

## **Annual Leave Guidance for Medical Staff**

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## Aim & Purpose

The aim of this guidance is to provide a consistent efficient and equitable approach to the calculation, management and application of leave for all Medical and Dental staff employed at the Trust allowing due choice in the selection of leave, together with the effective utilisation of resources, ensuring clinical safety at all times.

The Trust recognises that annual leave is an important part of a practitioners work-life balance and is committed to ensuring they are able to take their contractual annual leave in full during the relevant leave period. Good management of annual leave by the practitioner and the manager is essential to the health and safety of the practitioner and Patients.

This guidance document is to be used in conjunction with the Annual Leave Procedure for Medical staff.

## Annual Leave on Joining the Trust

All new practitioners will be entitled to annual leave plus bank holidays in the year of joining the Trust, on a pro-rata basis. Entitlement in the first year is dependent on the number of completed months worked. However, if an individual commences during the first week of a new month and has only been given the option of commencing on the Trust orientation day, they will receive annual leave entitlement for the full month.

## Annual Leave Entitlements

Following the completion of the job planning round the Medical Workforce department will confirm the annual leave entitlement for each clinician with a summary being sent to the Head of Service/Service Director. The practitioner is responsible for checking their entitlement and any queries should be raised as soon as possible.

## Annual Leave Planning

It cannot be emphasised enough, how important it is to plan leave carefully to ensure practitioners have regular rest. These roles can be very stressful and it is important to maintain health and well-being, ensuring annual leave is planned well in advance. It is recommended it is spread across the leave year. An example of a uniform spread is given below but this may be varied across the leave year according to individual circumstances.

Time through the leave year	Annual leave to be taken
By six months into the leave year (50%)	40%
By nine months through the leave year (75%)	75%
By the end of the leave year (100%)	100%

All annual leave must be taken within the leave year, any annual leave not taken within the relevant leave year may not be routinely carried over into the subsequent year. However, subject to the exigencies of the service, up to 5 days annual leave may be carried over this will be pro-rata for part-time staff. The application form can be found in appendix 1 of the [Annual Leave Procedure for Medical Staff](#). The practitioner would be expected to use that leave in the first three months of the next leave year.

*In 2020 there were exceptional circumstances due to a Covid-19 pandemic, which resulted in national guidance from the Government that annual leave (up to 4 weeks) not taken in the annual leave year may be carried over to the following two annual leave years, Requests to carry leave over must be made as detailed above to the Clinical Chair. See Addendum for further information.*

Subject to suitable alternative arrangements having been made, Consultants may take up to two days of their annual leave without seeking formal permission provided that they give notification beforehand and they make arrangements for clinical activity to be covered.

### **Proportional Effect of Taking Leave**

Annual leave periods should reflect the proportion of direct clinical care (DCC), supporting professional activities (SPA) or other commitments within the practitioners job plan. Particular care should be taken when leave is taken in single days to ensure that there is not a disproportionate effect on any one activity e.g. infrequent clinics, theatre lists or meetings.

### **Complicated rotas and on call arrangements**

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 at the team job planning meeting annually and well documented by the Head of Service/Service Director and agreed with the relevant Clinical Chair/Divisional General Manager.

### **Changes of Leave Entitlement**

Where entitlements change part way through a month the employee should not lose out significantly. In this respect the entitlement for the month where the change occurs will be based on how much of the month is left after the date of change. If more days of the month fall before the change of entitlement, that month will be counted as a full month at the lower rate of entitlement.

## Bank Holidays

If a practitioner is rostered to work on the bank holiday they will receive a day in lieu. For this purpose, work is defined as necessary attendance at the hospital for clinical reasons, and/or a formal on call commitment of 8 hours or more where the practitioner is called in to attend the hospital or receives multiple/significant disruptions with phone calls.

