

**Agenda Item: 2.ii**

Report to:	Board of Directors	Date: 8 <sup>th</sup> January 2026
Report from:	Medical Director and Resident Doctor Representative	
Trust Objective/Strategy:	Ensuring all staff are valued and empowered	
Title:	10 Point Plan to improve resident doctor's working lives	
Board Assurance Framework Entries:	Staff engagement and culture – BAF risk 3732;	
Regulatory Requirement:	Well Led; Contractual terms	
Equality Considerations:	None believed to apply	
Key Risks:	Industrial action Staff engagement Staff morale	
For:	Information	

**1. Purpose:**

At the end of August 2025 NHS England launched the 10-point plan to improve resident doctors' working lives. The schedule was that there would be clear improvement delivered in a 12-week window, which would be the end of November. A baseline survey was performed at the initiation of the scheme and a follow up undertaken in the first 2 weeks of December.

**2. 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

The last 2 points of the plan are not within the gift of individual Trusts and were not part of the survey return. The Trust has actively engaged in the scheme. Ian Smith has Board level reporting responsibility for the scheme, and we are hugely grateful to Luke Williams (Surgical Trainee) for stepping up as the Resident Doctor Representative. Luke has met with Ian Smith

and our CEO Eilish Midlane. He was involved in the validation of the progress survey return in December 2025. The progress survey output is summarised below.

### Improving Doctors Working Lives Programme - The 10 Point Plan

Provider: ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST

Amenities	Baseline survey	12-week progress
Access to Lockers	Yes	Yes
Rest facilities	Yes	Yes
Designated on-call parking access	Yes	Yes
Access to hot and cold food 24/7	Yes	Yes
Access to cold food 24/7	Yes	Yes
Inductions specifically designed to meet the needs of Resident Doctors	Yes	Yes
Beds/sleeping pods available free of charge	Yes	Yes
Are Resident doctors able to work from home for portfolio and self-directed learning?	Yes	Yes
Access to free psychological support treatment?	Yes	Yes
Positive feedback mechanisms in place to reward and promote staff?	Yes	Yes
Protected breaks?	No	No
Do you promote the Safe Learning Environment Charter?	Yes	Yes
Sexual safety/harassment training and awareness?	Yes	Yes

  

Annual Leave	Baseline survey	12-week progress
Is there a local policy to encourage good annual leave management which references resident doctors?	No	Plan to
Good annual leave practice covered at resident doctor induction?	No	Plan to
Allow resident doctors to carry over annual leave between rotations?	No	No
Do rostering systems for Resident Doctors allow for self/preferential rostering?	Yes	Yes

  

Payroll and Expenses	Baseline survey	12-week progress
Implemented local SLAs and introduced board-level governance for tracking/reporting payroll errors?	Yes	Yes
Changes in payroll errors over the last 12 months?	No change	No change
Processing of course related expenses?	After attendance, plan to change	When course is booked

  

Appointing senior leads to take action on Resident Doctor Issues	Baseline survey	12-week progress
Has your Trust Board appointed a senior named, accountable Resident Doctor Lead?	Yes	Yes
Has your Trust Board appointed a Resident Doctor Peer Lead?	No (consult with LNC/ equiv. bodies)	Yes
At what levels of your organisation have you reviewed and discussed the following surveys? (None, Executive team, Trust Board, People Committee, Two out of Three, or All)		
GMC Training survey	All	All
NETS survey	All	All
National Staff Survey		All
National Student Survey		None

  

Mandatory Training & Learning	Baseline survey	12-week progress
Do you accept resident doctors' mandatory training from other sites and follow the People Policy Framework (May 2025)?	Yes, both	Yes, both

  

Does the Resident Doctor Peer Lead support the findings as set out in this survey?	Partially supports
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\* 12-week progress survey 86% (Improvement of 8pp)

\* The survey score is calculated by averaging the percentage scores of each scored question. . Please refer to the points scheme for specific scoring criteria.

There are plans to introduce an annual leave policy for resident doctors and highlight this at induction which will address 2 major ongoing short comings at the Trust. There is ongoing discussion about how to deliver protected breaks. This is challenging for small teams, but we hope a process can be developed. There has been debate around carry over of leave between rotations. Few Trusts have committed to this except for across internal rotations. There is recognition that with a good annual leave policy, carry over of leave should not occur. In our view getting leave allocation right must be the priority. We are undertaking a further review of pay roll errors.

As required, the Resident Doctor Representative was invited to review and comment on the latest submission. His comments were taken into account and overall he offered partial support for this submission. His reasons for this partial support are as follows:-

*"I would like to offer partial support for this survey. This is because I have not had time to fully assess the situation by surveying my colleagues' views, due to the lack of time I have spent in the post. Significant progress has been made to improve Resident doctors' working lives at Papworth in the last 12 weeks, including the provision of a new Resident doctors' mess. However, some issues remain, including payroll issues and the lack of availability of post on-call rest facilities. Furthermore, despite the progress, there have been issues communicating the improvements that have been made, and, therefore, some have not yet made a material*

*difference to Resident doctors' working lives. I look forward to working with the Trust over the coming weeks to continue the good progress that has been made thus far."*

**3. Recommendation**

**The Board of Directors is requested to note the content of this report.**