

**CONTROLLED DOCUMENT**

## Maternity Leave Procedure

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|---|---|
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| <b>CLASSIFICATION:</b>  | Human Resources   |
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## Version Control

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## 1. Introduction

- 1.1. The purpose of this procedure is to provide information to staff and managers about maternity leave and maternity pay and the processes that should be followed. Further advice can be provided by Human Resources First Contact and information is also available on the HR section of the intranet.
- 1.2. Many of these provisions are statutory or form part of the national terms and conditions of service and therefore the Trust has no scope to alter them.
- 1.3. This procedure should be read in conjunction with the Shared Parental Leave procedure for staff who want to share leave and pay arrangements with their partner following the birth of their child/children.

## 2. Definitions and General Principles

### 2.1. Definitions

|   |  |
|---|--|
| <b>A new or expectant mother</b>                      | A member of staff who is pregnant, who has given birth within the previous six months or who is breast feeding                           |
| <b>Given birth</b>                                    | A member of staff who has delivered a living child, or after 24 weeks of pregnancy, a still born child.                                  |
| <b>EWC – Expected Week of Confinement/ Childbirth</b> | The EWC is the week beginning Sunday and ending Saturday in which it is expected that childbirth will take place.                        |
| <b>MAT B1</b>   | The certificate confirming pregnancy given to the mother by the midwife at around 20 weeks of pregnancy                                  |
| <b>SMP – Statutory Maternity Pay</b>                  | This is a statutory payment set by the Government, which is payable to all staff with at least 26 weeks' service by the qualifying week. |
| <b>OMP – Occupational Maternity Pay</b>               | The pay the member of staff is entitled to from the organisation, provided they meet the eligibility criteria detailed in the policy.    |
| <b>Higher rate SMP</b>                                | 90% of the member of staff's average weekly earnings before tax  |
| <b>Lower rate SMP</b>                                 | Flat rate of Statutory Maternity Pay   |
| <b>KIT day</b>  | Keeping in touch day   |

## 2.2. General Principles

### 2.2.1. Pregnant staff have the following rights:

- To retain all contractual rights, with the exception of remuneration, during both paid and unpaid maternity leave;
- Not to be unfairly dismissed or suffer detriment because of reasons related to pregnancy or maternity;
- To return to their substantive post, providing that post remains within the Trust structure, after absence due to the baby's birth and maternity leave. Where the post does not remain, consultation will take place with the individual in accordance with the Organisational Change Procedure;;
- To mutually agree arrangements to keep in contact during the leave period;
- To have optional mutually agreeable Keep In Touch days (KITs) for up to 10 days without losing their rights to maternity pay;
- To receive additional Maternity Leave, up to a total of 52 weeks absence, regardless of the length of service.
- Staff on Agenda for Change contracts will progress through their pay step unless a pay-step review meeting has taken place prior to the start of leave which confirmed that the required standards for pay progression would not be met. If a pay-step review cannot be conducted prior to the pay-step date the pay-step point should be automatically applied in the individual's absence.
- To request to return to work on different hours following maternity leave, this can be applied for via the Trust's Flexible Working procedure.

2.2.2 Staff cannot undertake any paid or unpaid work including bank work whilst on maternity leave as this will end the maternity leave and pay period. The only exception to this is where the member of staff is on a KIT day (see section 11).

## 3. Entitlements to Occupational and Statutory Maternity Leave and Pay

- 3.1 All staff are entitled to take maternity leave of up to 52 weeks however the level of pay during this leave is dependent upon the member of staff's NHS service (please see table below) and whether they intend to return to work.
- 3.2 Staff who work on a bank only contract are not eligible for Occupational maternity pay (Option C). They are eligible for Options A, B or D,

