



Royal Cornwall Hospitals
NHS Trust

Parental Entitlements Policy

V1.0

October 2023

Summary

The amounts of leave specified below provide a guide only. Please refer to the Trust's Parental Entitlement Policy for details.

The key to success of this policy is the open dialogue required between the individual and their line manager.

| Type of Leave Provision | <u>Support Leave Entitlements</u> |
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| Parental <u>Support Entitlements</u> leave for employees | |
| <ul style="list-style-type: none"> ▪ Fertility Treatment Support Scheme (Section 10.4) | <p>The Trust offers the equivalent of <u>5 working days</u>1 week of paid leave to employees undergoing fertility treatments. This <u>entitlement</u> can be taken in consecutive days, split days, full days, ½ days or in blocks of 1 hour to allow for flexibility.</p> <ul style="list-style-type: none"> • A <u>day is week normal</u>ef contracted hours is offered for each cycle of IVF. <p>Partners are eligible to apply for the Fertility Treatment Support Scheme and are offered 5 days paid leave. This entitlement can be taken in consecutive days, split days, full days, ½ days or in blocks of 1 hour to allow for flexibility.</p> <ul style="list-style-type: none"> • 5 days of paid leave is offered for <u>two each</u> cycles of IVF. <p><u>In the unfortunate loss</u> Eemployees are <u>may also also entitled</u>have access to the Pregnancy Loss Support leave.</p> |
| <ul style="list-style-type: none"> ▪ Surrogacy Support (Section 11) | <p>Employees are entitled to the same leave as per the Fertility Treatment Support Scheme, Maternity Leave, Adoption Leave, New Parents Support Leave and Shared Parental Leave.</p> <p>Although no entitlement for intended parents to attend antenatal appointments the trust offers:</p> <ul style="list-style-type: none"> ▪ Flexible working hours such as altered shifts or earlier/later starting and/or starting times. ▪ Time off in lieu. ▪ Unpaid leave. <p>Employees are also entitled to the Pregnancy Loss Support leave.</p> <p>Employees are entitled to paid time off to attend official meetings.</p> |

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| <ul style="list-style-type: none"> ▪ Adoption Leave (Section 6.1.4.) | <p>Employees are entitled to paid and/ or unpaid leave of up to 52 weeks dependant on individual circumstances. Please see the Adoption Leave Section of this Policy.</p> <p>Employees are entitled to paid time off to attend official meetings.</p> |
| <ul style="list-style-type: none"> ▪ Maternity Leave (Section 13.7) | <p>Employees are entitled to paid and/ or unpaid leave of up to 52 weeks dependant on individual circumstances. Please see the Maternity Leave Section of this Policy for individual entitlements.</p> |
| <ul style="list-style-type: none"> ▪ New Parent Support Leave (Section 14.4) | <p>Employees who have 12 months continuous NHS service at the beginning of their partner's or surrogate's expected week of childbirth or at the beginning of the week in which they are notified of having been matched with a child for adoption, are entitled to:</p> <ul style="list-style-type: none"> • Two weeks New Parent Support Leave during which they will receive full pay. <p>Employees who have at least 26 weeks continuous NHS service prior to the fifteenth week before their partner's or surrogate's expected week of childbirth or prior to the week in which they are notified of having been matched with a child for adoption, are entitled to:</p> <ul style="list-style-type: none"> • Two weeks New Parent Support Leave during which they will receive Statutory Paternity Pay or 90% of their normal salary, whichever is the lesser. <p>Employees who have less than 26 weeks continuous NHS service prior to the fifteenth week before their partner's or surrogate's expected week of childbirth or prior to the week in which they are notified of having been matched with a child for adoption, are entitled to:</p> <ul style="list-style-type: none"> • Two weeks unpaid New Parent Support Leave. |
| <ul style="list-style-type: none"> ▪ Premature birth prior to 37 weeks gestation (Section 15.2) | <p>Employees are entitled to additional paid leave from the child(ren)'s birth until the employees intended date to commence Maternity Leave.</p> <ul style="list-style-type: none"> • This leave will be at full pay. • The employees Maternity Leave will commence on their intended date and they will be entitled to the usual Maternity Leave benefits, as per the Maternity Leave section in this Policy. |

