

# SENIOR MEDICAL STAFF ANNUAL LEAVE UHL POLICY

<b>Approved By:</b>	<b>Policy and Guidelines Committee</b>
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<b>Name of Responsible Committee/Individual:</b>	<b>Human Resources and Local Negotiating Committee</b>
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### **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

The Senior Medical Staff Annual Leave Policy was reviewed during December 2015-February 2016 and has been agreed with the Trust's Local Negotiating Committee.

The principal amendments were:

- Clarifying that 'senior medical staff' are all medical staff not intraining grades;
- Clarifying that the annual leave booking and approval arrangements apply to clinical academic staff holding honorary appointments with the Trust; and
- Providing new guidance about arrangements for the carry-over of annual leave due to sickness absence.

### **KEY WORDS**

Annual leave, Holidays, Medical Staff, Entitlements, 'Carry-over'

### **SUMMARY**

This document sets out the University Hospitals of Leicester NHS Trust's policy and procedure for senior medical staff annual leave.

## **1 INTRODUCTION**

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1.1 This policy has been formulated in line with the national Terms and Conditions of Service for Consultant and Specialty Doctors and Associate Specialist Medical & Dental staff and provides guidance on annual leave booking requirement for senior medical staff.

## **2 POLICY AIMS**

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2.1 This Policy has two main aims:

- to provide guidance on annual leave entitlements for senior medical staff; and
- to provide guidance on the procedures for requesting and approving senior medical staff annual leave.

## **3 POLICY SCOPE**

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3.1 This policy applies to all senior medical and dental staff who work for the Trust, including (in relation to section 6.2 'Approval of Leave') clinical academic staff holding honorary appointments with the Trust.

3.2 This policy does **not** apply to medical and dental staff in training grades.

## **4 DEFINITIONS**

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The following definitions apply to terms used within this document:-

- 4.1 Local Negotiating Committee (LNC) – is the collective consultation and negotiation committee for corporate-level meetings between Management and Medical and Dental representatives.
- 4.2 'Extra-statutory days' – refers to (normally two) holidays in addition to annual leave entitlements, which can be designated as holidays by the employer. They were a feature of the old 'Whitley' terms and conditions and no longer exist under 'Agenda For Change' (AfC), but AfC does not apply to Medical and Dental staff.
- 4.3 'Tracker 2' – is the system used by most CMGs for requesting and recording annual and study leave requests. The exception are ITAPS (which uses 'CLWRota') and ED, which plans all leave well in advance.

## **5 ROLES AND RESPONSIBILITIES**

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### **5.1 Director of Workforce and Organisational Development**

- 5.1.1 To ensure the development and implementation of appropriate guidance on the provision and use of annual leave.
- 5.1.2 To ensure that any changes to terms and conditions and legal implications are reflected in the policy.

## 5.2 Heads of Service /CMG Clinical Directors.

- 5.2.1 Are responsible for implementing this policy and ensuring that all relevant staff are aware of the policy and adhere to its requirements.
- 5.2.2 For providing such departmental protocols on requesting, booking and taking annual leave as may be required, in line with this policy and procedure.
- 5.2.3 For nominating a person (or persons) to act as the Clinical Management Group (CMG) Medical Staff leave co-ordinator.
- 5.2.4 To ensure all leave is appropriately recorded and requests are dealt with in a timely way.
- 5.2.5 To provide sufficient opportunities for staff to be able to take their entire annual leave provision within the current annual leave year.
- 5.2.6 Be responsible for identifying leave entitlement and any amendments due to change of contracted hours, reckonable service, etc.
- 5.2.7 To consider requests for carry-over of annual leave fairly and equitably.

## 5.3 Senior Medical Staff

To comply with departmental protocols for requesting, booking and recording annual leave.