| Length of service  | Maternity Leave   | Maternity Pay   |
|--|---|---|
| <b>Option A:</b> Less than 26 weeks with Trust or NHS  | 26 weeks' Ordinary maternity leave and 26 weeks' Additional maternity leave                                     | Leave is unpaid but staff may be able to claim Maternity Allowance from the Department of Work and Pensions   |
| <b>Option B:</b> More than 26 weeks with the Trust but less than 12 months with NHS at 15 <sup>th</sup> week before baby is due and have earned enough to pay NI contributions   | 39 weeks' paid leave, up to 13 weeks' unpaid leave  | 6 weeks at high rate SMP followed by 33 weeks at low rate SMP.  |
| <b>Option C:</b> 12 months' continuous service with the NHS (either this Trust or another NHS body) at 11 <sup>th</sup> week before the baby is due <b>and you will be returning to work</b> (please read paragraph 3.8) | 39 weeks' paid leave (26 weeks occupational maternity pay and 13 weeks statutory), up to 13 weeks' unpaid leave | 8 weeks at full pay minus any SMP followed by 18 weeks half pay plus low rate SMP (provided this does not exceed full pay) followed by 13 weeks at low rate SMP |
| <b>Option D:</b> As above but <b>will not be returning to work</b>   | N/A   | 6 weeks at high rate SMP followed by 33 weeks at low rate SMP   |

3.3 Full pay is calculated on the basis of the average weekly earnings rules during the reference period. The reference period for weekly paid staff is 8 weeks' pay before the Saturday of the qualifying week.

The reference period for monthly paid staff is 2 month's pay before the Saturday of the qualifying week.

3.4 Maternity payments start on the first day of maternity leave.

3.5 Statutory maternity pay rates change each April. The most up to date rates can be found at <https://www.gov.uk/maternity-pay-leave/pay>

3.6 By prior agreement with Payroll, occupational maternity pay may be paid in a different way, for example a combination of full pay and half pay, or a fixed amount spread equally over the maternity leave period. There is no scope to average out the statutory adoption pay so pay each month will still fluctuate. Where occupational maternity pay has been paid in a different way, and the member of staff subsequently chooses to access shared parental leave and pay, Payroll may need to recalculate payments to ensure that there has not been any over or underpayment of entitlements.

3.7 There is no entitlement to additional leave or pay for multiple births.

3.8 Where a member of staff has 12 months' continuous service with the NHS, and their reference period was whilst employed by another NHS organisation, the Trust will pay the occupational maternity pay. The

member of staff will have to claim the statutory maternity pay from their previous Trust, or directly from the Department for Work and Pensions.

#### **4. Applying for Maternity Leave and Pay**

- 4.1. Staff should inform their line manager in writing of their pregnancy as soon as possible, but at least 15 weeks before the expected week of childbirth, confirming that they are pregnant, when the baby is due, the date they want to start their maternity leave( this can be any day of the week) and their intended maternity leave option, using the form in Appendix 4.
- 4.2. Staff can change the start date of maternity leave providing they give at least 28 days' notice. The earliest maternity leave can start is 11 weeks prior to the expected week of childbirth and staff are not permitted to return to work in the 2 weeks immediately following the birth.
- 4.3. The Line Manager will arrange to meet the member of staff to go through the details of their maternity leave. There is a Manager's Checklist in Appendix 3 detailing actions which the manager needs to be aware of.
- 4.4. The completed maternity leave application form should be forwarded to Payroll along with the Maternity Certificate (MAT B1) no later than 8 weeks before maternity leave is due to start in order that the application can be processed.
- 4.5. The member of staff's maternity leave and pay entitlements will be confirmed in writing (using the template on the HR section of the intranet) by the line manager to the member of staff with a copy kept on the personal file and a copy forwarded to Payroll in order that the application can be processed.
- 4.6. The line manager and member of staff should agree in advance of maternity leave how often and in what way contact will be maintained during maternity leave. This contact is important to help the member of staff keep in touch with any developments at work and keep the line manager informed of any developments that may affect the member of staff's return to work. They should also discuss the option of undertaking Keeping in Touch (KIT) days.
- 4.7. Where the member of staff has pre-determined their return date, it will be expected that they will return on that date. There is no need for further contact to confirm dates. However, should the member of staff wish to amend that return date, either to come back earlier or to extend their maternity period, they must request this via their line manager giving at least eight weeks' notice. It is good practice for the line manager to contact the member of staff four weeks before they are due to return to confirm details, for example, shift patterns.

