

FOI REF: 26/615

30th September 2026

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Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I write to request information regarding the calculation of holiday pay for substantive and bank staff within your organisation.

Please see the questions in the attached FOI request form.

Please see the attached document - 'FOI 26-615 Calculation of Holiday Pay'.

As noted in the attached document, we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust's IT Systems, staff that no longer work for the Trust, and any reference to direct phone numbers, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [NHS England — London » Synnovis Ransomware Cyber-Attack](#)
- [NHS England confirm patient data stolen in cyber attack - BBC News](#)
- [Merseyside: Three more hospitals hit by cyber attack - BBC News](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](https://www.gov.uk/guidance/the-network-and-information-systems-regulations-2018)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust’s IT systems and infrastructure. The Trust’s capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is

being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present."

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on Disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited

communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website <http://www.esht.nhs.uk>.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Freedom of Information request - Calculation of holiday pay	
Employer name	East Sussex Healthcare NHS Trust
Payroll	
1. Who provides your payroll services?	Sussex Health & Care Hub
Calculation of holiday pay for substantive staff	
2. Confirm the basis upon which holiday pay is calculated for all staff (including employees and workers) in your organisation specifically in relation to compliance with Section 13.9 of the Agenda for Change Terms and Conditions of Service Handbook and associated case law. <i>13.9 Pay during annual leave will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work.</i> For example, rolled up holiday pay (percentage multiplier, often known as WTD payment), AfC average pay or other (please specify). In your answer please specify: a. Whether the calculation of holiday pay includes regularly paid supplements as set out in 13.9, including but not limited to regularly worked nights, weekends and bank holidays (i.e. unsocial hours). b. The reference period used to calculate the inclusion of unsocial hours payments in holiday pay. Please provide copies of any Trust policies, payroll guidance, standard operating procedures or local agreements governing the calculation of holiday pay.	Holiday pay is calculated as per para 13.9, using the ESR software. For substantive contracts this is paid as AfC Average Pay. a) It includes regularly paid supplements. b) The reference period is 13 weeks/3 months. Please see the attached document - '00135_04.1_P_Redacted' for a copy of East Sussex Healthcare NHS Trust's (ESHT) Annual Leave Procedure. Please note that it is the Trust's FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached document. Please also note we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust's IT Systems, staff that no longer work for the Trust, and any reference to direct phone numbers, as set out in the attached letter.
Overtime	
3. How do you pay staff who work additional standard time or hours in excess of 37.5 hours per week? Please select from the following options: • This is paid as overtime (i.e. time and a half) • This is managed through a bank system • Other – please specify	Some hours are paid as overtime, some hours are paid through the TWS bank system. This depends on how the manager allocates the hours on the Health Roster system.

4a. Does your holiday pay calculation include overtime and additional standard hours? If so, how is this calculated.	The AfC Average Pay will include overtime and additional hours that have been paid on the substantive contract.
4b. What reference period is used to calculate the inclusion of overtime and additional standard hours in holiday pay?	The reference period is 13 weeks/3 months.
Multipliers	
5. If you apply a specified multiplier to employee's regular pay, is this adjusted to reflect actual annual leave entitlement (27, 29 or 33 days depending on length of service)? Please specific the multipliers you use.	Not applicable.
6. If you apply a specified multiplier to employee's regular pay (e.g. 12.07%), how is this payment indicated on pay slips?	Not applicable.
Holiday entitlement for part-time workers	
7. Do you give additional holiday entitlement to part-time workers who regularly work additional standard time?	Annual leave entitlement is calculated based on an employee's substantive contracted hours, rather than any additional hours they may regularly work above their contract. Under the Annual Leave Procedure, part-time colleagues receive their annual leave entitlement on a pro-rata basis according to their weekly basic contracted hours. Therefore, where a part-time employee regularly works additional standard hours, but their contractual hours have not formally changed, they would not receive additional annual leave entitlement for those extra hours.
Bank staff	
8. Confirm the basis upon which holiday entitlement and pay is accrued and paid to bank staff within your organisation. Please specific the multipliers you use (if applicable). Please provide copies of any Trust policies for bank workers.	Staff are paid an additional 12.07% of their earnings to cover holiday entitlement. This is paid alongside their pay as and when they work.

