

**Doctor and Dentists Leave - Policy**

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<b>Version:</b>	1		
<b>Ratified by:</b>	Local Negotiation Committee		
<b>Ratification Date:</b>	September 2020	<b>Review Date:</b>	September 2022
<b>Consultation</b>	HR Policy Group	<b>Applicable to:</b>	All staff All Sites
<b>Equality, Diversity And Human Right Statement</b>	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
<b>To be read in conjunction with / Associated Documents:</b>	Study and Professional Leave for Non-Training Medical and Dental Staff - SOP Terms & Conditions – Consultants (England) 2003 Terms & Conditions Specialty Doctors (England) 2008 Terms & Conditions – Associate Specialists 2008 Terms & Conditions for NHS Doctors and Dentists in Training 2016 Terms and Conditions of Service NHS Medical Staff (England) 2002 Employment Rights Act (1986)	<b>Information Classification Label</b>	<input type="checkbox"/> <b>Unclassified</b>
<b>Access to Information</b>	To access this document in another language or format please contact the policy author.		

Doctor and Dentists Leave Policy, Version No 1, September 2020

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**Document Change History (changes from previous issues of policy (if appropriate):**

Version number	Page	Changes made with rationale and impact on practice	Date

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## 1. Purpose

This Policy describes the appropriate entitlements and management of each grade of medical and dental staff. For clarity the term doctor/dentist covers all employed by Liverpool University Hospitals NHS Foundation Trust including Consultant, Associate Specialists, Specialty Doctors, Trust Grade doctors and Foundation Year trainees. It also applies to those doctors/dentists engaged under honorary contracts who have fixed clinical commitments for the Trust.

## 2. Introduction

### 2.1 Reasons for absence

Doctors are entitled to leave of absence from their duties for many reasons including:

- Annual (holiday) leave
- Public Holidays
- Study leave/professional leave
- Medico-Legal work
- Sick leave
- Maternity leave / Paternity Leave
- Adoption Leave
- Sabbaticals (Career Break)
- Special Leave:
  - Parental Leave
  - Carer Leave
  - Bereavement Leave
  - Leave for voluntary public duties
  - Jury service
  - Attendance at court as a witness
  - Leave for service in the non-regular forces
  - Time off for medical appointments
  - Time off for religious/cultural observances
- Trade Union duties

### 2.2 Locum Cover

2.2.1 It is not the policy of the Trust to employ locums for normal working hours for medical staff absent on leave except for those who are on extended sick leave or maternity/adoption leave where it is deemed appropriate. In any event locum cover would not normally be authorised for absences of 2 weeks or less.

2.2.2 However, individual cases may be considered by the Medical Director/Divisional Director of Operations/Divisional Medical Director. Agency locum bookings are subject to the additional approval through the Trusts process.

## 2.3 Needs of the service

2.3.1 The majority of leave is granted subject to the needs of the service and the Trust/Care Group/Directorate must be satisfied that appropriate arrangements, including rota revisions, have been made to cover work during absences. Doctors are expected to identify such arrangements when they apply to be absent on leave. This means that doctors are expected to communicate with their colleagues when planning their leave, to ensure that there are sufficient doctors to maintain a safe service and cover essential duties. Colleagues are only expected to maintain those services for which they have agreed prospective cover, usually the emergency on-call rota.

2.3.2 Timely notification of leave (see 3.5) is essential, particularly where it affects clinical service commitments as this has a bearing on the workload of the hospital and affects service delivery and the ability of the Trust to meet the provider's contracts.

2.3.3 Clinical Directors and General/Clinical Business Unit Managers will determine the minimum number of staff in each Clinical Directorate required to maintain safe staffing levels, taking into account the clinical team working arrangements and commitments of other colleagues.

## 2.4 Consultant and SAS Doctor's Job Plans

2.4.1 In accordance with Job Planning, and as detailed in the Trust's Job Planning Policy, all time taken out of the agreed working week has to be agreed with the Trust in advance. Annual leave and time off for professional activities (including external NHS duties) will be discussed at the Job Plan review and where possible time allocated incorporated into the agreed Job Plan, to assist with planning capacity and demand for the year.