#### **5. Antenatal Provisions**

- 5.1. All pregnant staff have the right to paid time off to attend antenatal care appointments (plus reasonable travelling time). Antenatal appointments include parentcraft, relaxation classes and medical examinations related to the pregnancy.
- 5.2. Staff are not required to make up any lost time for these appointments, irrespective of their working pattern, provided that the antenatal appointments fall within their normal working hours. The member of staff may be requested to provide written evidence by their line manager, for example, by providing an appointment card.

## **6. Sickness Prior to Maternity Leave**

- 6.1 If a member of staff is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work, or a self-certificate, shall be treated as sickness absence in accordance with normal leave provisions.
- 6.2 Odd days of pregnancy-related illness during this period may be disregarded if the member of staff wishes to continue working till the maternity leave start date previously notified to the line manager.

## **7. Pre-term Birth**

- 7.1 Where a member of staff's baby is born alive prematurely and requires care in a neo-natal unit, the member of staff will be entitled to an additional week of maternity leave for each week the baby is in hospital up to a maximum of 12 weeks. Further advice can be given by HR First Contact.
- 7.2 Where a member of staff's baby is born before the 11th week before the expected week of childbirth and the member of staff has worked during the actual week of childbirth, maternity leave will start on the first day of their absence.
- 7.3 Where a member of staff's baby is born before the 11th week before the expected week of childbirth and the member of staff has been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of birth.
- 7.4 Where a member of staff's baby is born before the 11th week before the expected week of childbirth and the baby is in hospital, the member of staff may split their maternity leave entitlement, taking a minimum period of two weeks' leave immediately after childbirth and the rest of their leave following their baby's discharge from hospital.

## **8. Still Birth**

Where a member of staff's baby is stillborn after the end of the 24th week of pregnancy, they will be entitled to the same amount of maternity leave and pay as if their baby was born alive.

## **9. Support with Pregnancy Loss**

- 9.1 The Trust is committed to supporting all employees who suffer the loss of a pregnancy, whether it happens directly to them, their partner or their baby's surrogate, regardless of the nature of their loss, or their length of service
- 9.2 Pregnancy loss includes but is not limited to: miscarriage, stillbirth, abortion, ectopic pregnancy, molar pregnancy and neonatal loss.
- 9.3 All employees who have become pregnant and then sadly experienced a pregnancy loss, which occurs before the 16<sup>th</sup> week before EWC (24 weeks pregnant), including surrogates, are entitled to up to 10 days leave on full pay (pro-rata for part-time staff) to support them through the traumatic time of both the physical and the emotional loss. There is no service length requirement for this entitlement.
- 9.4 Partners of those who experience pregnancy loss are entitled to up to 5 days leave on full pay. Employees who experience the loss of their pregnancy via a surrogate are entitled to up to 5 days leave.
- 9.5 If an individual or couple were to unfortunately experience more than one pregnancy loss this entitlement would apply to each case.
- 9.6 In the sad event of a pregnancy loss occurring after the start of the 16<sup>th</sup> week before EWC (24 weeks of pregnancy), the employee carrying the child will be entitled to all the relevant maternity pay and leave entitlements, according to length of service. Partners of those experiencing pregnancy loss on or after the 16th week before the expected week of childbirth, will be entitled to the same paternity leave and pay as if the baby had survived.
- 9.7 Employees are entitled to paid time off to attend appointments (or to accompany their partners) relating to pregnancy loss, which do not fall within an agreed period of leave, including but not limited to medical examinations, scans and tests, and mental health-related appointments.
- 9.8 Requests from employees to temporarily amend their working pattern to support them through the difficult time of grieving and recovery following pregnancy loss should be treated sensitively and supportively.