Annual Leave Procedure

Document ID/Reference:	135
Legacy ID/Reference:	665
Version Number:	V4.1
Document Type (Clinical or Corporate):	Corporate
Target audience:	All Afc staff
Senior Responsible Officer (SRO):	Chief People Officer, Human Resources
Division and Department:	Corporate, Human Resources
Date originally written:	September 2016
Date created / reviewed:	December 2025
Author of current version:	██████████, HR Advisor
Ratifying Committee / Group:	Workforce Policies Partnership Group
Date ratified:	17 December 2025
Next Review Date:	January 2027

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

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Policy on a Page

Document title: Annual Leave

Key points of the Document

- This policy aims to provide a consistent and equal approach to taking and calculating annual leave. It will inform colleagues on their leave entitlement, how leave is calculated, how to request leave and how annual leave entitlement is affected by other factors such as sickness absence.
- Appendix C & D detail annual leave entitlements and bank holiday entitlements per contractual hours
- Procedure, annual leave calculator, guidance and frequently asked questions are available on Trust Extranet

Applicable to

- All staff employed under Agenda for Change terms and conditions

Key changes since the last version

- Changes on calculation of accrued annual leave

Key associated documents

Work-life Balance and Special Leave Guidelines
Family Leave Policy
Sickness Management Procedure
Management Policy
Local Agreement on Working Time Regulations
Payroll Overpayment Procedure
Induction and Core Skills Training Policy
Mandatory Training Policy
Medical and Dental Annual Leave Policy
Working Time Regulations (1998)

Training requirement

- Procedure, annual leave calculator, guidance and frequently asked questions are available on Trust Extranet
- Further advice on the application of the procedure from HR Solutions

Regulatory requirements:

- CQC Fundamental Standards: Good Governance

Suggested search words: 'annual leave' 'bank holiday' 'time off' 'leave' 'holiday' 'annual leave entitlement'

1. Introduction and Purpose

- 1.1 Our People Strategy ([People Strategy \(esht.nhs.uk\)](https://esht.nhs.uk)), which is based on the NHS People Plan ([NHS England » NHS People Plan](#)), prioritises a culture that supports and grows our people.
- 1.2 Looking after our people means creating a positive, engaging working environment and keeping colleagues safe and healthy – both physically and psychologically. It is everyone's responsibility to contribute to an inclusive culture where all colleagues feel that they are treated according to trust values and demonstrate those values in our own compassionate behaviour, to inspire each one of us to thrive and develop to our full potential.
- 1.3 Effective management of annual leave by the individual and their manager will help develop a positive working environment, create good working relationships, and support the wellbeing of our colleagues.
- 1.4 This policy aims to provide a consistent and equal approach to taking and calculating annual leave. It will inform colleagues on their leave entitlement, how leave is calculated, how to request leave and how annual leave entitlement is affected by other factors such as sickness absence.
- 1.5 This policy has been written in accordance with the Working Time Regulations (1988) and explains how annual leave works for all colleagues who are employed under the NHS Terms and Conditions of Service (Agenda for Change).

2. Scope

- 2.1 This policy applies to all colleagues who are employed on the Agenda for Change Terms and Conditions. Medical colleague's annual leave entitlements are set out in the Medical & Dental colleague's Annual Leave Policy.
- 2.2 Our Trust supports its colleagues in having a healthy work-life balance and encourages them to take their full entitlement within the current leave year.

3. Definitions used: Explanation of terms

- 3.1 Pro rata - the proportional allocation of pay, benefits, or entitlements based on the fraction of time worked or service provided compared to the full-time equivalent.
- 3.2 [REDACTED] – system for colleagues to request annual leave.
- 3.3 [REDACTED] – system for recording annual leave and bank holiday entitlements.