## 6 POLICY STATEMENT

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### 6.1 Entitlement

- 6.1.1 The annual leave year runs from the anniversary date of the doctor's appointment (unless it is adjusted to a common start date in force in that employment).
- 6.1.2 Entitlements to paid annual leave and paid public and extra-statutory holidays in a full annual leave year are determined by national Terms and Conditions of Service, but for ease of reference the majority provisions are as follows:-

### Consultants ('New' Contract)

Number of years of completed service as a Consultant	
Up to seven years	Six weeks plus 2 extra-statutory days (total 32 days) A/L plus 8 public holidays
Seven or more years	Six weeks and two days plus 2 extra-statutory days (total 34 days) A/L plus 8 public holidays

## Specialty Doctors

Doctors who have completed a minimum of two years' service in the specialty doctor grade and/or in equivalent grades or who had an entitlement to six weeks' annual leave a year or more in their immediately previous appointments	Six weeks plus 2 extra-statutory days (total 32 days) A/L plus 8 public holidays
Doctors other than those specified above	Five weeks plus 2 extra-statutory days (total 27 days) A/L plus 8 public holidays

## Associate Specialist Doctors

	Six weeks plus 2 extra-statutory days (total 32 days) A/L plus 8 public holidays
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## Trust Grade Doctors

	<i>As advised in the Employment Contract, in line with the equivalent national grade.</i>
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*Note - The Annual leave above is based on a 5 day working week, i.e. Monday to Sunday counts as 5 days annual leave.*

- 6.1.3 The annual leave entitlements for any medical staff still employed on the pre 2003 Consultant contracts or in the 'closed' career grades of Staff Grade, Associate Specialist (2008), Associate Specialist (Pre-2008), Clinical Medical Officer, Hospital Practitioner and Clinical Assistant are as per the Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002.
- 6.1.4 Annual leave of more than two weeks duration must be discussed and agreed, in the first instance, with the Head of Service for the specialty. Such agreement should not unreasonably be denied.
- 6.1.5 Less than full time staff will receive a pro rata entitlement equivalent, including public and additional extra-statutory holidays (2 days), pro rata to a full-time equivalent of 10PA's/40 hours per week.
- 6.1.6 In addition, staff who in the course of their duty are required to be present in hospital or other place of work between the hours of midnight and 8 am on statutory or public holidays shall receive a day off in lieu.

## 6.2 Approval of leave

- 6.2.1 The intention to take any leave must be notified to the CMG Medical Staff leave co-ordinator (or equivalent, as nominated by the Head of Service) in line with the CMG annual leave booking requirements. This must confirm any prospective cover arrangements which will apply. The application should also highlight any other cover that will be required, for the service to make appropriate cover arrangements before approving the leave request.

- 6.2.2 The Head of Operations/Clinical Director (or designated clinical manager as appropriate) must approve and sign all leave requests and this must be done within a reasonable period, especially where the staff member has given the correct notice period.
- 6.2.3 All leave must be applied for using the approved system in place in the CMG at the time (this will usually be an electronic system such as Tracker2)
- 6.2.4 It is encouraged to give the maximum amount of notice possible when booking leave to enable forward planning of clinical commitments. A minimum of **six** weeks' notice must be given for all classes of leave, where any cancellations of clinical commitments are necessary. The notice period is measured from when the application is actually submitted. Leave with a shorter period will not be unreasonably refused where the agreed service/cover requirements are met.
- 6.2.5 It is the responsibility of the leave applicant to ensure that the process of submission has been fully completed, in conjunction with the Head of Service/CMG Clinical Director.
- 6.2.6 CMG administrative staff will be instructed not to cancel any fixed clinical commitments with less than **six** weeks' notice without instructions from the CMG Clinical Director or designated representative.
- 6.2.7 If, in exceptional circumstances, leave needs to be booked at less than six weeks' notice, permission must be sought from the relevant CMG Clinical Director or designated representative. Provided there is a reasonable and acceptable explanation as to why a shorter notice period had to be given, the CMG Clinical Director will not unreasonably refuse such requests.
- 6.2.8 Half days involving direct clinical care only will require special approval, highlighting what the staff member will be doing for the NHS or other approved body in the other part of the same day or week.
- 6.2.9 Annual leave should be balanced across the working week where possible to ensure that no one clinical commitment is affected more than others.
- 6.3 Carry Over of Annual Leave**
- 6.3.1 Senior medical staff may carry over five days (one week) of unused annual leave.
- 6.3.2 Less than full time staff may also only carry over one week of annual leave pro rata to their normal working week.
- 6.3.3 Two weeks leave i.e. ten days (pro-rata for less than full time staff) may be carried over subject to the exigencies of the service and with the written approval of the Head of Service /CMG Clinical Director.