## **10. Health and Safety Pre and Post Birth**

- 10.1 Where a member of staff is pregnant, has recently given birth or is breastfeeding, the line manager must carry out a risk assessment (see Appendices 1 and 2) of their working conditions. If it is found, or a medical practitioner considers, that the member of staff or the child would be at



risk were they to continue with their normal duties, the line manager should provide suitable alternative work for which the member of staff will receive their normal rate of pay. Where it is not reasonably practicable to offer suitable alternative work, the member of staff should be medically suspended on full pay.

- 10.2 The assessment must be reviewed throughout the pregnancy at regular intervals agreed by the member of staff and their manager according to the risk of the working environment in addition to six months after the birth and/or while the member of staff is breast feeding. For example: an office-based role which has no dealings with the public other than by telephone may need one further assessment at around 32 weeks. A healthcare worker in a ward setting may need to be reviewed more frequently because of the greater number of hazards they may encounter or be exposed to.
- 10.3 A copy of the risk assessment form (Appendix 2) will be filed in the member of staff's personal file and a copy given to the member of staff.
- 10.4 As a result of the risk assessment and/or there is uncertainty regarding potential hazards, the line manager should contact the Occupational Health Department for further advice. This may result in the member of staff being referred to Occupational Health.

## **11. Keeping in Touch (KIT) Days**

- 11.1. KIT days are intended to facilitate a smooth return to work for staff returning from maternity leave.
- 11.2. A member of staff may work a maximum of ten KIT days without bringing their maternity leave to an end. Any days worked will not extend the maternity leave period.
- 11.3. KIT days must be mutually agreed i.e. neither the manager or member of staff can insist upon them.
- 11.4. For KIT days worked the member of staff will be paid at their basic daily rate for the hours worked, less any occupational or statutory maternity payments. If a KIT day is worked in the full pay period, the member of staff will receive a day of paid leave in lieu once they have returned to work. If a KIT day is worked on a day of leave in the half pay period, the member of staff will receive a half day of paid leave in lieu once they have returned to work.
- 11.5. Working for part of any day will count as one KIT day.

## **12. Failure to Return to Work**

Where a member of staff has taken Option C and has notified the Trust of their intention to return to work with either the Trust or another NHS employer and fails to do so within 15 months of the beginning of their maternity leave they will be

liable to refund the whole of their maternity pay, less any Statutory Maternity Pay, received. In cases where the Trust considers that to enforce this provision would cause undue hardship or distress, the Trust will have the discretion to waive their rights to recovery. This has to be approved by the Director of Human Resources

### **13. Staff on Fixed-term or Training Contracts**

- 13.1 Staff on fixed-term contracts which expire after the 11th week before the expected week of childbirth and who have 12 months' continuous service with one or more NHS employers at the beginning of the 11th week before the expected week of childbirth shall have their contracts extended to allow them to receive the 52 weeks, which includes paid occupational and statutory maternity pay, and the remaining 13 weeks of unpaid maternity leave.
- 13.2 Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment shall not constitute a break in service.
- 13.3 If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred, the repayment provisions set out in paragraph 11 will not apply.
- 13.4 Staff on fixed-term contracts who do not meet the 12 months' continuous service condition set out in paragraph 13.1, may still be entitled to Statutory Maternity pay.

### **14. Rotational Training Contracts**

- 14.1 Where a member of staff is on a planned rotation of appointments with one or more NHS employers, as part of an agreed programme of training, they shall have the right to return to work after a period of maternity leave in the same post or in the next planned post, irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred. In such circumstances the member of staff's contract will be extended to enable the practitioner to complete the agreed programme of training.
- 14.2 There are additional provisions for staff who have been required to change employer due to their training programme. Advice should be taken from HR First Contact.

### **15. Annual Leave and Public Holidays**

- 15.1. Annual leave and public holiday entitlement accrues during both paid and unpaid maternity leave.
- 15.2. Where the amount of accrued annual leave and public holidays exceeds normal carry over provisions, the annual leave accrued during the leave year in which the maternity leave begins should ideally be taken prior to commencing maternity leave,. Where this is not possible, it may be taken

after the formal (paid and unpaid) maternity leave period along with the accrued annual leave and public holidays in the next leave year.

