

## APPENDIX 7

# CONSULTANT ANNUAL LEAVE GUIDELINES

### Leave

#### 1) Purpose

The purpose of providing annual leave for employees is that it ensures that every member of staff has adequate time away from work for rest and respite. This document aims to set out the local management process for agreeing Consultant annual leave and public holidays.

#### 2) Scope

This document clarifies the national allocations associated with the Terms and Conditions (T&Cs) of the Consultants (England) 2003 Contract and the Pre-2003 Contract (Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service, England and Wales), and how these are applied locally.

#### 3) Background

The national Terms and Conditions (T&Cs) of the Consultants (England) 2003 Contract determine the annual leave entitlement for consultants, as follows:

Consultants are entitled to annual leave at the following rates per year, exclusive of public holidays and extra statutory days:

Number of Years of Completed Service as a Consultant	
Up to Seven Years	Seven Or More Years
Six weeks + two days	Six weeks + four days

#### (Annual Leave, pg 42, T&Cs New Consultant Contract Version 7)

All Consultants on the old contract are entitled to 6 weeks annual leave (30 days).

In case of part time Consultants their entitlement is pro rata (see Mechanism for Counting Annual Leave below).

The leave entitlements of consultants in regular appointment are additional to eight public holidays and two statutory holidays or days in lieu thereof. The two statutory days, by local agreement, are converted to a period of annual leave and included in the entitlement stated above. The Trust would adhere to national Terms & Conditions. Local negotiation on any legacy clause would be conducted with the LNC.

A consultant who in the course of his or her duty is required to be present in hospital or other place of work between the hours of midnight and 9am on statutory or public holidays will receive appropriate time off in lieu.

As the provision of the on-call availability supplement is in recognition of your availability to work during on-call periods, time off in lieu of statutory or bank holidays is not provided where you have not been required to return to the hospital site, or another place of work.

Time off in lieu of Bank Holidays worked should be requested in the same way as Annual Leave and the same periods of notice should be given. Time off in lieu of Bank Holidays worked should be taken within the Annual Leave year in which they fall and not carried forward into a new leave year.

The Statutory Bank Holidays are:

- New Years Day
- Good Friday
- Easter Monday
- May Day
- Whitsun (Monday)
- August Bank Holiday (Monday)
- Christmas Day
- Boxing Day

The two public holidays are:

- Spring bank holiday Tuesday
- August bank holiday Tuesday

#### **4) Key Principles**

The aim of this document is to provide a uniform and equitable approach to the calculation and booking of annual leave and bank holidays. It aims to form the basis of departmental/specialty agreements; which will enable specialties to take into account the entitlements and arrangements defined under the contract, whilst endeavouring the service is maintained and delivered at a safe and effective level.

Whilst employees have a contractual entitlement to a period of annual leave, the employer has the right to influence and agree when leave is taken. This applies to consultants on the 'old contract' as well as the 'new contract'. The Trust will endeavour to grant leave at the employees' request, but is not obliged to do so.

Locum cover will not be provided to cover periods of Annual Leave.

There are essentially six types of leave:

- Annual Leave
- Professional and Study Leave
- Sabbatical
- Sick Leave
- Special Leave
- Maternity/Paternity Leave

For the purposes of this appendix, only annual leave and bank holidays will be considered. All other types of leave are either defined within the contract or within other generic Trust policies.

## **5) Local Management Process**

### **a) Annual Leave Notice Periods**

Where possible annual leave should be discussed at the annual Job Plan review and dates for annual leave and the arrangements for the consultant's work to be done in his or her absence should be incorporated into the agreed Job Plan. Alternatively annual leave requests should be submitted to ensure approval is obtained to enable the cancellation of clinical activity no later than 6 weeks before the planned leave commences.

Subject however to suitable 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.

However, these short notice days may be withheld if cover arrangements for leave are not satisfactory in particular if it would lead to the cancellation of patient activity. As a rule, short notice leave days should be requested on one occasion of two days or two occasions of one day. However, in exceptional circumstances it is acceptable for the service to agree more than two days of short notice leave following agreement with the Clinical Director if cover is satisfactory.

### **b) Leave Years**

The leave year for new medical and staff to the Trust will be 1<sup>st</sup> April to 31<sup>st</sup> March. Medical and dental staff already employed may have a leave year aligned to their anniversary date of the appointment, and they may choose to adjust this to the common leave year dates of 1<sup>st</sup> April-31<sup>st</sup> March. No detriment to the consultant will arise from the leave year adjustment.

### **c) Carry Over of Annual Leave**

The purpose of Annual Leave is to ensure that all employees obtain sufficient rest to be able to carry out their duties effectively and employees are therefore encouraged to take their full entitlement of leave within each leave year.

