

ANNUAL LEAVE POLICY FOR MEDICAL STAFF

Status: Approval date: December 2020
Ratified by: Trust Executive Committee
Review date: November 2023

Patients first • Personal responsibility • Passion for excellence • Pride in our team

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History

| Issue | Date Issued | Brief Summary of Change | Approved by |
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| 1 | Dec 2014 | New policy | Trust Executive Committee |
| 2 | Dec 2020 | Updated to reflect Leave Entitlement Changes as per the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 and minor amendments in line with the Annual Leave Policy for all other staff groups | Trust Executive Committee |

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| For more information on the status of this document, please contact: | Head of Medical Workforce |
| Date of issue | December 2020 |
| Review due | December 2023 |
| Ratified by | Trust Executive Committee |
| Audience | Employees under Medical and Dental Terms and Conditions and Managers |

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**ASHFORD & ST. PETER'S HOSPITALS FOUNDATION TRUST
ANNUAL LEAVE POLICY FOR MEDICAL STAFF**

- See also:** Sickness Absence Policy
- Flexible Working Policy
- Maternity Leave and Fertility Treatment Policy
- Shared Parental Leave Policy
- Special Leave Policy
- Career Break Policy
- Buying and Selling Annual Leave Scheme (Reviewed and Approved Annually)

1. AIM AND PURPOSE:

- 1.1 This policy applies to all employees under Medical and Dental Terms and Conditions.
- 1.2 To provide a framework for managers and staff in relation to the requesting, approving and taking of annual leave and to ensure that staff are treated fairly and consistently in relation to leave while ensuring service provision.

2. RESPONSIBILITIES:

| | |
|---------------|--|
| DOCTOR | <ul style="list-style-type: none"> • To request leave in accordance with this policy and the local leave procedure, using the Clinician Resource Management System (CRMS) within appropriate timescales. Failure to request leave via CRMS, may lead to annual leave not being authorized. • To use their annual leave entitlement in accordance with this policy. • To notify the Service Manager for their specialty when there is any change in their job plan or hours of work, which requires an adjustment to their annual leave entitlement. • To take into account the service needs of the area when requesting annual leave. • To return from leave on time. • To contact the relevant Specialty Lead/Service Manager as soon as possible if for any reason they are unable to return from annual leave on the agreed date. • To submit their annual leave requests in good time for the approval to be given at least 6 weeks prior to the leave requested and before committing themselves to annual leave plans. |
|---------------|--|

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|--|--|
| | <ul style="list-style-type: none"> To fulfill their on-call commitments using prospective cover arrangements. To notify their line manager when their length of service increases which requires an adjustment in their annual leave |
| SPECIALITY LEAD & SERVICE MANAGER | <ul style="list-style-type: none"> To ensure that all staff are aware of this policy and of their local leave procedure. To draw up a local leave procedure (e.g. detail on how many staff can be off at any one time, how leave will be granted during popular periods e.g. school holidays, whether there is a need to specify times of the year when staff can and cannot take annual leave due to the needs of the service) and to ensure all staff are aware of this. To ensure that all annual leave is planned in a structured way in accordance with the needs of the service or area. To ensure that clinical commitments are covered and NHS patients are not cancelled due to annual leave. To ensure the reallocation of other staff as necessary (e.g. during Consultant annual leave the other medical, nursing and support staff attached to the Consultant clinic or list should be redeployed to other suitable work in accordance with their competence level). To deal with all annual leave requests fairly, equitably and promptly. To decline requests for annual leave where approval would mean inadequate staffing levels to maintain the necessary levels of service. To keep a record of individual annual leave entitlements and all annual leave approved, and report it on the ESR self-service and the Clinician Resource Management System (CRMS). To ensure that there is appropriate management control of annual leave in their service. |
| HUMAN RESOURCES | <ul style="list-style-type: none"> To advise on the application of this policy ensuring fairness and consistency. To ensure that the policy is up to date. |
| PAYROLL | <ul style="list-style-type: none"> To ensure that appropriate payments are made to staff who are on leave. To provide advice on the effects on pension entitlements. |

3. ANNUAL LEAVE YEAR

- 3.1 The annual leave period shall be from 1 April to 31 March. For Junior Doctors the annual leave year runs from the start date of the doctor's appointment.