## **16. Pensions**

While a member of staff is on paid maternity leave, contributions will continue to be deducted from the member of staff's salary. Unpaid maternity leave is considered to be pensionable service, and therefore additional contributions will be automatically deducted from the member of staff's salary on their return from maternity leave to cover the outstanding contributions. These deductions will usually be made over a period which is equivalent to the number of months spent on unpaid maternity leave.

## Health and Safety Risks to New and Expectant Mothers

### 1.0 Introduction

The Health and Safety Executive (HSE) guidance states that " Pregnancy should not be equated with ill health..". However the Trust recognises that some hazards in the workplace may pose an increased risk to the health, safety and welfare of new and expectant mothers and their children. Regulation 13 of the Management of Health and Safety at Work Regulations 1999 requires managers to review risk assessments in order to consider what additional impact a risk may have on nursing or expectant mothers. Managers should also consider that new or expectant staff may need additional support and reassurance that their health, and that of their baby, is not being compromised by any activity they would be expected to undertake.

The Trust has produced a generic risk assessment to consider the major risks to the health and welfare of a new or expectant mother and baby. This guidance is designed to advise managers on how to consider some of the risks which may impact on the new and expectant mothers in their care where individual hazards may be common.

### 2.0 Factors which may impact on the work activity

The impact of these factors will vary during the course of the pregnancy and beyond and may need to be kept under review. This list will not cover all problems that may arise and managers should address any concerns a member of staff may express.

| <b>Issues</b>                     | <b>Impact factors</b>                                |
|-----------------------------------|--|
| ▪ Morning sickness                | Early shiftwork                                      |
| ▪ Backache                        | Exposure to nauseating smells                        |
| ▪ Varicose veins                  | Prolonged standing/ manual handling/posture          |
| ▪ Haemorrhoids                    | Prolonged standing/sitting                           |
| ▪ Frequent visits to the bathroom | Working in hot conditions/prolonged standing/sitting |
| ▪ Increasing size                 | Difficulty in leaving job/site of work               |
|                                   | Use of protective clothing                           |
|                                   | Working in confined spaces                           |
|                                   | Manual handling                                      |
|                                   | Balance  |
|                                   | Driving  |
| ▪ Tiredness / Emotion             | Overtime   |
|                                   | Evening work   |
| ▪ Balance                         | Problems when walking on slippery surfaces           |
|                                   | Working at height                                    |
| ▪ Comfort                         | Working in hot/cold environment                      |

Dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increasing size. Managers should ensure that all staff are still able to wear the personal protective equipment identified as part of their protective regime.

### **3.0 Individual hazards**

#### **Occupational Health**

At the pre-employment health screening stage, the health advice note to managers will state that a risk assessment must be carried out for a new member of staff if the pregnancy was disclosed.

#### **Manual Handling**

Hormonal changes in pregnant women may increase risk of ligament injuries and advanced pregnancy may cause postural problems. Manual handling can be dangerous for those who have recently given birth by caesarean section. Review of risk factors is necessary if the job requires repetitive lifting.

#### **Control of Substances Hazardous to Health (COSHH)**

All COSHH assessments should be reviewed for any that identify a specific risk to new and expectant mothers. Depending on the degree of risk, managers should inform staff if there is an increased risk for a limited group of chemicals and consider withdrawing the member of staff from that area for the duration.

#### **Ionising Radiation**

Significant exposure can harm the foetus. Under the Ionising Radiation Regulations 1999 the dose limit for the abdomen of a woman of reproductive capacity who is at work is 13 mSv, in any three month interval. Following a declaration of pregnancy in writing, the dose to the abdomen should not exceed 1 mSv for the remainder of the pregnancy. This may require certain duties to be altered or assessed in some areas such as radio-pharmacy or interventional radiology. On returning to work with radio-pharmaceuticals after delivery, it would be assumed that the mother is breastfeeding for six months unless advised otherwise. This period may be extended by advising the employer in writing. Whilst breast feeding, duties which involve a possible risk of contamination by any radio-pharmaceutical may need to be avoided, for example aerosol studies.