# 3. Policy Content

## 3.1 Annual Leave and Public Holidays

### 3.1.1 Entitlement

The paid annual leave and general public holiday leave provisions under the relevant Terms and Conditions of Service are shown below:

Grade	Length of Service	Annual Leave	Public Holidays	Additional 'Trust' Days	Total
Trust doctors at FY1 & FY2 levels	n/a	27 days	8 days	*	35
Trust doctors in Training Level posts	On first appointment to the NHS	27 days	8 days	*	35
	After 5 years' completed NHS service	32 days	8 days	*	40
Specialty Doctors	Less than 2 years' service in the grade	25 days	8 days	2	35
	Minimum of 2 years' service in the grade	30 days / 32 days*	8 days	2	40
	7 or more years' completed service in the grade	32 days / 33 days*	8 days	2	42
Associate Specialists	Up to 7 years' completed service in the grade	30 days	8 days	2	40
	7 or more years' completed service in the grade	32 days	8 days	2	42
Specialist Grade	Up to 2 years' service in the grade	27 days	8 days	2	37
	Two years' service in Specialist or Specialty Dr grade	32 days			42
	7 or more years' completed service in the grade	33 days	8 days	2	43
Consultants	Up to 7 years' completed service in the grade	30 days	8 days	2	40
	7 or more years' completed service in the grade	32 days	8 days	2	42

3.1.2 For Non-training Grade doctors/dentists the annual leave year runs from the anniversary of appointment to the grade, or may be adjusted to a common start date in force in the Trust. No detriment will arise from any leave year adjustment. Training Grade Doctors have a fixed leave year and, entitlement in the first year of joining the Trust will be based on the number of completed months in the leave year. Rotational Doctors are required to take the appropriate portion of their leave entitlement in each rotation.

3.1.3 For doctors who are employed full-time the annual leave entitlement is based on a 5 day working week. For doctors employed on a less-than full time basis the annual leave and public holiday entitlement will be calculated on a pro-rata basis.

3.1.4 Where a Doctor changes their contracted hours, this will result in a re-calculation of their annual leave and public holiday entitlement based on completed months on the new and the old contracted hours to give the full year entitlement. The Trust policy is that where staff change their contracted hours part way through a month they should not lose entitlement. Therefore, in these cases the entitlement for the first month will be calculated on the basic weekly contracted hours that they predominantly worked for that initial month.

3.1.5 The standard public holidays for the UK are:-

- New Years Day – 1st January
- Good Friday – date varies
- Easter Monday – date varies
- May Day – date varies: first Monday in May
- Whitsun – date varies, last Monday in May
- August Bank Holiday – date varies, last Monday in August
- Christmas Day – 25th December
- Boxing Day – 26th December

3.1.6 There will be some years when more (or less) than 8 General Public Holidays fall within the leave year simply because General Public Holidays follow the calendar year. When this situation arises the appropriate days adjustment i.e. plus or minus, will need to be made.

3.1.7 Periodically the Government announces an additional day of public holiday for special celebratory purposes. On the basis that the NHS agrees that such holidays should be extended to staff the Trust will support this. This additional holiday will be added to leave entitlements for that leave year only.

## 3.2 Carry forward of leave

3.2.1 All Doctors/Dentists are expected to take their full annual leave entitlement within their leave year. In certain exceptional circumstances or where he/she has been unable to take his/her annual leave, up to a maximum of 5 days annual leave (1 week) may be carried over to the next annual leave year subject to approval by the Divisional Medical Director/Care Group Lead. Where such carry over is agreed the Medical Director will confirm this in writing to the doctor and his/her Clinical Director who will amend the leave record accordingly and retain a copy of the email for audit purposes.

## 3.3 Annual Leave entitlement when leaving the Trust

3.3.1 Doctors/Dentists leaving the employment of the Trust will be expected to have taken their leave entitlement by the date of leaving and the arrangements for taking such leave must be discussed with the Clinical Director and General Manager/Clinical Business Unit Manager as part of the resignation process. In exceptional circumstances where it has not been possible to clear the leave entitlement payment

for any outstanding leave entitlement will be made at the same rate as it would had the leave been taken. The leave entitlement for the final year will be calculated on a pro-rata basis, and based upon completed calendar months worked plus bank holidays that have occurred in the leave year prior to leaving. Where leave has been taken in excess of entitlement the appropriate deduction will be made from final salary payments.

