

# Medical Annual Leave

**Division: Trust-Wide**

**Document No (if Trust-Wide): PEO-50**

Specific staff groups to whom this policy <u>directly</u> applies	Likely frequency of use	Other staff who may need to be familiar with policy
All grades of Medical Staff	Regular	Divisional Management Teams, Specialty Leads, People Partners.

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<b>Version:</b>	Version 2
<b>KEYWORDS:</b>	Roster Rota Co-ordinators Leave Entitlements
<b>Summary of changes since the previous version</b>	Removal of calculation of leave in DCC except for those areas where this is embedded. These areas will need to be converted to hours for eRostering purposes i.e., 1 DCC = 4 hours.

## 1. Executive summary

- 1.1. Taking time off work is an important part of managing your work-life balance and supporting your wellbeing - we encourage all colleagues to take their full entitlement of leave. This policy also signposts medical staff on where they can access information on what other types of leave are available to help you in specific circumstances.
- 1.2. This policy gives medical staff and managers the tools to manage annual and bank holiday leave effectively.
- 1.3. The Trust fully supports its obligations under the law relating to Equality, Discrimination, Health and Safety and Unfair Dismissal and any other relevant legislation, as well as nationally agreed NHS terms and conditions. The Trust also follows best practices as recommended by ACAS.

## Contents

1. Executive summary .....	2
2. Purpose of the policy .....	3
3. Scope of the Policy .....	3
4. Definition of terms .....	3
5. Roles and responsibilities .....	4
6. Cross-cover arrangements.....	4
7. Annual Leave Entitlements .....	4
8. Consultants (In line with T&Cs - Consultants 2003): .....	5
9. SAS Doctors (In line with T&Cs – Specialty Doctors 2021):.....	5
10. Postgraduate Doctors and Trust Clinical Fellows (In line with T&Cs – Doctors in Training 2016):	5
11. Reckonable Service.....	5
12. Public Holidays.....	5
13. Leave Year .....	6
14. Annual leave calculation.....	6
15. Complicated rotas and on-call arrangements .....	6
16. Carryover of annual leave. ....	7
17. Sick Leave.....	7
18. Monitoring effectiveness.....	8
19. Associated policies/documents .....	9
20. References .....	9

## 2. Purpose of the policy

- 2.1. This policy outlines the types of leave available to you and assists Specialty Leads and General Managers with ensuring that safe staffing levels can be maintained without recourse to the use of locum/agency cover or extra non-contractual payments.

## 3. Scope of the Policy

- 3.1. This policy applies to the following groups of medical and dental staff:
- 3.2. Consultants
- 3.3. Specialists
- 3.4. Associate Specialists
- 3.5. Specialty Doctors – including 2008 and 2021 posts.
- 3.6. Postgraduate Doctors
- 3.7. Locally appointed doctors
- 3.8. Where local terms and conditions differ, this has been highlighted in the policy.

## 4. Definition of terms

- 4.1. The following definitions apply:
  - 4.1.1. Annual Leave: A period of paid absence as detailed in your contract of employment.
  - 4.1.2. Bank Holiday Leave: Normally an additional 8 days of leave (pro-rata) per year as detailed in your contract of employment.
  - 4.1.3. Other Leave: Includes paid and unpaid time off for dealing with emergencies, bereavement, civic and public duties, armed forces Reservist's duties, and parental leave.
  - 4.1.4. Unpaid Leave: Short-term or employment break.
  - 4.1.5. Sick Leave: Management of short- and long-term sick leave.
  - 4.1.6. Study Leave Policy and process for study and professional leave for medical staff.
- 4.2. Other information that may be useful can be found on LINK:
  - 4.2.1. Sickness Policy – Supporting Positive Attendance Policy
  - 4.2.2. Leave and Time Off Policy
  - 4.2.3. Leave and time off FAQs.
  - 4.2.4. Shared Parental Leave Policy
  - 4.2.5. Maternity and Paternity Policies
  - 4.2.6. Medical Extra-Contractual Payments Policy
  - 4.2.7. Medical Study and Professional Leave Policy
  - 4.2.8. Annual leave calculator
- 4.3. The policy should be read in conjunction with:
  - 4.3.1. Terms and Conditions of Service Medical and Dental Staff (England) 2002
  - 4.3.2. Terms and Conditions – Consultants (England) 2003
  - 4.3.3. Terms and Conditions of Service – Specialty Doctor (England) April 2008
  - 4.3.4. Specialty-Doctor-terms-and-conditions-June-2022.pdf (nhsemployers.org)
  - 4.3.5. Terms and Conditions of Service – Associate Specialist (England) April 2008
  - 4.3.6. Terms and conditions of service – Junior Doctors in Training 2016
  - 4.3.7. Other local terms and conditions affect doctors employed by NBT.