4. ENTITLEMENT

- 4.1 The basic annual leave provisions under the Medical and Dental Terms and Conditions are set out below:

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| NHS Doctors and Dentists in Training | Annual Leave and General Public Holidays |
|---|--|
| On first appointment to the NHS | 25 days (5 weeks) plus 2 Statutory days 8 General Public Holidays |
| After five year's completed NHS service | 30 days (6 weeks) plus 2 Statutory days 8 General Public Holidays |

| Trust Grades and Clinical Fellows | Annual Leave and General Public Holidays |
|--|--|
| On first appointment to the NHS | 25 days (5 weeks) plus 2 Statutory days 8 General Public Holidays |
| After five year's completed NHS service | 30 days (6 weeks) plus 2 Statutory days 8 General Public Holidays |

| Specialty Doctors | Annual Leave and General Public Holidays |
|--|--|
| Specialty Doctor or Staff Grade with less than 2 years' service | 25 days (5 weeks) plus 2 Statutory days 8 General Public Holidays |
| Staff Grade or Specialty Doctor – completed 2 years' service in the grade or had 32 days entitlement in post immediately prior | 30 days (6 weeks) plus 2 Statutory days 8 General Public Holidays |

| Consultants and Associate Specialist | Annual Leave and General Public Holidays |
|--|--|
| Consultants on pre 2003 contract Consultant (new contract) with up to 7 years seniority Associate Specialist | 30 days (6 weeks) plus 2 Statutory days 8 General Public Holidays |
| Consultants on the new contract with over 7 years seniority | 32 days (6.4 weeks) plus 2 Statutory days 8 General Public Holidays |

4.2 For Consultant (new contract), Associate Specialist (new contract) and Specialty Doctor posts, the full time contract is 10 Programmed Activities (PAs). For Consultant (old contract) and Associate Specialist (old contract) posts, the whole time contract is 11 Notional Half Days (NHDs). Consultants and Associate Specialists holding maximum part-time contracts are paid the equivalent of 10 NHDs, but are still considered to be whole-time for annual leave entitlement purposes. For Hospital Practitioners and Clinical Assistants, posts shall be limited to a maximum of 5 NHDs each week. For a Staff Grade post the whole time contract is 10 sessions. For practitioners in the training grades, Clinical Fellows and Trust Grades the whole time contract (excluding any on-call) is 40 hours per week. Members of staff working Additional Programmed Activities or additional sessions/NHDs do not accrue additional entitlements to annual leave over and above the full time allocation set out above.

4.3 For members of staff working part time, the full time entitlement must be pro-rated in accordance with their contracted PAs/Sessions/NHDs.

4.4 In addition to annual leave entitlement, employees are entitled to the number of paid General Public holidays in the financial year. In the case of all part time staff this

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entitlement is pro rata to the fulltime allowance. The calculation of this entitlement is always proportional to the number of basic contracted hours worked. In this way all employees have a fair and equitable, static entitlement rather than eligibility based solely on the normal days of work which would result in some part-time employees never receiving the benefit of General Public Holidays unless they fall on their normal days of work.

- 4.5 It is expected that staff will take annual leave in full days. Where it is possible and the needs of the service allow, staff may take annual leave in ½ days
- 4.6 It is expected that staff will spread their leave evenly across DCC and SPA and if on the old contract Fixed activity and across all days worked in the week e.g. it would not be acceptable to take an unreasonably higher proportion of time off from clinical commitments or certain days of the week.