### 3.4 Working on a Public Holiday

3.4.1 Where a practitioner actually attends the hospital to do clinical work or is rostered on-call on a public holiday, he/she is entitled to a day off in lieu. The practitioner should notify any such entitlement to their clinical manager and the lieu day will be added to their annual leave entitlement. The public holiday is designated from midnight to midnight and therefore a practitioner on a night shift the day before the bank holiday will receive a day off in lieu for hours on shift from midnight to when the shift finished.

### 3.5 Application Process

3.5.1 It is expected that doctors/dentists will take annual leave in full days. Where it is possible and the needs of the service allow, staff may take annual leave in ½ days. Consultants are expected to spread their leave evenly across DCC and SPA and if on the old contract Fixed activity and across all days worked in the week e.g. it would not be acceptable to take an unreasonably higher proportion of time off from clinical commitments or certain days of the week.

3.5.2 Typically, maximum leave period is two weeks. Requests for leave longer than 2 weeks should be discussed first with the Clinical Director and General Manager/Clinical Business Unit Manager. Approval will depend on the needs of the service. Usually no more than one period of extended annual leave will be granted in any one leave year in order to support the needs of colleagues and ensure safe staffing.

3.5.3 Unless there is no impact on clinical commitments or there are extenuating circumstances, requests for leave **should be submitted ideally 8 weeks prior to the period of absence but in all cases a minimum of 6 weeks in advance** so as to adhere to the required notice of clinic cancellations. Directorates/Business Units must ensure there is adequate clinical cover. Leave requests should be authorized within 2 weeks of the request being submitted.

3.5.4 Subject to suitable arrangements having been made for covering clinical commitments, consultants may take up to two days of their annual leave at a time without seeking formal permission provided that they give notification beforehand. Such leave would still need recorded and submitted on the standard leave application form.

3.5.5 Approval of annual leave should not be assumed until the request from has been signed by the Clinical Director or General Manager/Clinical Business Unit Manager. If a doctor makes holiday or other arrangements before obtaining approval for that leave he/she does so at his/her own risk and such consideration will not be taken into



account by the Clinical Director/General Manager/Clinical Business Unit Manager in granting the approval for leave.

3.5.6 Doctors who have a commitment with more than one Trust, and whose primary employer is not Liverpool University Hospitals NHS Foundation Trust should apply to both their primary employing Trust and their Clinical Director at LUHFT where leave coincides with clinical commitments at LUHFT. Honorary Academic Consultants will need to apply to both the University and their Clinical Director at LUHFT where leave coincides with clinical commitments.

3.5.7 Where consideration of an application is required at short notice the Clinical Director/ Deputy Medical Director/Associate Medical Director/Medical Director may be contacted by telephone but the annual leave form must still be completed.

3.5.8 The Clinical Director will ensure that effective arrangements are in place within the Directorate/Business Unit to communicate details of Consultants annual leave and cover to all relevant parties. The dates of any theatre and clinic slots made available by the period of approved leave will be assessed to see if the allocation of these resources can assist with waiting time targets and the avoidance of breaches.

### 3.6 Late return from holiday

3.6.1 If, for any reason, a member of staff cannot return from annual leave on the agreed date, they must make immediate contact with their Clinical Director/Supervising Consultant of the nature of the problem and the likely date of return. Failure to do so may result in Disciplinary action against the member of staff for unauthorised absence.

### 3.7 Cancellation of Leave by the Trust

3.7.1 The Trust will endeavour to honour all leave that has been booked and agreed, however in extreme circumstances, such as major incidents where a Business Continuity Plan (BCP) has been instigated resulting in the cancellation of non-urgent routine work; this may not always be possible and some booked annual leave may need to be cancelled at short notice. The BCP will detail how and by whom the decision to cancel leave will be made. Every effort will be made to minimise the inconvenience for the member of staff, including reimbursement for any unavoidable documented financial loss incurred in respect of their leave expenses and consequences arising. The annual leave will be available to be taken in full at a later date at a time to be mutually agreed.

## 4.1 Study Leave/ Professional Leave

4.1.1 Professional or study leave is granted for postgraduate purposes approved by the Trust and includes study (usually but not exclusively or necessarily on a course or programme) research, or taking examinations, visiting clinics, attending professional conferences.

4.1.2 The majority of leave is granted subject to the needs of the service. This means that doctors are expected to communicate with their colleagues in order to co-ordinate their leave, ensuring that there is adequate emergency cover in their absence. Doctors are expected to identify such arrangements when they apply to be absent on leave.