Examples are given below:

<b>Public Holidays - worked on site</b>	<b>Time in lieu given</b>
If work one shift e.g. 8am until 5pm	1 lieu day given
If work one shift that spans 2 public holidays e.g. 9pm until 9am	2 lieu days given
If two public holidays fall together i.e. Christmas day and Boxing day and one shift is worked on each of those days e.g. 8am until 5pm Christmas day and 8am until 5pm on boxing day.	2 lieu days are given.
If public holidays fall on a weekend and are re-designated to the Monday or Monday and Tuesday (this only happens with Christmas day, Boxing day and New Years Day)	Lieu days will be given for working either Christmas day, Boxing day or New Year's day or the re-designated public holiday but not both. 2 lieu days given in total.
<b>Public Holidays - Formal On-call Commitment</b>	<b>Time given in lieu</b>
On-call from home midnight to 9am on the bank holiday and called in to attend the hospital or receives multiple/significant disruptions.	1 lieu day given.
On-call from home midnight to 9am on the bank holiday but not called in to attend the hospital and receives no disruption	No lieu day given.
Daytime (8 hours or more commitment) and called in to attend the hospital	1 lieu day given.
Daytime (8 hours or more commitment) and not called in to attend the hospital	1 lieu day given.

Time in lieu earned from working a bank holiday must be used within nine months of being received.

Where a practitioner works a full-time compressed week and they do not work on a Monday then they would be entitled to a lieu day if they worked four days that week subject to having delivered the required job planned activity.

## Cover Arrangements

Practitioners are responsible for ensuring that there are adequate arrangements to cover emergency duties in their absence. This includes the handing over of seriously ill patients or those who have undergone surgery whose changing condition may require clinical intervention.

For those areas providing prospective cover for annual leave, this may require practitioners to swap their on-call duties with those of colleagues when they wish to take annual leave.

All Heads of Service/Service Directors will review rosters at six, four, two and one week ahead of the roster being implemented to ensure that there is coverage and any requirements for locums are known and booked well in advance.

### **Departmental Guidance**

Each department will have written guidance stating how many practitioners of each grade can be on annual leave at any one time. This will be discussed at the team job plan on an annual basis.

### **Lieu time**

Where clinicians have done additional work and elected to have time line in lieu rather than payment for this work, this needs to be managed by the Head of Service/Service Director and the time earned included on the EOL system. Lieu time that has been accumulated must be taken as soon as is reasonably practical and within nine months of earning the time, unless there are exceptional circumstances such as maternity leave or long-term sickness. Any lieu time would be booked following the same process as booking annual leave. It is advised that lieu time is booked before using annual leave allocation.

### **Failure to return from annual leave**

In exceptional circumstances members of staff may be unable to return from leave on the date agreed. In such circumstances, the member of staff is expected to contact their Head of Service/Service Director as soon as possible to discuss the situation. Depending on the circumstances (flight delay, natural disaster, illness etc) and the expected length of additional absence, they may be required to take additional leave from their paid holiday entitlement, unpaid leave or time in lieu.

Where a practitioner does not return from leave on the date agreed and has not made contact with their Head of Service/ Service Director to discuss this, the absence will be treated as unauthorised.

### **Popular Periods of Leave**

The Trust recognises that all staff will require annual leave and that certain periods of time will be more popular than others e.g. school holidays, Christmas and Bank Holiday weeks. It is imperative that fair treatment and the opportunity to have these popular periods of time is equal to all.

### **Calculating/Booking Leave**

Annual leave is calculated in days. Unless a practitioner works less than 10 programmed activities/40 hours in which case it can be calculated in hours.

The working year is taken as 42 working weeks to account for annual and study leave, statutory days and bank holidays. It will be slightly less for those who have additional leave related to their date of appointment/length of service.

Where a doctor works five days and they take one week's leave they must book 5 days leave.

Where it has been agreed that a doctor works a condensed week. i.e. 4 long days and has the fifth day as a non-working day. The annual leave for the year would be calculated on the basis of a 4 day working week.