5. CALCULATION

- 5.1 The annual leave calculation is worked out in accordance with job plan activity. A week, for the purpose of annual leave entitlement, consists of whatever constitutes an individual's normal working week. So for a Consultant or a SAS doctor (whether part time or full time) who works a three-day week, a week's leave entails three working days off, and the associated annual entitlement should also be calculated on the same pro rata basis. Leave cannot apply to a day when no programmed activities (DCC or SPA or if on the old contract Fixed sessions) are scheduled. (See the British Medical Association guidance on Consultants Annual Leave Entitlement).
- 5.2 The following calculation will therefore be used for Consultants and SAS doctors to update CRMS: (N.B. Appendix 1 sets out the Annual Leave Entitlement Calculation method in more detail)

Number of days worked per week x 6 weeks + 2 statutory days (+ if applicable in accordance with paragraph 4.1 two additional days)

An example for a Consultant on the new consultant contract with less than 7 years' service with a 10 PA contract is set out below:

- 2 PAs for on call (Annual leave is not allocated for this, nor does it have to be taken as leave)
- 3 full days DCC
- 1 SPA

Annual leave would be calculated as follows:

- 3.5 (days) x 6 (weeks) + 2 (stat days) = 23 days

Individuals would therefore only be required to request leave on CRMS for any DCC or SPA or if on the old contract Fixed activity.

- 5.3 For all other grades of doctor leave days will be booked off in accordance with their entitlement in 4.1 and rota commitments.

6. CALCULATION OF RECKONABLE SERVICE

- 6.1 An employee's continuous previous service with an NHS employer will count as reckonable service in respect of annual leave.

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6.2 In addition, aggregated NHS service i.e. any period of time that has been worked in the NHS regardless of whether or not there has been a break in service, will count as reckonable service for annual leave.

7. DETERMINING THE LENGTH OF RECKONABLE SERVICE

7.1 In order to have previous service, as detailed above, regarded as reckonable service, staff will need to provide formal documentary evidence.

8. ENTITLEMENT ON JOINING

8.1 All new members of staff will be entitled to annual leave plus Public Holidays in the year of joining the Trust, on a pro-rata basis.

8.2 Entitlement in the first year is dependent on the number of full complete calendar months worked after the date of joining and before the end of the annual leave year. The Trust will allow employees who commence up to the 7th calendar day in the month to receive the full annual leave entitlement in respect of that calendar month.

8.3 Employees who join after the 7th calendar day in the month will not receive leave entitlement for this part month, however if, due to starting Trust induction, the employee commences after 7th calendar day in the month, they will receive the full entitlement for that month.

8.4 Annual leave is calculated based on 1/12th for each complete calendar month (subject to the terms of the paragraph above).

8.5 The Public Holiday entitlement will be based on the number of Public Holidays remaining in the current leave year from the date of joining.

9. ENTITLEMENT ON CHANGING CONTRACT HOURS

9.1 Where staff change their contracted hours, this will result in a re-calculation of their annual leave entitlement based on completed months on the new and the old contracted hours to give the full year entitlement. Where staff change their contracted hours part way through a month, the entitlement for that initial month will be calculated on the basic weekly contracted hours that they predominantly worked in that initial month.

10. ENTITLEMENT ON LEAVING

10.1 Staff who leave the Trust will receive 1/12th of their annual leave entitlement for each complete calendar month worked in the current leave year and employees who continue past the 23rd calendar day in the month or their leaving will receive the full annual leave entitlement in respect of that calendar month, less any annual leave taken.

10.2 Outstanding Public Holiday hours must also be calculated by adding up the number of Public Holidays that have occurred in the leave year prior to the date of leaving and deducting any bank holidays taken.

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11. GENERAL PUBLIC HOLIDAYS

- 11.1 A General Public Holiday shall have been worked if any period of normal duty fell between the 24 hours from midnight to midnight.
- 11.2 Full time employees will be entitled to all paid General Public Holidays (Bank Holidays) in the leave year. A full time Consultant/Specialty Doctor/Staff Grade/Associate Specialist should receive the Bank Holidays in accordance with 9.4, therefore if a Bank Holiday falls on a day that would not normally be worked in the job plan, time in lieu should be given for this.
- 11.3 All part time staff are entitled to the Public Holidays pro rata to the nearest half day of the full time allowance. In departments that normally close on public holidays, part time members of staff must either take that time as paid holiday (booked in the normal way and making the appropriate deduction of their normal PAs/sessions/rota commitments for that day from their Public Holiday entitlement) or, in agreement with their Divisional Director, work these PAs/sessions/rota commitments at an alternative time or place.
- 11.4 If an individual works on a General Public Holiday between the hours specified in 9.1, they will be entitled to a day in lieu, this will be recorded on CRMS as an additional day's leave. In addition, a practitioner who in the course of his or her duty is required to be present in hospital or other place of work (including work required to be undertaken at home/remotely) between the hours of midnight and 9am on a public holiday should receive a day off in lieu. In other words, if a practitioner works the night and the day on a public holiday, they will be entitled to two days off in lieu.
- 11.5 The UK Public Holidays in the year are:

| Q1 | Q2 | Q3 | Q4 |
|--|-----------------------|-----------------------------|----------------|
| Good Friday Easter Monday May Day Spring Public Holiday | August Public Holiday | Christmas Day Boxing Day | New Year's Day |