4.1.3 Prior approval for study and professional leave must be obtained from the relevant Clinical Director, Divisional Medical Director and Medical Director (refer to toolkit for full details of approval process).

4.1.4 Any granting of leave is subject to the need to maintain essential NHS/Trust services.

4.1.5 Applications for external study or professional leave may be rejected if the doctor's mandatory training is not up to date and there are no plans in place to rectify this. Where leave with pay is granted, the doctor must not undertake any other paid work during the leave period without the Trust's prior permission.

## 4.2 Official Leave

4.2.1 The Trust recognises the value in consultants taking part in the activities of local, national, and in certain circumstances international bodies. These include teaching, Department of Health Committees, Royal Colleges, national bodies including examining bodies, meetings of Clinical Tutors and Regional Advisers.

4.2.2 Where consultants are undertaking such activities on a regular basis, then provision for this should be included in job plans. This will be limited to 15 days over 5 years. For more ad-hoc activities, leave should be managed locally and granting of such leave is at the discretion of the relevant department. This should not affect the consultant's entitlement as detailed in 4.3 below.

## 4.3 Entitlement

4.3.1 Consultants and SAS Doctors are entitled to study/professional leave for a period of up to 30 days (including off duty days falling within the period of leave for which expenses are claimed) over a 3-year rolling period within the UK.

4.3.2 Foundation doctors in year 1 are not contractually entitled to take formal study leave but should receive protected teaching time or minimum three hours per week. Foundation doctors in year 2 are eligible for 30 study days leave per year. A minimum of 10 days of their study leave is used for formal protected education programme.

4.3.3 Specialty trainees can take a maximum of 30 days in year.

4.3.4 The Trust may, at its discretion, grant professional or study leave outside the United Kingdom with or without pay and with or without expenses. This may, with agreement, be offset against the 30-day entitlement, especially if expenses are being sought. If expenses are agreed this will be in the form of a grant.

4.3.5 It is possible, but unusual, to grant doctors study leave for private study or for writing up research. Applications will be treated on their merits and any leave granted will be aggregated to the tally of study leave taken.

#### 4.4 Application Process

4.4.1 The application process for Study Leave is outlined in the Study and Professional Leave for Non-Training Medical and Dental staff Standard Operating Procedure.

#### 4.5 Reimbursement of Expenses

4.5.1 The extent of reimbursement of course/conference fees will be determined by the approver having regard to the nature of the application and in accordance with the Trusts Travel Policy and the locally agreed rates as identified below:-

Expense	Maximum Allowance
Course/Conference Fees	Part or whole fee at Trust discretion
Travel	Maximum that can be claimed for is £275 return.
Subsistence	(UK) £55 per night accommodation £20 per night food (London & Overseas) £75 per night accommodation £20 per night food

4.5.2 In certain circumstances it may be appropriate to incur the extra expenses of flying within the UK, perhaps to avoid the need for an overnight stay. This should be negotiated at the time of application for professional/study leave. Motoring expenses to and from destinations outside the Mersey Deanery are reimbursed at public transport rates.

4.5.3 Under exceptional circumstances, a rate that exceeds the maximum claim rate will be reviewed and a higher rate approved if considered appropriate. Any such claim must be discussed prior to booking with Divisional Medical Director/Deputy Director Operations, and additional outside of cap will come from the departmental budget. The cap will be kept under review.

4.5.4 Travel and associated expenses must be claimed using the Trust's online Expense System. Claims must be made within three months of the expenditure. Claims made after 3 months will be rejected and in only exceptional circumstances this may be waived by an Executive Director.

4.5.5. If the reimbursement of a course fee has been agreed and the doctor is unable to attend as planned he/she must telephone or e-mail the Clinical Director/Chief of Service/deputy Medical Director as soon as possible to advise of the reason. If he/she does not advise the Clinical Director of an acceptable reason for non-attendance he/she will be liable for the required payment of any fees/expenses, and where this

has been paid directly by the Trust it will be deducted from salary with agreement from the doctor.

4.5.6 Requirements and processing relating to the reimbursement of travel and subsistence costs are contained within the Trust's Travel & Subsistence Policy.

**No individual may authorise their own expenses.**

#### 4.6 Meetings outside the UK

4.6.1 The Trust may, at its discretion, grant Professional or Study Leave outside the United Kingdom with or without pay and with or without expenses. This will be offset against the 30-day entitlement.