## 5. Roles and responsibilities

- 5.1. Employee: The doctor is responsible for reviewing and understanding the application of this policy. They should consider the provision of service needs when requesting annual leave.
- 5.2. Divisional Management Teams (CDs, DoDs, People Partners): Are responsible for ensuring that this policy is consistently applied throughout the Division.
- 5.3. Specialty Leads and General Managers: Are responsible for ensuring local departmental procedures are clear and that the core business of the specialty will not be affected by leave. They will ensure that work is appropriately profiled around leave if approved to maintain safe staffing levels. They will ensure that an appropriate Rota Coordinator (non-medical) to manage all leave requests under their guidance and supervision. Local procedures should include:
  - 5.4. How to request leave – through eRostering where implemented.
  - 5.5. How key dates are managed i.e., school and Christmas holidays.
  - 5.6. The minimum number of doctors required to maintain safe staffing levels.

## 6. Cross-cover arrangements

- 6.1. Rota Co-Ordinator: Will ensure that leave is appropriately recorded on the eRoster, where implemented, and that those rosters are published at least 6 weeks in advance. Where eRostering is not yet implemented Rota Coordinators will keep accurate, up-to-date, and auditable, records of leave entitlements, leave booked and then taken.

## 7. Annual Leave Entitlements

- 7.1. The annual leave entitlement for doctors is detailed in the tables below. This entitlement includes the two statutory days previously available under earlier TCS.
- 7.2. Where a doctor's contract or placement is for less than 12 months, the leave entitlement is pro rata to the length of the contract or placement.
- 7.3. A doctor working less than full-time will be allocated leave on a pro-rata basis.

## 8. Consultants (In line with T&Cs - Consultants 2003):

Year	Number of years of completed service as a consultant	
	Up to seven years	Seven or more years
Until 31 March 2004	Six weeks + 2 statutory days + 8 BH <b>(40 days)</b>	Six weeks + 2 statutory days + 8 BH <b>(40 days)</b>
1 April 2004 – 31 March 2005	Six weeks + 2 statutory days + 8 BH <b>(40 days)</b>	Six weeks + 2 statutory days + 1 day + 8 BH <b>(41 days)</b>
From 1 April 2005	Six weeks + 2 statutory days + 8 BH <b>(40 days)</b>	Six weeks + 2 statutory days + 2 days + 8 BH <b>(42 days)</b>

## 9. SAS Doctors (In line with T&Cs – Specialty Doctors 2021):

Year	Leave Entitlement
First appointed	five weeks + 2 statutory days + 2 days + 8 BH <b>(37 days)</b>
Minimum of two years of service	Six weeks + 2 statutory days (+ 2 days for doctors on 6 weeks in their previous role) + 8 BH <b>(40 days or 42 days)</b>
Minimum of seven years of service	Six weeks + 2 statutory days + 3 days + 8 BH <b>(43 days)</b>

## 10. Postgraduate Doctors and Trust Clinical Fellows (In line with T&Cs – Doctors in Training 2016):

Length of Service	Leave Entitlement
On the first appointment to the NHS	27 Days + 8 BH <b>(36 days)</b>
After 5 years of NHS service	32 Days + 8 BH <b>(40 days)</b>

## 11. Reckonable Service

11.1. This refers to entitlements for long service for an employee's service within the NHS or determining entitlements to annual leave. Reckonable service will be considered when calculating leave entitlements.