4. Key Accountabilities and Responsibilities

All Line managers & Supervisors must:

- 4.1 All managers will ensure, through an open and supportive culture, that applications for annual leave are dealt with consistently and fairly whilst balancing the needs of service provision.
- 4.2 It is the managers' responsibility to calculate annual leave and bank holiday entitlement and to communicate this to their colleagues.
- 4.3 Managers will inform their colleagues on how to request annual leave; all departments should be using [REDACTED] to record annual leave and bank holiday entitlements.
- 4.4 Managers have a responsibility to ensure that leave is appropriately recorded and authorised in line with service requirements.

- 4.5 In some departments/wards, managers may need to ask their colleagues to take a proportion of their annual leave in each quarter (3 months) of the year. If managers are considering allocating annual leave for their colleagues, this should be discussed in advance with the colleague. This is to ensure colleagues are not left with lots of hours to take towards the end of the leave year which can have an adverse effect on service provision. [REDACTED] can help you and your colleagues plan their leave during each quarter within the leave year.
- 4.6 Managers should be mindful of when religious festivals occur within the leave year as these generally take place on normal working days eg Hindu festivals of Diwali and Dasara/Dussehra, the Muslim festivals of Eid-ulFits and Eid-ul-Adha and the Jewish festival of Yom Kippur. For colleagues of other faiths to celebrate their main religious festivals in a like manner to the UK Christian festivals, managers are encouraged to give priority to annual leave requests on these occasions, unless service provision would be compromised.
- 4.7 Managers should refer to the Annual Leave Procedure Guidelines for Managers on the HR Solutions page of the extranet ([Annual Leave \(esht.nhs.uk\)](http://Annual Leave (esht.nhs.uk))) for further information on managing colleagues' annual leave.
- 4.8 When a colleague's annual leave entitlement increases due to a service anniversary, managers must ensure the new entitlement is accurately reflected in [REDACTED] from the effective date. Any adjustments should be communicated to the colleague.

All Colleagues:

- 4.9 Colleagues must plan and request their leave in accordance with this Policy and the local arrangements for service delivery.
- 4.10 Colleagues have the responsibility to check their leave entitlement calculation is correct and in line with their length of service under Agenda for Change Terms and Conditions handbook.
- 4.11 Colleagues should highlight any possible errors with their manager as soon as possible.
- 4.12 Colleagues should refer to the Annual Leave Procedure Guidelines for Colleagues on the HR Solutions page of the extranet ([Annual Leave \(esht.nhs.uk\)](http://Annual Leave (esht.nhs.uk))), for further information on requesting annual leave.

Human Resources (HR) Solutions

- 4.13 HR Solutions are accountable for updating this policy in line with good practice, changes in national terms and conditions and/or employment legislation.
- 4.14 HR Solutions will offer guidance to line managers on the practical implementation of this policy.

5. Procedure

Table One: Annual leave entitlement	
Length of Service	Annual leave and bank holidays
On appointment	27 days + 8 bank holidays
After five years' service	29 days + 8 bank holidays
After ten years' service	33 days + 8 bank holidays

Entitlement:

- 5.1.1 The annual leave year for colleagues will run from 1st April until 31st March however if a colleague is on a term-time only contract it is easier to work out entitlements on the basis that the leave year runs from 1st September to 31st August instead.

