the launch of the plan.
 - Plans were already in place to improve the facilities for the out of hours food provisions and so the 10-point plan has not created any additional costs.
- **Compensation Costs:**
 - The new Exception Reporting system has led to an increase in the number of fines levied to CSU's. The policy is very specific as to how these fines should be spent – with the aim of improving the experience of Resident Doctors in Training (RDiT) in LTHT. This sits with the Guardians of Safe Working.
- **Cost-Saving Initiatives:**
 - Efficiency gains through streamlined processes. For example, changes were made in the People Function for the August rotation by removing a step in the process for work schedules which enabled one team to focus on pre-employment clearances whilst the other was free to focus purely on work schedule completion and distribution.
 - A byproduct of improving the working lives of doctors is to reduce sickness absence and therefore reducing the need for locum spend.

5. Risk

Delivery of the 10-Point Plan remains subject to three principal risks: insufficient resource to complete estates-based improvements; inconsistent achievement of work schedule and rota deadlines across CSUs; and financial and operational pressures arising from implementation of the Locally Employed Doctor SAS Eligibility and Permanency Framework. These risks are being managed through established workstreams and oversight by the Medical and Dental Optimisation Programme. Further detail on the risks and mitigations is provided in Appendix C.

6. Communication and Involvement

There has been engagement throughout with Resident Doctors – through ongoing work with the peer representative and within other Resident Doctor forums. This is key to ensuring that all stakeholders have a voice. A letter was sent from the CMO / medical director in November 2025 underlining our approach in LTHT to the 10 point plan and further communication with an update has been sent following the summer 2026 inductions to update on the implementation of the 10-point plan. All eligible Locally employed doctors have been written to regarding the SAS eligibility and permanency framework.

Commented [CB1]: Did this happen?

7. Impact on Equality & Health Inequalities

No negative impact on equality or health inequalities has been identified at this stage. The implementation of the NHS England 10-Point Plan to improve Resident Doctors' working

lives is designed to reduce unfair and avoidable differences in health outcomes across all patient groups, with a particular focus on supporting those in deprived communities. Whilst the plan is targeted at Resident Doctors in training, this will be implemented across the entire Resident Doctor workforce, ensuring parity.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

The Board is asked to note the update on implementation of the NHS England 10-Point Plan to Improve Resident Doctors' Working Lives and take assurance from the progress made against the required actions.

The Board is asked to note the update on medical and dental sickness absence and take assurance from the actions in place to strengthen attendance management and support staff wellbeing.

10. Supporting Information

The following papers make up this report:

Appendix A – Gap analysis of LTHT actions to achieve 10 Point Plan

Appendix B – Medical absence rates

Appendix C – Risk Matrix

Appendix A – Gap analysis of LTHT actions to achieve 10 Point Plan

Point	Requirement	Current LTHT position / Progress	Owner	Remaining gaps / actions required
1. Improve workplace wellbeing for our resident doctors	Where possible, provide designated on-call parking spaces	The trust policy is that Resident Doctors in training (RDITs) are automatically entitled to a car parking permit with the application process as part of the onboarding process. Further, staff are also able to apply for a free out of hours permit.	Patrick Coughlin / Stuart Haines	Complete
	Autonomy to complete portfolio and self-directed learning (SDL) from an appropriate location for them	Portfolio / self-directed learning. There are several flexible work hubs within LTHT where RDIT can undertake SDL. Further, there are other areas where workstations are available for use across LGI / SJUH / CAH.	Patrick Coughlin / Stuart Haines	Complete
	Access to mess facilities, rest areas and lockers in all hospitals, including new builds	Rest facilities are available on both the SJUH and LGI site. At CAH there is a multiprofessional staff room which is available for use by the RDIT. Lockers: We have undertaken an audit of where lockers are currently available. We believe there is an ongoing need for approximately 500 lockers across SJUH and LGI. There are number of lockers in varying states of disrepair and non-use in the basement of the Gledhow Wing. These will be made right. A further 210 lockers have been ordered with the aim of siting these at the LGI and we are currently exploring appropriate spaces for these. There are a number of unused lockers in Joseph's Well. These could be relocated to other parts of the site and discussion to take place with E&F colleagues to allow this to happen. We know that there are adequate changing/lockers facilities in the LDI and theatres.	Patrick Coughlin / Stuart Haines	On track: To provide lockers to RDIT from the start of August 2026