6.3.4 Should staff wish to carry over more than ten days for personal/exceptional reasons (e.g. Planning an extended vacation) express permission should be sought well before the year end from the CMG Clinical Director/ Medical Director.

6.3.5 In the event of disagreement over the carry-over of annual leave the Medical Director and CMG Clinical Director will seek resolution in the initial stages with formal recourse to the Trust's Grievance procedure.

#### **6.4 Carry Over of Annual Leave Due To Sickness Absence**

6.4.1 Where staff are unable to take their full annual leave entitlement during the leave year because of long term sickness absence they will automatically carry over into the following leave year any untaken statutory leave.

6.4.2 'Statutory leave' is the minimum amount of paid leave under the Working Time Regulations and currently stands at 5.6 weeks (28 days) for a full time worker, inclusive of public (and extra-statutory) holidays (pro-rata for part timestaff).

6.4.3 The amount of unused leave to be automatically carried over would be the balance of the 'statutory leave' entitlement less any annual leave already taken during the leave year.

6.4.4 Where the amount of unused leave automatically carried over is fewer than five days (pro rata for part time staff), additional unused leave days (to a combined maximum of five days, or pro rata) may be carried forward into the next leaveyear.

6.4.5 Any unused leave automatically carried over must be taken within 18 months of the end of the year to which it relates.

#### **65 Sickness Absence during Annual Leave**

6.5.1 Staff who fall sick during annual leave and produce a statement to that effect, will be regarded as being on sick leave. Staff should notify the Trust on the first day of sickness. A self-certificate may cover days 1 to 7 of the period of sickness. Staff must obtain a medical certificate for subsequent days. Annual leave will be suspended from the date of the first statement and sick leave will be applied where there is appropriate certification.

6.5.2 Staff who are on long term sickness absence may choose to take a period of accrued paid contractual annual leave at any time during their sicknessabsence.

#### **66 Non-standard Working Patterns**

6.6.1 Generally a day's leave is counted as a day's leave regardless as to whether staff would be working direct clinical care or supporting programmedactivities.

6.6.2 It is recognised that particular difficulties may arise in the case of non-standard working patterns, in which case the test of 'reasonableness' mustapply.

## 7 PROCESS FOR MONITORING COMPLIANCE

### POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Senior medical and dental staff annual leave is managed effectively.	CMG management	Attendance management /Job planning	On-going	CMG management /Clinical directors	CMG management /Clinical directors	CMG management /Clinical directors
The policy and procedure is followed and applied appropriately	LNC	Reviews of application in practice	On-going	LNC	LNC	Through consultation and negotiation via the LNC

## 8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 LEGAL LIABILITY

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their Clinical Management Group / Directorate to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.



## **10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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Senior Medical Staff Study Leave Policy And Procedure – Trust reference B67/2008

UHL Special Leave Policy – Trust reference A18/2002

NHS Terms and Conditions – Consultants (England) 2003

NHS Terms and Conditions of Service – Specialty Doctor (England)  
April 2008 (Version 3 – 1 March 2014)

NHS Terms and Conditions of Service for associate specialists – England (2008)

## **11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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This policy and procedure supersedes the policy dated August 2012.

The policy will be reviewed by Human Resources and Staff-Side in April 2019 or sooner should significant changes be required.

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.