- 5.1.2 Table One, as above, is an example of annual leave entitlement which is based on a colleague working 37.5 hours per week. Full time hours are defined as 37.5 hours per week and part time hours are regarded as anything less than 37.5 hours.
- 5.1.3 A colleagues' entitlement is calculated in hours not days. This is to ensure colleagues who work variable hours/shifts are not disadvantaged.
- 5.1.4 The number of bank holidays vary each year, so please consider this when calculating bank holiday entitlement.
- 5.1.5 If you are on a term-time only contract your pay will have been calculated including your annual leave entitlement. You have no entitlement to take any annual leave outside the school holidays. If an emergency arises during term-time you should discuss this with your manager as you may be able to ask for time off under the terms of the Special Leave policy. As schools are closed on bank holidays you will not be required to work as we will count that day as a school holiday.
- 5.1.6 If your annual leave entitlement changes during the year your manager must inform the Sussex Health and Care payroll hub by completing the Staff Changes and Leaver form as your pay will need to be recalculated.
- 5.1.7 Annual leave entitlement is based on continuous completed years of NHS Service. Reckonable Service for annual leave purposes includes all service with an NHS employer. This means all the different periods a colleague has worked anywhere in the NHS are added up to get a total number of years' service and use this number when calculating the colleagues' entitlement to leave. Irrespective of any breaks in service. The Recruitment team will verify previous NHS service via the inter-authority process. In circumstance where it is not possible for the Trust to confirm all NHS service (ie previous NHS employer no longer exists), the colleague will need to provide some evidence of that period of employment.
- 5.1.8 Part time colleagues will be granted annual leave entitlements on a pro rata basis of the full-time allowance e.g., if a colleague works part time, the entitlements shown in Table One above are proportioned down according to the number of hours worked.
- 5.1.9 The calculation of annual leave entitlements pertaining to all colleagues under Agenda for Change Terms and Conditions can also be undertaken using the Annual Leave Calculator (Excel) on the HR Solutions page on the extranet [Annual Leave \(esht.nhs.uk\)](https://esht.nhs.uk)
- 5.1.10 If a colleagues' length of NHS service increase's part way during a leave year the annual leave entitlement increases proportionately for the rest of that leave year. Managers are responsible for updating colleagues [REDACTED]
- 5.1.11 Colleagues should aim to evenly spread their leave into quarters (every 3 months) to avoid accumulating it at the end of the leave year. Failure to do so may result in the line manager allocating outstanding leave accordingly.
- 5.1.12 **Entitlements for new starters:** All annual leave entitlement is calculated, from the first day of employment with the Trust and recorded in hours. On joining your annual leave entitlement for the remainder of the year will be calculated based on your contracted hours and start date. This ensures fairness for all colleagues including those working part time or variable shift pattern.
- 5.1.13 **Entitlement on changing contracted hours:** If contractual hours change during the leave year, whether temporarily or permanently, the number of hours/days annual leave entitlement will also change. The line manager will recalculate the new entitlement based on the new hours of work

If a colleague takes a period of unpaid leave, whether authorised or unauthorised, then the annual leave entitlement will also be reduced accordingly as they do not accrue annual leave entitlements.

Managers will be responsible for recalculating the colleague's entitlement and recording it accordingly on [REDACTED]. However, if the colleague agrees with their manager to make up the time, their annual leave entitlement will not be recalculated

5.1.14 Entitlement on leaving: Colleagues who leave the Trust will be entitled to annual leave based on the last day of employment worked in the current year. Where annual leave taken exceeds the entitlement, an appropriate deduction will be made from the final salary payment made by the Trust

If the amount of the overtaken leave is more than the colleague's final salary, the NHS Shared Business Services (NHS SBS) team will contact the colleague to agree how the money owed shall be paid back to the Trust. This will be agreed, in accordance with the Trust's Salary Overpayments Procedure.

5.1.15 Pay During Annual leave: Pay during annual leave will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high-cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work.

5.1.16 Annual leave added in [REDACTED] will be uploaded to ESR which will automatically calculate a colleague's average enhancement and overtime pay for the previous 6 months and that will be paid for a period of annual leave. This is because colleagues are entitled to average pay during annual leave (not bank holidays).

5.2 Requesting annual leave:

Please refer to the Annual Leave Guidelines for Colleagues on the HR Solutions page of the extranet [Annual Leave \(esht.nhs.uk\)](https://esht.nhs.uk) for further guidance on requesting annual leave. However please consider these following provisions when requesting leave:

5.2.1 Colleagues are encouraged to plan their annual leave with their managers in advance to ensure our services to our patients run efficiently throughout the year.

5.2.2 All colleagues should be using [REDACTED] to request annual leave [REDACTED]). Entitlements are now divided to show as annual leave entitlement and bank holiday entitlements. The correct entitlement should be selected when requesting leave. If part time colleagues have exhausted their bank holiday entitlement, they will be required to use a proportion of their annual leave entitlement towards any future bank holidays that occur within that leave year.

5.2.3 Applications for annual leave should be made in accordance with this policy. Failure to follow this procedure may result in time taken off being considered as unauthorised absence, which may lead to deductions in pay and/or disciplinary action.