#### **Fatigue**

Fatigue from standing or other physical work has been associated with miscarriage, premature birth and low birth weight. Excessive hours or workload and shift work should be avoided if possible, and employees should have some control over how they organise their work.

#### **Mercury**

Mercury compounds may adversely affect the development of the foetus if in high enough concentration. Pregnant or breastfeeding mothers should not clean up mercury spillage.

#### **Cytotoxic Drugs**

Occupational exposure to cytotoxic agents through handling and reconstitution should be avoided. Therefore these tasks should be avoided by pregnant staff or those trying to become pregnant. Advice should be sought from the Occupational Health Department.

#### **Formaldehyde/Glutaraldehyde**

There have been some reports of miscarriage and prematurity with exposure to these substances. Environmental monitoring is required to ensure that levels are well below the maximum exposure limit of 2 ppm for Formaldehyde and 0.05 ppm for Glutaraldehyde. Providing these limits are not exceeded, pregnant staff or staff trying to get pregnant do not need to be re-deployed.

#### **Anaesthetic Gases**

Managers responsible for operating theatres and delivery suites should ensure that the concentration of anaesthetic waste gases is below the occupational exposure standard for each

of the gases. In practice it is usually considered sufficient to monitor for Nitrous Oxide as a standard of 100 ppm. Providing the levels are below the standard, it is safe for pregnant staff and staff trying to become pregnant to be employed in these areas.

**Microbiological Hazards** – This is a non-exhaustive list and reference should also be made to the Trust Infection Control and Procedures Manual (Section 3, sub-section 8).

### **Rubella**

All staff planning a pregnancy should know their rubella antibody status. Rubella vaccine is available from the G.P. However the Rubella vaccine is a live vaccine and should not be given to during pregnancy. Contact with Rubella should be avoided within the first four months of pregnancy if the expectant mother is not immune.

### **Chickenpox**

It is advisable for expectant mothers to know their immune status to chickenpox. Contact with this disease should be avoided up to Week 20 of the pregnancy.

### **Cytomegalo Virus (CMV)**

This virus can cause foetal damage. Contact is through infected urine, saliva, cervical and other secretions. Attention to a high standard of personal hygiene should limit transmission. Those staff who think they may have been in contact with CMV should contact their G.P. and the Occupational Health Department as soon as possible.

### **Hepatitis B**

All staff working in an area where there is the potential of contact with infected body fluids should be immunised against Hepatitis B. Staff who have inoculation incidents should follow the UHB Contamination Injury policy, however vaccinations should not be given to pregnant staff.

### **Pharmacy**

Standard procedures within the Pharmacy department for handling drugs and chemicals will provide adequate protection for staff. Assessments and procedures for handling cytotoxic drugs on the wards should be sufficient to ensure the safety of all staff.

### **Radiation Safety**

Radiation Safety procedures set the potential exposure levels for staff to be far below those which pose a hazard to either mother or baby. In addition exposure monitoring will identify any incidents above the limits set in the Radiology local rules. Non Radiology staff should identify themselves to the Radiologist if they believe or know they are pregnant, although again, the risk when protocols are followed is minimal. For additional advice refer to the Radiation Safety Policy.

### **Movement and Posture / Working at high/low levels**

Assessments for working at height should be reviewed to consider the restricted movement of pregnant staff and the difficulties in maintaining balance and identify those which have become an unacceptable risk. In addition because of the difficulties of stooping, managers must also consider any work at low levels which requires bending or crouching for long periods.

### **Display Screen Equipment**

Managers should review the work station assessment for individuals if their condition makes it more difficult to access equipment or twist and stretch at their work base. Where possible managers should arrange work areas to accommodate the member of staff in question.

**Night Working**

Managers should assess whether the activity undertaken poses a greater risk to new or expectant staff. If the risk assessment does not identify a significantly increased risk but where a new or expectant mother expresses concern regarding night working they are required to provide a certificate from their own medical practitioner or a registered midwife to indicate that it is unsafe for the member of staff to continue.