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| | <p>To support partners of those experiencing a premature birth the Trust offers compassionate leave of up to 2 weeks leave with full pay to support the initial family bonding.</p> <ul style="list-style-type: none"> Once the child(ren) is discharged from hospital, partners are entitled to the full New Parent Support Leave and Shared Parental Leave, as per the relevant sections in this Policy. |
| <ul style="list-style-type: none"> Shared Parental Leave (Section 16.3) | <p>Employees are entitled to split 50 weeks of Maternity Leave between both parents. Please speak to the Wellbeing Team for individual guidance of leave.</p> |
| <ul style="list-style-type: none"> Parental Leave (Section 19.2) | <p>Employees are entitled to 18 weeks Parental Leave for each qualifying child in a family by each parent e.g. where there are two children, each parent will get 36 weeks leave. If you are part-time then the leave will be calculated on a pro-rata basis.</p> <ul style="list-style-type: none"> No restriction on how leave can be taken. The leave arrangements need to be as flexible as possible, so that the leave can be taken in a variety of ways by local agreement with your manager. |
| <ul style="list-style-type: none"> Pregnancy Loss Support (Section 20.2) | <p>Employees who have experienced a loss during pregnancy will be entitled to:</p> <ul style="list-style-type: none"> 10 days paid leave or equivalent to 14 days paid leave for part time employees. This is not dependent upon gestation of pregnancy or length of service. <p>Partners who have experienced a loss are entitled to:</p> <ul style="list-style-type: none"> 5 days paid leave. This is not dependent upon gestation of pregnancy or length of service. <p>Employees and their partners will be offered paid time off for appointments linked to pregnancy loss, for example, medical examinations, scans, tests and mental health-related interventions, if this stretches beyond the 10 days paid leave.</p> |
| <ul style="list-style-type: none"> Child Bereavement Leave (Section 21.1) | <p>Employees who are recent bereaved parents will be eligible for an additional 10 days paid Child Bereavement Leave in addition to Bereavement leave (no limit in year).</p> |

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Becoming a parent is a significant event and Royal Cornwall Hospitals Trust (hereafter referred to as the Trust) believes it is important that employees receive as much support and advice as possible to ensure they receive benefits and entitlements, and the health, safety and welfare of the parent and child is not compromised.
- 1.2. The Trust is committed to promoting equality of opportunity and preventing discrimination for those of our employees who are undergoing fertility treatments, expectant parents, and new parents.
- 1.3. The aim of this policy is to give guidance on the Fertility Treatment Support Scheme, Surrogacy Support, Pregnancy Loss Support, Maternity Leave, New Parent Support Leave (previously known as paternity), Adoption Leave, Shared Parental, Parental Leave and Child Bereavement Leave entitlements within the Trust.
- 1.4. This policy applies to all employees of the Trust on Agenda for Change & Medical and Dental terms and conditions. Section 15 of the Agenda for Change handbook sets out eligibility requirements for maternity, new parent support, adoption, shared parental and parental leave and pay. This includes the continuous service criteria.
- 1.5. The Parental Entitlements Policy aims to promote a consistent approach across the Trust. This policy is designed to help employees understand their entitlements and provides procedural guidance for employees and employers based on best practice. The policy explains the responsibilities and actions that are required by managers and employees throughout the process.
- 1.6. The Trust expects ongoing communication between employees and their Line Manager recognising this can benefit employees before and during leave and can help facilitate a smooth transition back to work.
- 1.7. The Trust encourages employees to maintain a positive work life balance and aims to support individuals through the provision of a framework of good 'family friendly' practice.
- 1.8. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The aim of this policy is to give guidance on the Fertility Treatment Support Scheme, Surrogacy Support, Pregnancy Loss Support, Maternity Leave, New Parent Support Leave (previously known as paternity), Adoption Leave, Shared Parental, Parental Leave and Child Bereavement Leave entitlements within the Trust.