5.2.4 To allow line managers to make alternative arrangements, annual leave should be requested 8 weeks in advance where possible.

5.2.5 Holiday arrangements should not be made prior to the receipt of authorisation from their manager. Colleagues should not make any bookings or enter any financial commitments with the belief/expectation that their request will be approved.

5.2.6 To balance the needs of all colleagues on a ward or department, leave of more than two weeks will only be agreed in exceptional circumstances.

- 5.2.7 Managers will ensure that authorisation for leave for popular times (e.g., school holidays, Christmas, New Year, and other religious festivals etc) will be made on a shared and equitable basis.

5.3 Carry over of annual leave:

- 5.3.1 Colleagues should be able to take all their annual leave during the leave year to support their health and wellbeing.
- 5.3.2 If colleagues fail to take their annual leave within the leave year, they risk losing any leave not taken. If a colleague has received their statutory entitlement (28 days paid annual leave including bank holidays pro rata for part time colleague), then any excess annual leave entitlement not taken, will be lost.
- 5.3.3 In exceptional circumstances, where service demands/personal circumstances have prevented this, up to one week of basic contractual hours may be carried over to the following year, with the agreement of the colleague's line manager. As carry over of leave must be taken as soon as possible in the new leave year.
- 5.3.4 The Trust is unable to pay any unused annual leave as an alternative. Carrying over annual leave because of long-term sickness absence is separate from this arrangement.
- 5.3.5 Where long term sickness has prevented a colleague from taking statutory annual leave (28 days including bank holidays) entitlements within a leave year, it may be carried over into the following year, and arrangements made for it to be taken as soon as possible. However, it cannot be carried forward into a further leave year. Statutory leave should be pro-rata for part-time staff.

5.4 Sickness during annual leave:

- 5.4.1 Annual leave entitlement must not be used for the purposes of covering sickness absence.
- 5.4.2 If a colleague is sick during their annual leave, in accordance with the Trust's Attendance Management Procedure policy (section 5.27), colleagues are required to inform their manager using the normal reporting arrangements on the first day of sickness. The colleague will be deemed to be on sick leave from that day and will be reallocated the period of annual leave. The colleague will be required to produce either a self-certificate for an absence lasting up to seven days or a GP medical certificate from the eighth day onwards.
- 5.4.3 For instances where annual leave has been refused and the colleague subsequently declares themselves to be sick; such circumstances may require the colleague to provide a GP certificate and/or require disciplinary action.
- 5.4.4 Members of staff do not accrue bank holiday entitlements whilst on sick leave. Any bank holiday entitlements which fall on a sick day must be deducted from their leave entitlement.
- 5.4.5 Please refer to the Annual Leave Guidelines for Managers on the HR Solutions page of the extranet [Annual Leave \(esht.nhs.uk\)](https://esht.nhs.uk) on managing sickness absence during a period of annual leave.

5.5 Bank Holiday Entitlement;

- 5.5.1 Colleagues are entitled to eight paid bank holidays each year however, the number of bank holidays which occur can vary each year; managers must consider this when calculating bank holiday entitlement.

- 5.5.2 Colleagues who work part-time will be entitled to a proportion of any bank holidays that occur within a leave year.
- 5.5.3 The Trust count a bank holiday as the 24-hour period from 00:00 to 23:59 on the specific day.
- 5.5.4 Part time colleagues bank holiday entitlement is based on the number of hours they are contracted to work rather than the days of the week they normally work. This is a way of making sure we all benefit from some hours for bank holidays regardless of which days of the week we work or how many hours we work on each day.
- 5.5.5 If part time colleagues have exhausted their bank holiday entitlement, they will be required to use a proportion of their annual leave entitlement towards any future bank holiday's that occur within that leave year.
- 5.5.6 Bank holidays must be booked at the normal shift hours for that day e.g., if a colleague works 5.0 hours on a Monday, then they would book 5.0 hours on a bank holiday for that Monday. If they work 12 hours, they will book 12 hours leave.
- 5.5.7 Colleagues are not permitted to swap a non-working day for a bank holiday, for them to then take the bank holiday entitlement later in the leave year, without their manager's agreement.
- 5.5.8 Colleagues who work flexible days should treat the Bank Holiday as a working day unless their manager has agreed otherwise.