- 11.6 There will be some years when more (or less) than 8 General Public Holidays fall within the leave year simply because General Public Holidays follow the calendar year and the Easter General Public Holidays can be in March or April. When this situation arises the appropriate days adjustment i.e. plus or minus, will need to be made.
- 11.7 Where operationally possible and subject to mutual agreement, an employee may change their days of working during a Public Holiday week and therefore retain their leave entitlement in respect of the Public Holiday. This can then be taken as time off at another time. The same applies for staff who work on a Public Holiday.

12. PLANNING AND REQUESTING LEAVE

- 12.1 Requests for annual leave must be made well in advance, a minimum of 6 weeks' notice must be given to allow time to cancel or reschedule clinics. Junior doctors in training should familiarise themselves with the notice periods for requesting leave, which apply in the department in which they are currently working. At popular periods, employees are recommended to submit their requests earlier than prescribed notice periods to avoid disappointment when other staff have already booked leave. In line with national terms and conditions and subject to suitable arrangements having been made, staff may take short periods of up to two days of their annual leave without seeking formal permission

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beforehand, provided that they give notification when they take this leave.

- 12.2 Specialty Leads and Service Managers will decide how many staff can be away at any one time, in number and by grade or role, dependent upon the needs of the service. This may vary from area to area according to the establishment and also the staff in post. The number of staff allowed on leave at any one time may vary throughout the year in relation to other leave being taken and due to seasonal variations in activity.
- 12.3 Unless there is a specific arrangement in place, it is expected that leave is covered within the establishments of an area. Efficient planning of leave and the resultant internal cover arrangements is essential. Local arrangements can be made for the planning of leave using CRMS.
- 12.4 Some areas may recommend a quota of leave to be taken by a certain time in the year, both for planning and organisational purposes, but also to ensure that staff use their full leave entitlement. Staff must familiarize themselves with local arrangements.
- 12.5 On a Trust wide basis it is recommended that all staff take 75% of their full years leave entitlement by 1 December in any leave year. They should have taken 90% of their full year's entitlement and booked all of their remaining leave within the remaining leave year by 1 February in any leave year. This is to ensure that a department can plan leave sensibly for the last 3 months of the leave year.
- 12.6 Specialty Leads/Service Managers should review their staff's annual leave position half way through the leave year and discuss any potential problems of outstanding annual leave with individuals at the earliest opportunity.
- 12.7 During the last three months of the leave year rules about minimum staffing levels will continue to apply and staff that have not planned and booked their leave within the leave year may lose any outstanding annual leave which has not been taken.
- 12.8 Annual leave is not guaranteed unless it has been authorised and agreed by the Specialty Lead/Service Manager. Leave taken without proper authorisation will be regarded as leave without pay and may be subject to disciplinary action. In order to avoid disappointment, employees should not make holiday arrangements until their leave has been authorized. If annual leave has not been granted and the employee subsequently takes sick leave in this period, the matter will be investigated by the Specialty Lead/Service Manager.
- 12.9 Wherever **reasonable** and within the needs of the service, short notice urgent request for annual leave for special circumstances or problematic situations will be granted by negotiation with the Specialty Lead and Service Manager. There may be circumstances when the employee and Specialty Lead/Service Manager should consider whether flexible working arrangements, such as reduced hours for a short period, may help the situation or whether another type of leave is more applicable (for example parental leave etc).
- 12.10 Employees who unexpectedly experience genuine difficulties outside of their control during a period of annual leave which has an impact on them returning on the agreed date must contact their manager at the earliest opportunity by telephone and ensure that they can be contacted if necessary. It is not sufficient to leave a message.