**Driving / Travel**

Where possible driving for prolonged periods should be avoided or sufficient breaks incorporated to avoid postural problems

**Violence and Aggression**

Staff should receive training in strategies for minimising the risk of violence and aggression and have systems in place to notify managers or other staff if they feel in danger. In areas where staff regularly face abuse and aggression, managers should consider if the member of staff should be moved to an alternative area during their pregnancy.

When a member of staff indicates that they have become, or intend to become pregnant, or are continuing to breastfeed their child after return to work, the manager should remind them of any additional risks identified by review of assessments and discuss what steps need to be taken to minimise them. The individual risk assessment, provides a format for reviewing the safety of an individual and should be completed by the manager and member of staff.

**Managers not sure of potential hazards in their workplace should contact the Occupational Health Department.**

**Risk Assessment Form – New and Expectant Mothers**

**Name:** .....

**Department:** ..... **Job Title:** .....

Have any of the following hazards been identified as being an increased risk for a member of staff who is pregnant or who has recently given birth:

|   | Yes $\checkmark$   | No X   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Hazardous Substances e.g.                             <ul style="list-style-type: none"> <li>○ Anaesthetic Gases</li> <li>○ Cytotoxic drugs (preparation of)</li> <li>○ Glutaraldehyde</li> <li>○ Other (please specify) _____</li> </ul> </li> </ul>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| <ul style="list-style-type: none"> <li>• Infection e.g.                             <ul style="list-style-type: none"> <li>○ Dealing with known carriers of Hepatitis B, C, HIV</li> <li>○ Handling Genetically Modified Organisms</li> <li>○ Other (please specify) _____</li> </ul> </li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| <ul style="list-style-type: none"> <li>• Manual Handling</li> <li>• Ionising Radiation e.g.                             <ul style="list-style-type: none"> <li>○ Exposure to external radiation (e.g. X-rays, Brachytherapy, radioactive materials)</li> </ul> </li> <li>• Possible exposure to internal contamination from work with unsealed radioactive materials</li> <li>• Shift Work</li> <li>• Dealing with difficult / aggressive people</li> <li>• Other hazards not identified above</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

If the answer to any of the above questions is Yes, can the job be modified in order to eliminate or reduce risks?

If Yes, describe the required changes below (or on a separate sheet if necessary):

If the job cannot be modified, is re-deployment practical?

Comments / Other information:

Date of first assessment: \_\_\_\_\_; Review dates agreed: \_\_\_\_\_

Manager / Assessor Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_



**Checklist for Managers**

| <b>Action</b>   | <b>Confirmed with Date</b> |
|---|----------------------------|
| Ensure appropriate risk assessments are carried out and reviewed at regular agreed intervals  |                            |
| Check member of staff's maternity leave entitlement. Discuss any queries with HR First Contact before offering advice to member of staff.   |                            |
| Member of staff must give at least 4 weeks' notice before commencing maternity leave<br>Notice to contain details of confinement on form MATB1  |                            |
| Confirm to member of staff in writing: <ul style="list-style-type: none"> <li>• Paid and unpaid leave entitlements</li> <li>• Expected return date</li> <li>• Agreed accrued annual leave and public holidays to be taken at the beginning or end of the maternity leave period</li> <li>• Member of staff to give 8 weeks' notice if they wish to return before expected date</li> </ul> |                            |
| Ensure maternity application completed and forwarded with MATB1 to the Payroll Department in line with Payroll deadlines. Ensure the HR2a/ESR2 form is completed electronically and forwarded to the Payroll Department to attach to these documents. Keep copies of paperwork on member of staff's personal file.  |                            |
| Maintain contact throughout maternity leave and inform of any relevant developments (mutually agreed prior to maternity leave commencement date)  |                            |
| Communicate the option to do up to 10 'Keeping in Touch days' which would need to be mutually agreed by both parties and confirm the appropriate payment for these days   |                            |
| Agree return to work arrangements, taking into consideration requests for flexible working  |                            |
| Complete HR2a/ESR2 form to notify Payroll of member of staff's return to work   |                            |
| If member of staff does not wish to return to work after maternity leave, ensure HR3/ESR3 completed and forwarded to Payroll and resignation letter retained on personnel file  |                            |
| On return to work carry out post birth risk assessment as required  |                            |

**Maternity Leave Application Form**

**PART ONE – PERSONAL DETAILS**

Full Name: ..... Payroll Number:.....