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	A 24/7 out-of-hours menu offering hot meals and cold snacks for staff	LGI: The Fontanella coffee bar in Jubilee Wing is open 24/7 providing a range of hot and cold drinks and snacks. SJUH: There are several vending options, and plans to expand the range of food/drink available: - New outlets are planned for SJUH – including a high-street branded bakery and Amazon-shop style facility. It is likely that these will open within the next 6 months. - Smart vending machines are being tested, some of which incorporate microwave technology which will enable them to dispense hot food. This work is in line with national initiatives to improve food options in hospitals, and in LTHT is being done in collaboration with the public health team with an emphasis on healthy options. The 10-point plan points to there being an out of hours menu with hot meals and cold snacks. Whilst there will not be an out of hours restaurant at SJUH, by summer 2026 there will be a better range of vended products available 24/7.	Paddy Coughlin / Stuart Haines	Work towards a 24/7 OOH menu with hot menu at SJUH site.
2. Resident doctors must receive work schedules and rota information in line with the Code of Practice	NHSE to provide > 90% of trainee information 12 weeks prior to rotations commencing.	NHSE related task. Not LTHT.		NHSE action
	RDIT to receive work schedules > 8 weeks in advance of start date.	February rotation: 218/464= 47%. Our ability to deliver was hampered by the RDIT strike. Following changes to process and closer alignment with CSU's August 2026 achieved 78% of work schedules issued by the 8-week deadline	Carmen Berry	Significant improvement from Feb – August, continuous work to achieve 100% in the next rotation
	RDIT to receive detailed rotas > 6 weeks in advance of start date.	February rotation: 245/464 = 53%. Our ability to deliver was hampered by the RDIT strike. August 2026 achieved 77% by the 6 week deadline		

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3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing (NB: <i>Minimum standards for annual leave for resident doctors – published April 2026</i>)	Every trust must have a specific published annual leave policy for resident doctors	The NHS document was only published in April 2026. We have drafted an LTHT version and asked LNC colleague to provide comments with a view to signing off at the October 2026 JCNC	Carmen Berry	Sign off October 2026
	Leave must be approved or declined in a timely fashion with clear reasons	CSU rota co-ordinator training occurred in June 2026, this will be signed off once above policy is launched and communicated		
	Rotas must be flexible enough for resident doctors to take their full leave entitlement	CSU rota co-ordinator training occurred in June 2026, this will be signed off once above policy is launched and communicated		
	Where possible, every resident doctor should have the opportunity to take two consecutive weeks of leave which may be a combination of annual leave, rostered non-working days, and bank holidays	Deployment reviewing all rotas to ensure this is standard practice		
	Resident doctors must be supported to take their annual leave allowance just like any other staff	CSU rota co-ordinator training occurred in June 2026, this will be signed off once above policy is launched and communicated		
	The guidance informs organisational and departmental policy and supports board reporting of	As per policy work		

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	annual leave practice for assurance			
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		Senior leader: Mr. Patrick Coughlin, MD for Education & Training. Peer Representative: Dr. Harish Shankarkumar. Chief Registrar at LTHT. NED Board Lead: Professor Angela Graves	Patrick Coughlin	Complete
5. Resident doctors should never experience payroll errors due to rotations	Participate in the current roll out of the national payroll improvement programme and ensure that payroll errors as a result of rotation 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	We are participating in the national payroll improvement programme. We have incurred 53 payroll errors so far in 2026, an increase on 31 in 2025. Of these, 48 were due to a missing weekend element within the Paediatric rotation. A 2-step process has now been developed by Medical Workforce and Payroll colleagues to ensure greater oversight and checks of the work schedules and in the future, we hope to utilise automation to prevent errors. National Payroll Improvement Data is submitted by Payroll to the national team each month. Overpayments are reported on a six-monthly basis to the Finance & Performance Committee.	Carmen Berry Payroll	Update due following evaluation of August 2026 rotation Complete
6. No resident doctor will unnecessarily repeat statutory and mandatory	Every trust should: Comply with agreements set out in the MoU signed by	We comply with our MOU signed in May 2025. We require additional training in Resuscitation and safeguarding within LTHT.	Patrick Coughlin / Stuart Haines	Complete

