

ANNUAL LEAVE PRINCIPLES

The purpose of this note is to set out some principles for the agreement of annual leave for the period to the end of October 2020 (with specific proposals for the period through to the end of June). The principles should be reviewed at the end of each month (with a first review by 30th May) and may change dependent upon the circumstances facing the Trust.

These principles seek to ensure that we can balance the need to enable and indeed encourage staff to have leave to ensure their ongoing health and well-being, with our ability as a Trust to sustain services and ensure safe staffing levels. The principles take account of the new profile for COVID impact, which indicates that we will be managing a significant number of COVID patients for a long period of time. It also takes account of the expectation that, going forward, the NHS is “open for business” and we will be in a “recovery phase” where business as usual services will be reinstated. We do though have to be in a position to manage a COVID surge, should it occur.

The principles also seek to take account of the expectations of staff. Some staff will have already booked leave through the summer months. Some may wish to revise those plans in the expectation lockdown in some form will continue for many months and there may be limited opportunities to travel. Others will wish to be allowed to fulfil commitments made. Others may now wish to have an extended break following a long period of intense COVID related activity.

New temporary statutory rules introduced by the government to deal with COVID-19 pressures mean that employees who are unable to take their annual leave entitlement due to COVID-19, can carry over up to 20 days (pro-rated for part-time staff) of annual leave over a two year period. However we do need to ensure that our staff are taking leave where possible from a well-being perspective.

The proposed principles within which managers should manage staff leave are as follows:

- The principles apply to all staff (those employed under Agenda for Change, Medical terms & conditions and VSM)
- The principles apply equally to staff working at home (including those shielding)
- All staff will have the opportunity and indeed, will be expected, to take 50% of their leave entitlement by the end of October 2020
- Future bank holidays will be treated as bank holidays unless explicitly stated otherwise
- Staff working in COVID critical areas will be expected to take 5 days leave before the end of May 2020

- All staff will be expected to take at least 5 days leave before the end of June 2020, carried forward leave should be prioritised. Requests for leave in May 2020 could be denied to enable back-filling of critical care roles
- All authorised TOIL not taken by the end of June 2020 will be “bought out” by the Trust i.e. the Trust will pay staff the equivalent in salary
- Any leave which has been agreed as carry forward from the 2019/20 financial year and not taken by the end of June 2020, will be “bought out” by the Trust if the member of staff wishes, but to a maximum of 5 days. This should only apply to a limited number of staff, with those carrying forward leave having taken this as priority before the end of June
- Staff who have annual leave already booked from end-June to the end of October 2020 will be able to take that leave if they wish to do so
- Staff can book leave from end-June as normal and as per the annual leave policy. The Trust reserves the right not to agree periods of annual leave, if business needs cannot be met and safe staffing levels achieved. Staff cannot assume that if they do not take leave during lockdown, requests for leave will all be granted when lockdown eases
- As per the Government guidance, staff will be able to carry forward up to 20 days leave into the new financial year. However, the Trust will continue to encourage staff to take leave to ensure their on-going health and well-being.
- Annual leave could be cancelled at short notice (on the basis of patient safety) if there is evidence of a COVID surge and staff are required to meet increased demand

Our policy does not give provision for us to “insist” staff take leave. There is provision under the Working Time Directive for employers to give notice of an intention to impose leave (companies have summer shutdowns for example). However it is proposed we continue to “encourage” people to take leave and have an “expectation” that they do so. We can return to this issue should it be evident that staff are not taking leave and we are concerned for their well-being.

We will communicate with our staff what our intentions are, as simply as possible. We will adapt the communications to reflect the particular terms and conditions applying to medical staff.

The approach is summarised in the table below:

End May 2020	End June 2020	End Oct 2020	End March 2021
All bank holidays to be treated as public holidays, unless otherwise advised			
To end May - Priority for critical care staff to take 5 days leave			

To end June – All staff to take 5 days leave			
		<p>From end-June to end -Oct:</p> <ul style="list-style-type: none"> • All current leave commitments honoured. • Annual leave to be booked as normal. To be agreed subject to business needs • Expect 50% of leave to be taken by end-Oct 	
			Position to be reviewed in summer. Expect annual leave commitments to be honoured