Job Title .....

Dept/Ward:  
.....

Home Address (including postcode during maternity leave):  
.....  
.....

Start date with the Trust: .....

Start date with the NHS: .....

Contracted hours:  
.....

My expected date of childbirth is: .....

My last working day will be: .....

My Maternity Leave will commence on:.....

My expected date of return is .....

I enclose Certificate MAT B1 from my GP or Midwife stating the expected week of childbirth.

Signature: ..... Date: .....

**PART TWO - OPTIONS**

I have read and fully understand the Trust’s Procedure on maternity leave and wish to apply for maternity benefits in accordance with Option A / B / C / D (please delete as applicable) and agree to accept the conditions relating to the scheme for which I am applying.

Please sign and date the relevant Option applied for below:

**OPTION A - 52 WEEKS UNPAID LEAVE**

I wish to choose the 52 weeks unpaid Maternity Leave under the Trust’s Maternity Procedure.:

Signed: ..... Date: .....

**OPTION B - Statutory Maternity Benefits ONLY including return to work**

I intend to return to work within 52 weeks from commencement of Maternity Leave. I wish to receive the maternity pay provided under the Statutory Maternity Pay Regulations.

Signed: ..... Date: .....

**OPTION C – Occupational Maternity Pay including return to work**

I wish to claim the Maternity payments agreed by the NHS Terms and Conditions of Service, which are more generous than Statutory Maternity Pay.

I intend to return to work with an NHS employing authority within 52 weeks from commencement of Maternity Leave and will remain in that employment for at least three months.

I understand that failure to act in accordance with this declaration will lead to the Trust reclaiming the Maternity payments, plus any overtaken annual leave and public holidays, under its Terms and Conditions of Employment, where these are more beneficial than those provided for under the SMP Regulations.

Signed: ..... Date: .....

**OPTION D - Statutory Maternity Pay Benefits – Resignation from your employment with UHB NHS FT**

I wish to receive the 39 weeks of maternity pay provided under the Statutory Maternity Pay Regulations but do not intend to return to work.

My last working day will be: .....

Signed: ..... Date: .....

Copies application form and the original MAT B1 are required as follows:

- 1. Payroll Department
- 2. Member of staff (to retain copy of MAT B1)
- 3. Member of staff's personal file

**Support for Employees affected by Pregnancy Loss**

**The Miscarriage Association [miscarriageassociation.org.uk](http://miscarriageassociation.org.uk)**

Founded in 1982 by a group of people who had experienced miscarriage, the Miscarriage Association continues to offer support and information to anyone affected by the loss of a baby in pregnancy, and works to raise awareness and promote good practice in medical care.

**Tommy's [tommys.org](http://tommys.org)**

Tommy's is a charity that funds research into pregnancy problems but also provides information for parents-to-be.

**Petals [petalscharity.org](http://petalscharity.org)**

Petals is an organisation providing specialist counselling services after a pregnancy loss. Whilst they do not provide counselling services themselves, they provide more information on counselling services that are available.

**Arc [arc-uk.org/about-arc](http://arc-uk.org/about-arc)**

Arc is a national charity offering parents support during antenatal screening and following a termination.

**SANDS [sands.org.uk](http://sands.org.uk)**

SANDS is an organisation that can offer you support if your baby dies during pregnancy or after birth.

They also run a helpline 10am - 3pm Monday to Friday and 6pm - 9pm on Tuesday and Thursday evenings: 0808 164 3332.

**AbortionTalk [abortiontalk.com](http://abortiontalk.com)**

AbortionTalk is a new charity offering the opportunity to talk about abortion in a non-judgemental and supportive environment.