#### 4.7 Other Activities

4.7.1 The involvement of Consultants in the activities of local committees, teaching commitments in local hospitals, external assessors at consultant appointments committees etc. generally amounts to no more than a minor intrusion on normal clinical activity. Such sporadic absences need not generally be drawn to the attention of the Trust but should be accommodated within the general flexibility of working of Consultants.

#### 4.8 Medico Legal Work

4.8.1 Where a Doctor is to be absent from their normal clinical duties because they are required to do so by the Courts and are appearing on behalf of the Trust, this should be approved on the basis of special leave. The doctor must advise the court or representatives that at least 8 weeks' notice is required in order to ensure the required 6 weeks' notice of clinic cancellations however it is accepted that there will be occasions where the court is unable to give the Doctor 8 weeks' notice.

#### 4.9 Independent medico legal work

4.9.1 A doctor who appears as a professional or expert witness, or becomes involved in medical appeals tribunal work which has no bearing on the work of the Liverpool University Hospitals NHS Foundation Trust or any other NHS employer of that consultant, should use annual leave for this purpose or, if this is not possible, make an application for unpaid leave in writing to the Medical Director, prior to the period of absence, to enable this activity to be undertaken.

4.9.2 The doctor should try to provide at least 8 weeks' notice of such absence in order to ensure the required notice of clinic cancellations but it is accepted that there may be occasions when the Court does not give the required 8 weeks' notice. Where consideration of an application is required at short notice, the Medical Director should be contacted by telephone.

4.9.3 Where a consultant undertakes such work during Trust time, any fees received must be paid over to the Trust in accordance with schedule 11 of Terms and

Conditions – Consultants (England) 2003. Where annual or unpaid leave is taken such fees can be retained.

#### 4.10 Trade Union Duties

4.10.1 Doctors who are accredited representatives of a recognised Trade Union will be granted reasonable time off to undertake union duties in accordance with the Trust's Partnership Agreement, a copy of which is available on the Intranet

#### 4.11 Sickness Absence

4.11.1 Paid sick leave allowances are determined by the national Terms and Conditions of Service.

#### 4.12 Absence during Annual Leave

4.12.1 Arrangements for sickness absence during periods of annual leave are detailed in the NHS Terms and Conditions appropriate for each grade of doctor.

#### 4.13 Reporting sickness absence

4.13.1 Absence due to sickness must be reported in accordance with the Trust's Managing Sickness Absence Policy (a copy of which is available on the intranet). The doctor will be expected to contact the Clinical Director or Deputy/Divisional Medical Director (for an absent Clinical Director) on the first day of absence. Where the absence of the doctor is expected to extend beyond 7 days, the Clinical Director will notify the Deputy/Divisional Medical Director and the Medical Director should also be notified in the event of expected long term absence.

14.13.2 Deputy/Divisional Medical Director will be required to notify the Medical Director if they have any sickness absence.

14.13.3 Sickness must be recorded on ESR or the electronic roster where this is linked to ESR.

14.13.3 Periods of sickness exceeding 3 days must be documented in the following way:

- 4 to 7 days – internal self-certification form must be completed (available from the Directorate or HR website)
- More than 7 days – GP certificate must be produced

**All sickness certificates must be forwarded to the relevant General Manager/Business Unit Manager**

#### 4.14 Managing sickness absence

4.14.1 Sickness absence will be managed in accordance with the Trust's Managing Sickness Absence Policy and the policy for Handling the Conduct, Performance and Health of Medical Staff.

#### 4.15 Maternity, Adoption Leave, Paternity Leave & Shared Parental Leave

4.15.1 The Maternity and Adoption Leave entitlements and procedures for application are detailed in the Trust's Maternity, Paternity, Shared Parental & Adoption Leave Policy (a copy of which is available on the intranet).

#### 4.16 Career Break (including Sabbaticals)

4.16.1 The provisions and requirements of the Trust's Career Break Policy (a copy of which is available on the intranet) will apply where a doctor wishes to take a sabbatical.

#### 4.17 Special Leave

4.17.1 Full details of the following leave provisions and the procedure for application are detailed in the Trust's Special Leave Policy (a copy of which is available on the Staff Hub on the intranet).