In general, the eight bank holidays are:

New Year's Day	May Day	Christmas Day
Good Friday	Spring bank holiday	Boxing Day
Easter Monday	August bank holiday	

6. Equality & Health Inequalities Impact Assessment (EHIA)

A Due Regard, Equality and Human Rights Analysis has been carried out and positive impacts on people with protected characteristics were identified for women and religious/faith groups as the procedure offers guidance on the management of annual leave for those working flexibly, prior to and following periods of Family leave and different religions or faiths.

7. Dissemination and Implementation

This updated policy will be uploaded to the HR Solutions extranet page, together with annual leave calculator, guidance and frequently asked questions.

8. Competencies and Training Requirements

Please refer to the Induction and Core skills training policy and Mandatory Training Policy and the Training Needs Analysis.

9. Monitoring Compliance and Effectiveness

Data Protection

When managing colleagues under the Annual Leave Procedure, the Trust processes personal data collected in accordance with its Data Protection policy. Data collected from the point at which the Trust commences action under the procedure is held securely and accessed by, and disclosed to, individuals only for the purposes of managing their annual leave. Inappropriate access or disclosure of colleague data constitutes a data breach and should be reported in accordance with the organisation's Data Protection policy immediately. It may also constitute a disciplinary offence, which will be dealt with under the Trust's Disciplinary procedure

Element to be measured	Lead(s)	Tool for Monitoring	Frequency	Responsible Individual / Group for review of results/report	Responsible group for acting on recommendations/ action plan	Responsible group/ committee for ensuring action plan/lessons learned are Implemented
Annual Leave taken	Line Manager	██████████	Monthly	Line Manager	Line Manager	Line Manager

10. References

[NHS Terms and Conditions of Service Handbook | NHS Employers](#)

Appendix A: Governance section

Appendix A.1: Version Control Table

Version number and issue number	Date	Author & Job title	Reason for Change	Description of Changes Made
V2	March 2017		Review and update	Change in formatting and using plain English
V3	January 2020		Periodic Review	Added specific guidance regarding requesting leave for religious festivals
V4	March 2023		Periodical Review	Re-write
V4.1	August 2025		Review and update	Amendments to calculation of A/L

Appendix A.2: Consultation Table

This table should be completed with the names or groups who have been involved in developing or commenting on the procedural document. It is to demonstrate that a consultation process has been undertaken and the document has not been developed in isolation.

The consultation table must contain the information of the existing consultation process for the procedural document under review and the previous consultation.

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Operational HR		August 2025
Stakeholders	Payroll	August 2025
Workforce Partnership Policy Group		December 2025

Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)**SECTION A - ADMINISTRATIVE INFORMATION**

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. Function/policy/service name and number:	Annual Leave Procedure		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	This procedures aims to provide a consistent and equal approach to taking and calculating annual leave in accordance with Agenda for Change Terms and Conditions. It will inform colleagues on their leave entitlement, how leave is calculated and to request leave		
How will the function/policy/service change be put into practice?	Via HR Solutions on Extranet		
Who will be affected/benefit from the policy?	Workforce		
State type of policy/service	Policy ☒	Service ☐	
	Business Case ☐	Function ☐	Existing
Is an EHIA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☒		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	Chief People Officer		
Assessment Carried out by:	Name: [REDACTED]		
Contact Details:	[REDACTED]		
Date Completed:	18/11/2025		

SECTION B ANALYSIS AND EVIDENCE**Analysis of the potential impact – Equality and Health Inequalities Duties**

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.
- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

3. PROTECTED CHARACTERISTICS - Main **potential** positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.

The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Disability: physical, sensory, and learning impairment; mental health condition; long-term conditions.	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Gender Reassignment and/or people who identify as Transgender	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Marriage & Civil Partnership: people married or in a civil partnership.	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Race:	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Religion and belief: people with different religions/faiths or beliefs, or none.	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Sex:	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Sexual orientation	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	
Veterans/Armed Forces Communities	The procedure will enable colleagues to understand their annual leave entitlement in accordance with Agenda for Change Terms and Conditions and follow a fair process in requesting annual leave.	NHS Terms and Conditions of Service Handbook NHS Employers Part 5, Section 30 General equality and diversity statement	

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this section does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups, please complete the full assessment in Section A**

Groups who face health inequalities ¹	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.			