13. ANNUAL LEAVE IN EXCESS OF TWO WEEKS

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- 13.1 Requests for leave over two weeks should be made in writing on the application form at Appendix 2 to the Specialty Lead and Service Manager for consideration alongside other leave requests. Authorisation will be given by the Divisional Director. This is not automatic and will depend on the needs of the service. Extra notice may be required in some areas and at certain times of the year. Employees should familiarise themselves with the local procedure.
- 13.2 A maximum of 4 weeks leave will be allowed at any one time. This is to ensure that staff have some leave left to take during the remainder of the year; to ensure a reasonable work life balance and meet individual's needs for rest, recuperation and refreshment. It is also to ensure that wards and departments can be properly staffed and that all staff are treated fairly in relation to the granting of annual leave.
- 13.3 Rostered days off may extend the four week period at either end.
- 13.4 Where an employee wishes to make a long overseas visit it is expected that this will be accommodated within their annual leave entitlement. However there may be exceptional circumstances when their annual leave entitlement has been exhausted or they have insufficient leave left to make the trip. A request can be made for additional unpaid leave. Divisional Directors will have discretion to grant up to two weeks unpaid leave only when all annual leave has been used. This extension of annual leave and the granting of unpaid leave will not usually be granted in peak holiday periods.
- 13.5 Where requests for extended annual leave conflict with the needs of other staff and/or the ability to provide safe staffing levels to run the service no more than one period of extended annual leave will be granted in any one year and repeat periods of extended leave will be allowed during consecutive years at the Divisional Director's discretion.
- 13.6 Staff travelling abroad on extended annual leave must leave contact details with their Specialty Lead/Service Manager. This could be a telephone number, an address or an email address that can be used during the leave (or all three).
- 13.7 The date of return will be agreed in writing between the employee and their Specialty Lead/Service Manager. Failure to return on this date without permission from, or an adequate explanation to their Specialty Lead/Service Manager may be treated as a disciplinary matter and the additional unauthorised leave treated as unpaid absence.

14. CARRYOVER OF LEAVE

- 14.1 Staff are strongly encouraged to use all of their annual leave during the leave year, however staff will be able to carry over up to and including 5 days (pro rata for part time staff) with the authorisation of the Divisional Director/Associate Director of Operations. This must be taken by the end of April except in exceptional circumstances. See Maternity, Adoption, Paternity, Parental and Fertility Treatment Leave Policy and Sickness Absence Policy.
- 14.2 Authorisation to carry over annual leave will be judged on an individual basis but may include the following reasons:
- Planned personal commitments (e.g. extended travel abroad to visit family)
 - Requirement for extended leave
 - Annual leave delayed by sickness
 - The needs of the service have prevented a member of staff from taking their leave.

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- Previous annual leave has been miscalculated resulting in the staff member not taking their full entitlement. In this circumstance a combination of taking the owed annual leave and receiving payment for leave due may occur.

15. BRINGING FORWARD LEAVE FROM THE NEXT YEAR

15.1 In exceptional circumstances and in agreement with the Divisional Director/Associate Director of Operations, an employee may bring forward leave from the next financial year to the current one.

16. BOOKED ANNUAL LEAVE THAT COINCIDES WITH SICK LEAVE

16.1 If an employee becomes sick whilst on annual leave, the sickness should be reported in accordance with the Trust's Sickness Absence procedure. Days of annual leave that are correctly reported and confirmed by a doctor's certificate can be 'given back' to be taken at a later date.

17. DISSEMINATION AND IMPLEMENTATION

17.1 This policy will be available to all staff through publication on the Intranet. Copies can also be requested from the Human Resources Department.

17.2 The Specialty Lead/Service Manager will be responsible for ensuring their staff are made aware of this policy and for ensuring compliance.

18. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

18.1 The policy will be monitored on an ongoing basis and through any grievances received pertaining to this policy.

19. EQUALITY IMPACT ASSESSMENT

19.1 An assessment of this policy has been carried out in accordance with the Trust's Equality Impact Assessment framework, a record of which is held on the Intranet. Appendix 3

20. ARCHIVING ARRANGEMENTS

20.1 This is a Trust-wide document and archiving arrangements are managed by the Quality Department who can be contacted to request master/archived copies.