- Bereavement Leave
- Leave for Voluntary Public Duties
- Jury Service
- Attendance at Court as a witness
- Leave for service in the non-regular forces
- Time off for medical appointments
- Time off for religious/cultural observances

#### 4.18 Appeals

4.18.1 Employees who feel they have been unreasonably refused time off or who feel they have been disadvantaged for requesting time off in accordance with this policy may deal with concerns through the identified appeal mechanisms and /or the Trust's Grievance Policy and Procedure.

## 5. Exceptions

There are no exceptions.

## 6. Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Levels types and areas where annual/ study/professional leave are taken	Audit	Human Resources Business Partner	3 years	Local Negotiating Group	Local Negotiating Group

## 7. Relevant regulations, standards and references

Terms & Conditions – Consultants (England) 2003  
 Terms & Conditions – Specialty Doctors (England) 2008  
 Terms & Conditions – Associate Specialists 2008  
 Terms & Conditions for NHS Doctors and Dentists in Training 2016  
 Employment Rights Act (1986)

## 8. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

## 9. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

## Appendix 1: Equality impact assessment

<b>Title</b>	
<b>Strategy/Policy/Standard Operating Procedure</b>	
<b>Service change (Inc. organisational change/QEP/ Business case/project)</b>	
<b>Completed by</b>	
<b>Date Completed</b>	

**Description** *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

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**Who will be affected** *(Staff, patients, visitors, wider community including numbers?)*

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The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

*When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.*

### Section 1 – Initial analysis

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Equality Group	Any potential impact? Positive, negative or neutral	Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
<b>Age</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
<b>Disability</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
<b>Gender Reassignment</b> <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
<b>Marriage &amp; Civil Partnership</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
<b>Pregnancy &amp; Maternity</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
<b>Race</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
<b>Religion or belief</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
<b>Sex</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women eg: same sex accommodation)</i>		

<p><b>Sexual Orientation</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i></p>		
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If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

**If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.**

### Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<p><b><u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u></b></p>	<p>Y/N</p>
<p><b>Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?</b></p>	<p>Y/N</p>
<p><b>Who and how have you engaged to gather evidence to complete your full analysis? (List)</b></p>	
<p><b>What are the main outcomes of your engagement activity?</b></p>	
<p><b>What is your overall analysis based on your engagement activity?</b></p>	

### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

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Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

**Section 4 – Organisation Sign Off**

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

## Appendix 2: Roles and responsibilities

Role	Responsibility
<b>Chief Executive</b>	As an accountable officer, has the responsibility to ensure that there are effective leave systems in place which can be delegated to an appropriate Executive Director who will ensure that the systems are implemented.
<b>Chief People Officer</b>	Must ensure there are policies and systems in place with regard to all aspects of leave.
<b>Local Negotiating Group</b>	The Trust's LNG will review and agree this policy.
<b>Deputy Medical Directors/Divisional Medical Directors</b>	<p>The Deputy/Divisional Medical Directors will:</p> <ul style="list-style-type: none"> <li>• ensure that Directorates have a robust process for the approval and recording of leave</li> <li>• be responsible for final approval of study / professional leave applications</li> <li>• give reasonable consideration to all requests for study / professional leave</li> <li>• be fair and equitable in granting study / professional leave requests to staff</li> </ul>
<b>Clinical Directors / Clinical Business Managers</b>	<p>Clinical Directors &amp; General Managers/Clinical Business managers will:</p> <ul style="list-style-type: none"> <li>• determine a robust system and process for the consideration and approval/rejection of leave requests and the recording of leave for each Doctor/Dentist. This will include the confirmation of approved leave</li> <li>• via email to provide an audit trail</li> <li>• ensure staff are aware of their entitlements and the requirements under this policy</li> <li>• ensure that all Doctors/Dentists are aware of and comply with the requirement to make requests for leave ideally 8 weeks in advance and a minimum of 6 weeks in advance to spread leave evenly across DCC and SPA's as set out in this Policy</li> <li>• give reasonable consideration to all requests for leave from members of staff</li> <li>• be fair and equitable in granting leave working requests to staff</li> <li>• Determine a minimum number of staff required to run a safe clinical service</li> <li>• Record all leave using Trust systems in place</li> <li>• Produce reports as requested on annual, study and professional leave for the Directorate/Clinical Business Unit.</li> <li>• Monitor compliance with this policy within their department</li> </ul>
<b>Doctors / Dentists</b>	Doctors & Dentists must comply with the procedure detailed within this policy, and its associated procedures, when applying for leave.