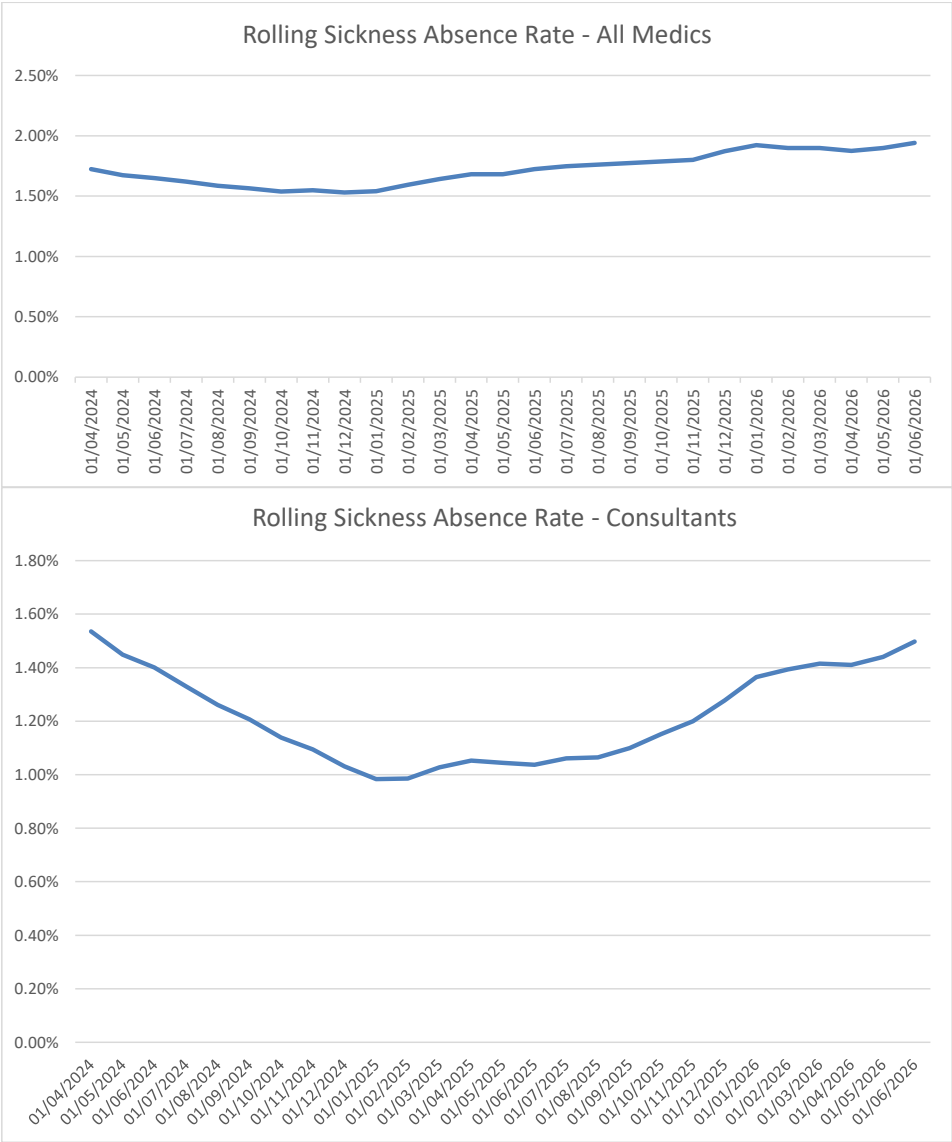
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training when rotating	all trusts in May 2025 by ensuring acceptance of prior training.			
	By April 2026, NHS England will: reform the entire approach to statutory and mandatory training with a revised framework as outlined in the 10 Year Health Plan for England.	We are still awaiting this – an NHS England related task.		NHSE responsibility
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 February 2026.	This has been fully implemented within LTHT. The current position is that we are getting on average 100 exception reports per month since inception in Feb. This is triple the amount we were getting prior to implementation of the new reforms.	Carmen Berry	Complete Feb 2026
8. Resident doctors should receive reimbursement for course-related expenses within 4 to 6 weeks of submitting their claims	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.	This has been implemented within the trust.	Patrick Coughlin / Stuart Haines	
9. We will reduce the impact of rotations upon resident doctors' lives while	This is a NHS England task which will likely be part of the current medial training review.			NHSE responsibility