**Example 1** A practitioner has a 10 PA job plan, and has worked as a consultant for 7 years, the job plan indicates 4 days of work each week, the annual leave entitlement is 28 days (4/5 of 34). The non-working day is not included when annual leave requests are made.

Where it has been agreed that a doctor works 3 days per week and has the fourth and fifth day as non-working days, the annual leave for the year would be calculated on the basis of a 3 day working week.

**Example 2** A practitioner has a 10 PA job plan and has worked as a consultant for 7 years, the job plan indicates 3 long days of work each week the annual leave entitlement is 21 days (3/5 of 34). The non-working days are not included when annual leave requests are made.

**Example 3** A practitioner has a 12 PA job plan, and has worked as a consultant for 7 years, the job plan indicates 4 long days of work each week the annual leave entitlement is 28 days (4/5 of 34). The non-working day is not included when annual leave requests are made. The non-working day is not included when annual leave requests are made.

**Example 4** Where a practitioner works five days on a 10 PA job plan and has one day that has no fixed clinical commitments and the practitioner does CPD and SPA, where the practitioner decides to take annual leave during that day and is therefore not available for work they are required to book annual leave. **All non DCC activity must be booked when taking leave.**

This means that if a practitioner wishes to go on holiday from Monday to Wednesday and is therefore not available for work on the Wednesday, they are required to book three days leave which includes the Wednesday. It is important to note that should they not book leave on the Wednesday, and it is later proven that they have failed to book the appropriate amount of leave, this could be constituted as fraud and an investigation undertaken.

Similarly, a practitioner with a 12 PA job plan, who has a four week, five day working pattern is going on holiday for two weeks. On the weeks when the practitioner is planning to take leave, they have no fixed clinical commitments on the Monday of the first week or the Friday of their second week. They fly to Bali on Monday of week 1 and don't return until the Sunday of week 2. They are required to book 10 days annual leave as they are not available to work during that time, **annual leave must be booked for both clinical and non-clinical days.**

**Sickness during Annual Leave**

If a practitioner has annual leave booked during a period of absence due to ill health, if the practitioner proceeds to go on leave i.e. on holiday, the annual leave will continue to be deducted from their annual leave allowance.

Practitioners must seek authorisation from their Head of Service/Service Director if they are to go on leave i.e. on holiday when absent due to ill health.

Practitioners whose sickness begins whilst they are on a period of planned annual leave should report their sickness to their Head of Service/Service Director on the first day of sickness absence.

If the practitioner does not proceed to go on leave i.e. on holiday, they must be covered by a medical fit note which should be submitted to the line manager within 7 calendar days, in order to receive any annual leave entitlement back.

**Entitlement on leaving the Trust**

Staff who leave the Trust will receive 1/12<sup>th</sup> of their annual leave entitlement for each completed calendar month worked in the current leave year, less any annual leave taken, plus the benefit of any outstanding Bank Holiday hours for bank holidays that have been worked during the year.

## **Addendum: Annual Leave during the Coronavirus (COVID-19 outbreak)**

### **The Carry-Over of Annual Leave for Consultants, Associates Specialists and Specialty Doctors following COVID-19**

A number of Medical Staff have been working additional hours to support the service and it is vitally important that they have enough rest in order to maintain their physical and mental wellbeing.

Where practitioners have been unable to use their full entitlement of annual leave because of the COVID-19 pandemic, there has been an acceptance that there is a need for some flexibility and therefore new temporary statutory rules have been introduced by the government to deal with COVID-19 pressures which mean that practitioners unable to take their annual leave entitlement due to COVID-19 can carry-over up to 20 days (pro-rata for part-time staff) of annual leave over a two year period<sup>1</sup>.

Practitioners should discuss any outstanding leave with their Head of Service/Service Director as soon as possible. Efforts should be made to accommodate leave within the annual leave year but where this has not been practical then the outstanding leave within the criteria above will be carried over to the next leave year. Documentation of the carry-over will be detailed and signed by the practitioner and Head of Service/Service Director using the carry-over of leave form (found within the [Annual Leave Procedure for Medical Staff](#))

As leave years are individual for each practitioner and this arrangement will be available for a two year period an example is described below. After the two years, the maximum authorised carry-over of annual leave will revert back to 5 days as described in the Terms and Conditions of Service and will require prior approval from the Head of Service/Service Director.