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21. BIBLIOGRAPHY

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http://bma.org.uk/practical-support-at-work/contracts/leave/consultants-annual_leave

Terms and Conditions of Service – Consultants (England) 2003

Terms and Conditions of Service – Associate Specialists (England) April 2008

Terms and Conditions of Service for Specialty Doctors (England) 2008

Terms and Conditions of Service for NHS Medical and Dental Staff (England) 2002

Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

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APPENDIX 1

**ANNUAL LEAVE ENTITLEMENT CALCULATION METHOD FOR
CONSULTANTS AND SAS DOCTORS**

Calculation Method

| |
|---|
| New contract with LESS than 7 years seniority |
| <p><u>FULL TIME (10PA's +)</u> Number of days (not rounded) x 6 weeks + 2 Stat days = TOTAL Number of annual leave days (rounded up)</p> <p><u>PART TIME (Less than 10 PA's)</u> Number of days (not rounded) x 6.4weeks = TOTAL Number of annual leave days (rounded up)</p> |
| New Contract with 7 years + seniority |
| <p><u>FULL TIME (10PA's +)</u> Number of days (not rounded) x 6.4 weeks + 2 Stat days = TOTAL Number of annual leave days (rounded up)</p> <p><u>PART TIME (Less than 10 PA's)</u> Number of days (not rounded) x 6.8weeks = TOTAL Number of annual leave days (rounded up)</p> |
| OLD contract |
| <p>Full time Number of days (not rounded) x 6 weeks + 2 Stat days = TOTAL Number of annual leave days (rounded up)</p> <p>Part Time Number of days (not rounded) x 6.4 weeks = TOTAL Number of annual leave days (rounded up)</p> |

REQUEST FOR EXTENDED ANNUAL LEAVE (MORE THAN 2 WEEKS)

TO BE COMPLETED BY THE MEMBER OF STAFF

| | | |
|--|-------------------|---------------|
| NAME | | |
| JOB TITLE | | |
| PLACE OF WORK (WARD OR DEPARTMENT) | | |
| REQUESTED DATES OF LEAVE | FROM | TO |
| I WILL BE TRAVELLING TO: | | |
| I WILL RETURN TO WORK ON: | | |
| MY CONTACT DETAILS WILL BE: | TELEPHONE: | EMAIL: |
| | ADDRESS: | |
| <p>I understand that I must return to work on the agreed date and that failure to do so may result in disciplinary action. I understand that if I unexpectedly experience genuine difficulties in returning on the agreed date which are outside my control, I must speak by telephone, email or fax to my manager and make sure that I can be contacted if necessary.</p> | | |
| SIGNED: | DATE: | |

TO BE COMPLETED BY THE SPECIALY LEAD/SERVICE MANAGER

| | |
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| <p>I have examined the staffing levels for my ward/department and leave requested by other staff members and do* / do not* support this application. If granted, this request will* / will* not result in the need for cover</p> | |
| SIGNED: | DATE: |

TO BE COMPLETED BY THE DIVISIONAL DIRECTOR

| | | |
|---|-------------------|--------------|
| EXTENDED LEAVE GRANT*/NOT GRANTED* | SIGNATURE: | DATE: |
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Equality Impact Assessment Summary

Name of Author: Kate Clarke

Policy/Service: Annual Leave Policy for Medical Staff

Background

- Description of the aims of the policy
- Context in which the policy operates

The aim of the policy is:

To provide a framework for managers and staff in relation to the requesting and taking of annual leave.

To ensure that staff are treated fairly and consistently in relation to leave while ensuring service provision.

The policy applies to all staff under Medical and Dental Terms and Conditions. It does not apply to those staff under Agenda for Change NHS Terms and Conditions, for whom separate provisions apply.

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) outlining the data sources and any other information used.
- The consultation that was carried out (who, why and how?)

Consultation has involved the Local Negotiating Committee, Divisional Directors, Associate Directors of Operations and Specialty Leads and members of the HR Department to ensure clarity of procedure and entitlements.

This is the first issue of this policy.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

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