## 12. Public Holidays

12.1. All Medical staff are entitled to 8 Bank Holidays per year and any additional that may be mandated each year.

12.2. If not rostered to be on duty on one of these days, then this is taken as the designated Bank Holiday. If a duty is rostered for these days, i.e., on-call duty of shift, then the individual will be entitled to a day in place of each day rostered.

12.3. In addition, a doctor who in the course of their duties was required to be present in a hospital or other place of work between the hours of midnight and 9 am on statutory or public holidays should receive a day off in lieu (2003 T&Cs Schedule 18, para 5). This includes a doctor being on-call from home and not called into work. In any event, only one lieu day will be granted.

- 12.4. There are 8 Bank Holidays (in a standard year), if you are required to work a bank holiday or be on-call on that holiday you will be entitled to lieu. In any event, you are entitled to 8 bank holidays.

### 13. Leave Year

- 13.1. The annual leave for Consultant and SAS doctors will align with non-medical staff from 1st April to 31st March each year. It is recognised that there may need to be a transition period for those whose current leave year does not currently fit into this window. This transition period will end no later than the 31st of March 2025.
- 13.2. Annual leave for Postgraduate Doctors and Clinical Fellows will run from the date of their appointment to the Trust. Leave should be taken proportionally over any rotational placements that are in place. Leave may in exceptional circumstances be carried forward into the next rotational placement, but this needs to be agreed in advance with the Specialty. Any disputes regarding the carry forward of leave must be raised with Medical Staffing or the Guardian of Safe Working.

### 14. Annual leave calculation

- 14.1. Staff annual leave entitlements must reflect their normal working week and will be recorded in hours or PAs.
- 14.2. It is accepted that senior medical staff may not work a standard working week and may work a roster based on an annualised job plan. The calculation in hours can support annualised working and will be based upon the 1 programmed activity = 4 hours or 3 hours if work is scheduled in premium time.
- 14.3. Please access the Annual Leave Calculator in LINK. NB for those working LTFT or a non-standard Mon-Fri / 10 PA contract, leave should be calculated in hours. Manual adjustment will need to be made to pro-rata if a fixed-term contract is less than 12 months.
- 14.4. Leave must be taken proportionally across the job plan to achieve a proportionate DCC/SPA split. At the end of the leave year, the proportion of DCC and SPA in annual leave taken should reflect the job plan. It is recognised that there will be occasions where staff may request individual days for specific reasons. This is possible providing these are not regular and recurrent individual days or that coincide with the same DCC.

### 15. Complicated rotas and on-call arrangements

- 15.1. It is recognised that some specialties may have particularly complicated rotas and on-call arrangements in operation and therefore may require additional local departmental annual leave guidance which would be agreed upon at the team job planning meeting annually and well documented by the Specialty Lead and General Manager and agreed with the relevant Clinical Director.
- 15.2. Approval and booking of leave.
- 15.3. The Trust requires a minimum of 6 weeks' notice to approve leave; exceptions may be considered but will be dependent on the ability to cover service commitments. Usually, a response will be provided within two weeks of the request being submitted to the Specialty Lead

- / General Manager. Applications with less than the contractual 6 weeks' notice will usually not be approved if this would lead to cancellation of clinical activity.
- 15.4. Some doctors prefer to book leave as far ahead as possible. Usually, leave requests should be made no more than 12 months in advance. During popular leave periods, services are expected to balance the interests of doctors within the team to ensure fairness.
- 15.5. Postgraduate Doctors shall give a minimum of 6 weeks' notice for requesting leave, exceptions may be considered but will be dependent on the ability to cover service commitments. It is recommended that they provide as much notice as possible of any impending leave requests, and if possible, before starting their rotation in a specialty. In line with their contractual terms, leave for life-changing events such as the doctor's wedding should always be approved where the minimum contractual notice is given. Approval of leave should not be assumed until it has been confirmed by the Specialty Leave / Rota coordinator.
- 15.6. The Specialty Lead is responsible for always maintaining safe levels of staffing. They need to clearly define the skills and number of staff who can be absent at any one time to maintain patient services, without recourse to agency doctors to provide this cover. Each specialty will take responsibility for making sure that subspecialty activity is also maintained.
- 15.7. The Specialty Lead and General Manager will ensure that all staff are made aware of the annual leave booking procedure within the department. This will be communicated to all medical staff at local induction.
- 15.8. Leave should not be presumed to have been approved until this has been confirmed by the Specialty Lead / Rota Coordinator. However, a response should be provided within 2 weeks of the request being made.