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes, it is likely that you will have to undertake specific engagement with patients. For smaller changes and policies, you may have undertaken some engagement with patient groups, gained insight from routine sources e.g., patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally. Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No
x	

b. If yes, please ensure all stakeholders are listed on the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all the information included in your review-

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	x	x	x
The proposal may support?			
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?		

8. Outstanding key issues/questions that may require further consultation, research, or additional evidence. Please list your top three in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1 N/A	

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:		Date: 18/11/25
Line Manager of person completing:	Lucy Birch	Date: 18/11/25

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities ²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Looked after children and young people			

Groups who face health inequalities²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Carers of patients			
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.			
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.			
People with addictions and/or substance misuse issues			
People or families on a low income			
People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).			
People living in deprived areas			
People living in remote, rural and island locations			
Refugees, asylum seekers or those experiencing modern slavery			
People who have served in the Armed Forces			
Other groups experiencing health inequalities (please describe)			

**ANNUAL LEAVE ENTITLEMENT FOR COMPLETE YEARS
EXCLUSIVE OF PUBLIC HOLIDAYS**

WEEKLY BASIC CONTRACTED HOURS	ON APPOINTMENT	AFTER 5 YEARS SERVICE	AFTER 10 YEARS SERVICE
	27 DAYS	29 DAYS	33 DAYS
	HOURS EQUIVALENT:		
37.5	202.5	217.5	247.5
37.0	200.0	214.5	244.0
36.5	197.0	211.5	241.0
36.0	194.5	209.0	237.5
35.5	191.5	206.0	234.5
35.0	189.0	203.0	231.0
34.5	186.5	200.0	227.5
34.0	183.5	197.0	224.5
33.5	181.0	194.5	221.0
33.0	178.0	191.5	218.0
32.5	175.5	188.5	214.5
32.0	173.0	185.5	211.0
31.5	170.0	182.5	208.0
31.0	167.5	180.0	204.5
30.5	164.5	177.0	201.5
30.0	162.0	174.0	198.0
29.5	159.5	171.0	194.5
29.0	156.5	168.0	191.5
28.5	154.0	165.5	188.0
28.0	151.0	162.5	185.0
27.5	148.5	159.5	181.5
27.0	146.0	156.5	178.0
26.5	143.0	153.5	175.0
26.0	140.5	151.0	171.5
25.5	137.5	148.0	168.5
25.0	135.0	145.0	165.0
24.5	132.5	142.0	161.5
24.0	129.5	139.0	158.5
23.5	127.0	136.5	155.0
23.0	124.0	133.5	152.0
22.5	121.5	130.5	148.5
22.0	119.0	127.5	145.0
21.5	116.0	124.5	142.0
21.0	113.5	122.0	138.5
20.5	110.5	119.0	135.5
20.0	108.0	116.0	132.0
19.5	105.5	113.0	128.5
19.0	102.5	110.0	125.5