In the event of termination of employment, including due to retirement, the practitioner remains entitled to leave in respect of any previous leave year which is carried forward and SFHT will arrange for the practitioner to take that outstanding leave prior to leaving the Trust, where that is not possible, a payment in lieu of leave equal to the sum due for the period of untaken leave will be made to the practitioner.

#### **Example A**

Dr Smiths leave year is from 1<sup>st</sup> June 2019 until 31<sup>st</sup> May 2020 and her leave entitlement is 34 days. She has requested to carry 12 days as she has been unable to take her leave due to COVID19 which has been agreed by her Head of Service. Therefore her entitlement for the year 1<sup>st</sup> June 2020 until 31<sup>st</sup> May 2021, (year 1 of carry-over) is 46 days.

Dr Smith does expect to be able to take most of the additional leave this year, however she is concerned that due to the leave parameters for the specialty she may need to carry 6 days over to her leave year commencing on 1<sup>st</sup> June 2021 until 31<sup>st</sup> May 2022 (year 2 of carry-over) She has had some initial discussions with her Head of Service who has agreed to the carry-over of leave but has advised her that he would expect her to take the remainder of the leave that has been carried over in this leave year. See table below.



Year	Leave Entitlement	Carry-over of Leave	Comments
<b>Current Leave Year</b> 1.6.19 to 31.5.20	34 days	12 days	A request has been made by Dr Smith to the Head of Service for 12 days leave to be carried over as she was unable to take all of her leave due to COVID 19. This request was approved
<b>Leave Year 1</b> 1.6.20 to 31.5.21	34 days + 12 days carried over Therefore a total of 46 days leave	12 days	A further request was made to the Head of Service to carry-over 12 days leave as Dr Smith had not been able to take all of her leave due to service requirements during this year.
<b>Leave Year 2</b> 1.6.21 to 31.5.22	34 days + 6 days carried over, therefore total of 40 days leave		Revert to normal terms and conditions of service regarding the carryover of annual leave

### Example B

Dr Blue has a leave year running from April 1<sup>st</sup> to March 31<sup>st</sup>. Due to COVID-19 he has been unable to use all of his leave during the year April 1<sup>st</sup> 2020 to March 31<sup>st</sup> 2021. He therefore carries over 20 days into the annual leave year April 1<sup>st</sup> 2021 to March 31<sup>st</sup> 2022 (year 1 of carry-over). However, due to the exigencies of the service he is unable to use any of this 20 days carried over leave during the annual leave year April 1<sup>st</sup> 2021 to March 31<sup>st</sup> 2022 so carries the additional 20 days over into the leave year April 1<sup>st</sup> 2022 to March 31<sup>st</sup> 2023 (year 2 of carry-over). See table below.

Year	Leave Entitlement	Carry-over of Leave	Comments
<b>Current Leave Year</b> 1.4.20 to 31.3.21	34 days	20 days	A request has been made by Dr Blue to the Head of Service for 20 days leave to be carried over as he was unable to take all of his leave due to COVID 19. This request was approved
<b>Leave Year 1</b> 1.4.21 to 31.3.22	34 days + 20 days carried over Therefore a total of 54 days leave	20 days	A further request was made to the Head of Service to carry-over 20 days leave as Dr Blue had not been able to take all of his leave due to service requirements during this year.
<b>Leave Year 2</b> 1.4.22 to 31.3.23	34 days + 20 days carried over, therefore total of 54 days leave		Revert to normal terms and conditions of service regarding the carryover of annual leave

### References

The Working Time (Coronavirus) (Amendment) Regulations 2020

<http://www.legislation.gov.uk/ukxi/2020/365/contents/made>