## **16. Carryover of annual leave.**

- 16.1. Carrying over leave between leave years can be up to a maximum of one typical working week i.e., a standard working week would be 5 days (pro rata for part-time staff) which will be added to the following year's entitlement.
- 16.2. Where a member of staff has been on long-term sick and has accrued annual leave entitlement, management of this is covered in the Trust sickness absence policy.
- 16.3. Leave for Postgraduate Doctors should be apportioned and taken equitably across rotational specialties. Doctors must make all reasonable efforts to ensure that the leave is taken within the Specialty where it is accrued. Where it has not been possible to take leave within the rotation due to evidenced service restraint, the doctor will be able to carry forward this leave into the next rotation. Untaken leave at the end of the leave year or on leaving the Trust will only be paid in line with the 2016 Terms and Conditions of Service.

## **17. Sick Leave**

- 17.1. The Clinical Lead and General Manager are expected to ensure robust reporting processes are in place for all medical staff including Clinical Fellows and Postgraduate Doctors. All absences must be recorded on Allocate for reporting purposes and to align with the Sickness - Supporting Positive Attendance - LINK ([nbt.nhs.uk](http://nbt.nhs.uk)) policy.



## 18. Monitoring effectiveness

- 18.1. The below table details the monitoring procedures so that NBT can be assured that compliance with a policy is being met. It identifies both the processes for monitoring compliance and the actions to be taken where deficiencies and non-compliance are identified. This table must be completed in all policies.
- 18.2. This section describes how the implementation of the policy will be monitored. Audit activity should form part of all policy monitoring; therefore, an audit tool/checklist must be appended (or reference made to a national audit the Trust participates in regularly). The below table should be populated with the key areas currently being monitored in addition to any monitoring criteria as required by regulators such as the CQC. This table can be extended as required.

What will be monitored?	Monitoring/ Audit method	Monitoring responsibility (individual/group/ committee)	Frequency of monitoring	Reporting arrangements (committee/group the monitoring results are presented to)	How will actions be taken to ensure improvements and learning where the monitoring has identified deficiencies?
Ensuring medical staff take their allocated leave.	Specialty leads/General Managers and HRBPs will review leave records and compare them against entitlements and policy requirements.	Specialty leads/General Managers and HRBPs.	Specialty Leads/General Managers will conduct quarterly reviews of leave records and compliance checks.	Reviews and compliance checks will be reported to the HRBPs.	Where deficiencies are identified, specific action plans will be developed by the Specialty Leads/General Managers and HRBPs in collaboration with Clinical Directors and Medical HR.
Checking that leave requests are properly submitted and approved according to policy.					
Assessing if annual leave is managed in a way that does not negatively impact patient care and service delivery.					



## 19. Associated policies/documents

- 19.1. Sickness Policy – Supporting Positive Attendance Policy
- 19.2. Leave and Time Off Policy
- 19.3. Shared Parental Leave Policy
- 19.4. Maternity and Paternity Policies
- 19.5. Medical Extra-Contractual Payments Policy
- 19.6. Terms and Conditions of Service Medical and Dental Staff (England) 2002
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- 19.10. Terms and Conditions of Service – Associate Specialist (England) April 2008
- 19.11. Terms and conditions of service – Junior Doctors in Training 2016
- 19.12. Other local terms and conditions affect doctors employed by NBT.

## 20. References

- 20.1. See the associated policies/documents and links above.