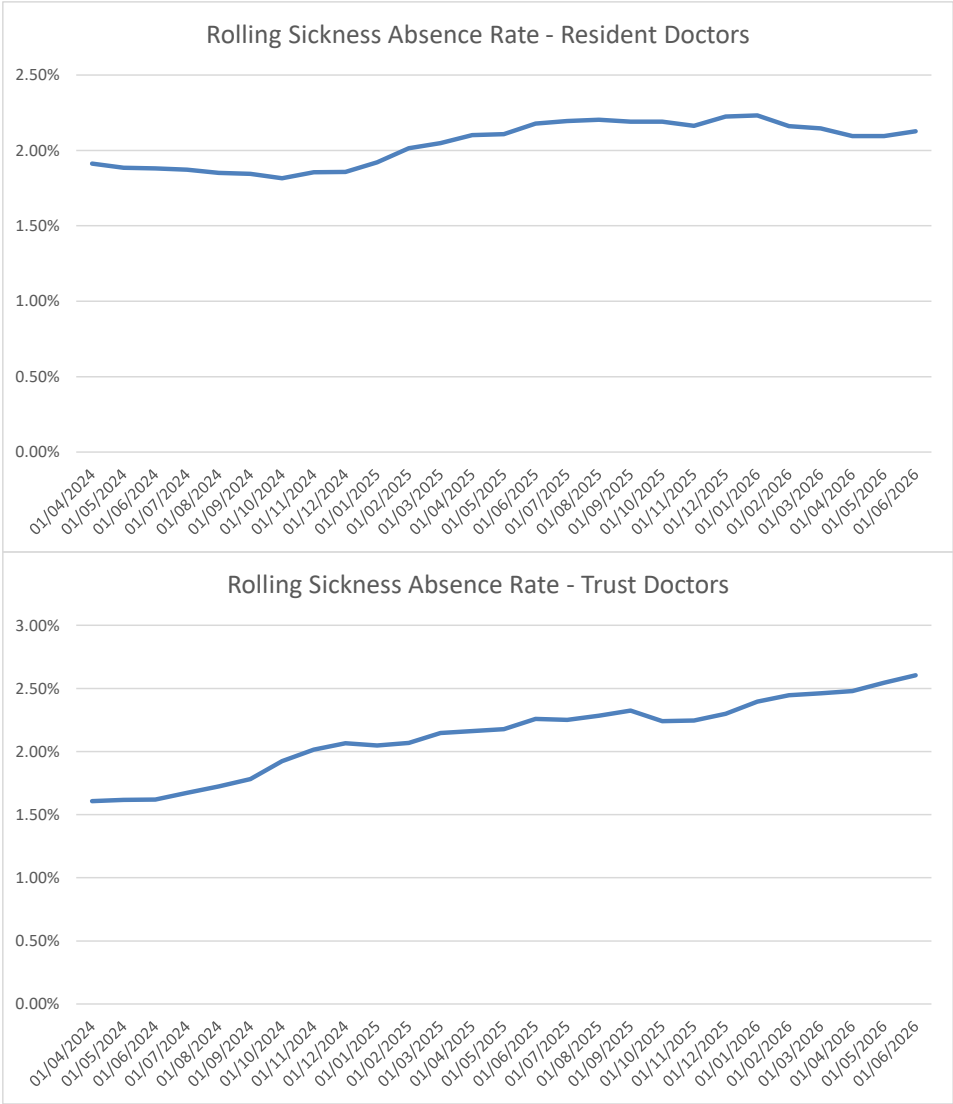
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maintaining service delivery				
10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate, by expanding the Lead Employer model	This is a NHS England task which will likely be part of the current medial training review.			NHSE responsibility

Appendix B – Medical Absence Rates



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Appendix C – Risk Matrix

Risk	Mitigation
Insufficient resource to embed estate-based actions	A review of the existing estate has been undertaken, and discussions are ongoing with Estates and Facilities to facilitate appropriate improvement of facilities. Progress has been made with lockers and out of hours meal facilities. Timelines for other work required are currently being worked through with Estates and Facilities.
CSU's not producing rotas to meet the 10-point plan recommendation	Good progress has been made to improve this for August 2026 rotation. There remains ongoing engagement with CSUs to align teams (workforce / deployment / CSU) to standardise processes to meet deadlines.
Engagement with the central NHSE team in charge of the 10-point plan.	Some elements of the 10-point plan are reliant on central NHSE processes, and we are still awaiting further information. Similarly additional areas of focus have been added to the 10-point plan which require further work.
Implementation of the 2026 LED SAS EPF may create financial and operational pressures, including increased salary costs and reduced rota capacity. Granting permanent contracts to LEDs may create long-term financial commitments and reduce workforce flexibility	A multidisciplinary working group has been established to assess eligibility, workforce and financial impacts, agree a phased implementation plan and monitor delivery through MDOP. Conversions to permanent contracts will be subject to clear eligibility criteria