Annual leave may be carried over subject to Section 1, paragraphs 10-14 of the General Council Conditions of Service. Appendix I

Consultants carrying over annual leave is subject to the General Whitley Council Conditions of Service. These conditions include a provision which states that 'Subject to the exigencies of the service up to 5 days annual leave may be carried forward on application and taken in the ensuing leave year.' This applies to both full and part-time consultants and is not pro-rata for part-time consultants. More than 5 days of annual leave may be carried forward in extenuating circumstances with the approval of the Divisional Director.

The Trust will not ordinarily make payment in lieu of annual leave or Bank Holidays except on termination of employment with the Trust.

**d) Annual Leave Bookings**

In order to manage resources in a more proactive manner, it is advocated that where possible the annual leave entitlement is agreed during the annual Job Plan review and booked via the Trust's Electronic Annual Leave Record system. To manage leave with the minimum disruption to the agreed service levels, all departments/specialties are expected to have a local leave management process, which will identify the limits for the numbers and types of consultants away at any given time. If the number of consultants per specialty allow for full entitlement of annual leave, it is expected that leave should be managed to ensure that the requirements of the Service Level Agreement continue to be delivered over the year.

It is the responsibility of each individual to ensure that adequate cover arrangements are made to facilitate their leave and that the department/directorate in which they work are aware of the leave arrangements.

It is also the responsibility of each individual to ensure that they notify their leave dates to any other department in which they would ordinarily work during the period of their leave (to include areas such as Out Patients, Theatres, Day Case Unit etc) and any other Trust with whom they have a commitment. This condition applies to all periods of leave booked irrespective of the duration of the leave and the period of notice given. Notification of leave to other departments/Trusts should be given at the same time that the request is submitted to the Clinical Director.

The maximum amount of leave taken in any one leave period should not normally exceed three weeks. Requests for leave of more than three weeks duration should be discussed with the Clinical Director/Directorate Manager in the first instance who will refer to the Divisional Director prior to approval.

To ensure fairness and equity each department must have a comprehensive local leave plan, whereby leave is justly allocated for all individuals particularly for critical holiday periods (such as Bank Holidays, Christmas, Easter and school holiday periods). This plan must ensure that safe service delivery is maintained at all times. In order to ensure equitable allocation of leave, these periods should be agreed as a clinical team and, as a general guide, only up to two weeks taken as a maximum and usually not booked over a year in advance (notwithstanding that it may suit some departments to do so). The same principles apply to popular conferences.

**e) Mechanism for Counting Leave**

Leave should be taken fairly to both employee and employer.

The allocation of annual leave and bank holidays will be provided as a combined pro-rata allocation in proportion of the annual job plan, and subject to annual review. Acknowledging that the majority of the medical and dental workforce work extended hours and condensed weeks, annual leave will be provided to the number of average working days per week on the annual job plan. All scheduled working days will count in the pro-rata calculation, whether SPA, DCC or combination. Leave is therefore only booked on the normal days of work irrespective of the length of each day, i.e. usual working days are Monday AM, Tuesday all day, and Thursday PM, a week would be three days leave.

Full-time entitlement	Days per week worked			
	4	3	2	1
32 days annual leave plus 8 bank holidays	32 days $((40 / 5) \times 4)$	24 days $((40 / 5) \times 3)$	16 days $((40 / 5) \times 2)$	8 days $((40 / 5) \times 1)$
34 days annual leave plus 8 bank holidays (following 7 years consultant service)	34 days $((42 / 5) \times 4)$	25.5 days $((42 / 5) \times 3)$	17 days $((42 / 5) \times 2)$	8.5 days $((42 / 5) \times 1)$

If a bank holiday falls on a day that you would normally work, and you are not rostered on-call that day, the day must be booked as leave through the Trust’s electronic leave system. If a bank holiday falls on a day that you would not normally work, the bank holiday can be booked/taken at another time.

One area of confusion is the effect of taking of an occasional day’s leave from the entitlement. Whenever a day’s annual leave is taken it must be deducted from the overall entitlement. It is irrelevant whether or not there are fixed or flexible sessions or DCC or SPA work on the day that is taken off. If flexible or SPA days were disregarded they would also have to be disregarded for the purposes of calculating annual leave. Similarly, when requesting a half day’s leave, this is irrespective of whether a fixed or flexible session or DCC or SPA is due to be worked during the requested leave, or the remaining session to be delivered that day.

**f) Cancellation of Leave**

Once leave has been booked and services have been cancelled or rearranged it is a requirement that the leave is taken. If a consultant would like to cancel their leave request, adequate notice should be provided, ideally six weeks’ notice.. In such cases the Consultant must agree with their Clinical Director how the sessions will be reinstated/ paid back. Leave may only be cancelled in this instance if the services can be re-established. Sickness during annual leave is an exception to this.

A request may be made for staff not to book or take leave at a particular period should there be an extraordinary service requirement, e.g. decanting to new sites, examining or interviewing periods.

In cases of exceptional circumstances, short notice of cancellation of consultants’ leave by the Trust would only be proposed due to extreme or emergency situations, e.g. such as a major incident or pandemic level of emergency.