**ANNUAL LEAVE ENTITLEMENT FOR COMPLETE YEARS
EXCLUSIVE OF PUBLIC HOLIDAYS**

WEEKLY BASIC CONTRACTED HOURS	ON APPOINTMENT	AFTER 5 YEARS SERVICE	AFTER 10 YEARS SERVICE
	27 DAYS	29 DAYS	33 DAYS
	HOURS EQUIVALENT:		
18.5	100.0	107.5	122.0
18.0	97.0	104.5	119.0
17.5	94.5	101.5	115.5
17.0	92.0	98.5	112.0
16.5	89.0	95.5	109.0
16.0	86.5	93.0	105.5
15.5	83.5	90.0	102.5
15.0	81.0	87.0	99.0
14.5	78.5	84.0	95.5
14.0	75.5	81.0	92.5
13.5	73.0	78.5	89.0
13.0	70.0	75.5	86.0
12.5	67.5	72.5	82.5
12.0	65.0	69.5	79.0
11.5	62.0	66.5	76.0
11.0	59.5	64.0	72.5
10.5	56.5	61.0	69.5
10.0	54.0	58.0	66.0
9.5	51.5	55.0	62.5
9.0	48.5	52.0	59.5
8.5	46.0	49.5	56.0
8.0	43.0	46.5	53.0
7.5	40.5	43.5	49.5
7.0	38.0	40.5	46.0
6.5	35.0	37.5	43.0
6.0	32.5	35.0	39.5
5.5	29.5	32.0	36.5
5.0	27.0	29.0	33.0
4.5	24.5	26.0	29.5
4.0	21.5	23.0	26.5
3.5	19.0	20.5	23.0
3.0	16.0	17.5	20.0
2.5	13.5	14.5	16.5
2.0	11.0	11.5	13.0
1.5	8.0	8.5	10.0
1.0	5.5	6.0	6.5
0.5	2.5	3.0	3.5

Formula is Weekly Contracted Hrs X No. of Days Entitlement / 5

ANNUAL LEAVE ENTITLEMENT PUBLIC HOLIDAY ENTITLEMENT

WEEKLY BASIC CONTRACTED HOURS	HOURLY ENTITLEMENT FOR FULL LEAVE YEAR	HOURLY ENTITLEMENT ON EACH PUBLIC HOLIDAY AS IT OCCURS
	(8 PUBLIC HOLIDAYS)	
37.5	60.0	7.5
37.0	59.0	7.4
36.5	58.5	7.3
36.0	57.5	7.2
35.5	57.0	7.1
35.0	56.0	7.0
34.5	55.0	6.9
34.0	54.5	6.8
33.5	53.5	6.7
33.0	53.0	6.6
32.5	52.0	6.5
32.0	51.0	6.4
31.5	50.5	6.3
31.0	49.5	6.2
30.5	49.0	6.1
30.0	48.0	6.0
29.5	47.0	5.9
29.0	46.5	5.8
28.5	45.5	5.7
28.0	45.0	5.6
27.5	44.0	5.5
27.0	43.0	5.4
26.5	42.5	5.3
26.0	41.5	5.2
25.5	41.0	5.1
25.0	40.0	5.0
24.5	39.0	4.9
24.0	38.5	4.8
23.5	37.5	4.7
23.0	37.0	4.6
22.5	36.0	4.5
22.0	35.0	4.4
21.5	34.5	4.3
21.0	33.5	4.2
20.5	33.0	4.1
20.0	32.0	4.0
19.5	31.0	3.9
19.0	30.5	3.8

Formula is Weekly Contracted Hrs X No. of Days Entitlement / 5

WEEKLY BASIC CONTRACTED HOURS	HOURLY ENTITLEMENT FOR FULL LEAVE YEAR	HOURLY ENTITLEMENT ON EACH PUBLIC HOLIDAY AS IT OCCURS
18.5	29.5	3.7
18.0	29.0	3.6
17.5	28.0	3.5
17.0	27.0	3.4
16.5	26.5	3.3
16.0	25.5	3.2
15.5	25.0	3.1
15.0	24.0	3.0
14.5	23.0	2.9
14.0	22.5	2.8
13.5	21.5	2.7
13.0	21.0	2.6
12.5	20.0	2.5
12.0	19.0	2.4
11.5	18.5	2.3
11.0	17.5	2.2
10.5	17.0	2.1
10.0	16.0	2.0
9.5	15.0	1.9
9.0	14.5	1.8
8.5	13.5	1.7
8.0	13.0	1.6
7.5	12.0	1.5
7.0	11.0	1.4
6.5	10.5	1.3
6.0	9.5	1.2
5.5	9.0	1.1
5.0	8.0	1.0
4.5	7.0	0.9
4.0	6.5	0.8
3.5	5.5	0.7
3.0	5.0	0.6
2.5	4.0	0.5
2.0	3.0	0.4
1.5	2.5	0.3
1.0	1.5	0.2
0.5	1.0	0.1

Formula is Weekly Contracted Hrs X No. of Days Entitlement / 5