3. Scope

- 3.1. This policy/procedure applies to staff members within the Trust.

4. Definitions / Glossary

4.1. Adoption:

The act of taking another person's child legally into your family to raise as your own child.

4.2. Contract amendment form (CAF):

A contract amendment is a change, correction, clarification, or deletion to an agreement you have already signed, For example: employment contract detailing a change in working hours or job role.

4.3. Fertility Treatments:

Any treatment, medication or medical procedure intended to increase the likelihood of a person successfully conceiving a child. This could include Egg retrieval/ freezing, Intrauterine insemination (IUI) or In Vitro Fertilisation (IVF).

4.4. Intended Parent (s) (IP):

This is the person or couple who are considering surrogacy as a way of becoming a parent. This could be a single person or people in a marriage, civil partnership or co-habiting/ living together. In order for an intended parent to apply for a parental order, at least one of the IP must be a genetic parent of the child who is born to them through surrogacy.

4.5. Keeping in touch (KIT) and Shared Parental Leave in Touch (SPLIT) days:

KIT and SPLIT days are paid workdays (up to 10 days) during Maternity, New Parent Leave or Adoption Leave without bringing leave or pay to an end.

4.6. MAT B1 Form:

The Maternity Certificate (MATB1) enables a pregnant person to claim:

- Statutory Maternity Pay (SMP) from their employer.
- Maternity Allowance (MA) from Jobcentre Plus.
- Sure Start Maternity Grant (SSMG) from Jobcentre Plus.

The certificate verifies the pregnancy, confirms the date of the expected week of confinement (EWC) or confirms the actual date of birth when completed after the baby's birth. Doctors or registered midwives must issue the MATB1 form free of charge to their pregnant patients for whom they provide clinical care.

4.7. Matching Certificate:

Is a certificate provided by the relevant adoption agency providing information including the person(s) matched with a child for adoption and the expected placement date.

4.8. Maternity Leave:

A period of absence from work granted to a pregnant person or woman for the birth and care of their baby. The period of absence can be up to 52 weeks and could be paid or unpaid leave.

4.9. Neonatal Death:

A Neonatal death is when a baby dies within 28 days after they are born.

4.10. New Parent Support (previously known as Paternity Leave) Leave:

A period of absence from work granted to an employee to support their partner following the birth of a child, adopting a child or having a baby through a surrogacy arrangement. Employee's might be eligible for 1 or 2 weeks' paid leave, New Parent Support Leave and Pay or Shared Parental Leave and Pay.

4.11. Parental Leave:

Unpaid leave to look after child's welfare. Employment rights are protected during parental leave.

4.12. Parental Order:

This is an order giving full parental responsibility for a child to the approved adopters for surrogacy arrangements, made on their application to the court. A parental order severs the legal ties between the birth mother and the child, so that the adoptive parent(s) become the child's legal parent(s) throughout life.

4.13. Partner

A partner is defined as someone in a relationship with, married to or in a civil partnership with an individual undergoing fertility treatment, adoption, or surrogacy (both as a surrogate and as an intended parent).

4.14. Pregnancy/ Antenatal care:

Pregnancy is the term used to describe the period in which a fetus develops inside a person's womb or uterus.

Antenatal care is the care a person receives from healthcare professionals during a pregnancy.

4.15. Pregnancy loss (formerly known as a miscarriage):

Pregnancy loss (previously known as a miscarriage) is when a baby (or fetus or embryo) dies in the uterus during pregnancy. In the UK, that definition applies to pregnancies up to 23 weeks and 6 days pregnant.

4.16. Premature birth:

Premature birth is the birth of a live baby before 37 weeks of pregnancy are completed.

4.17. Stillbirth

A stillbirth is the death of a baby during pregnancy or birth after 24 weeks of pregnancy.

4.18. Surrogacy:

Surrogacy is an arrangement, often supported by a legal agreement, whereby a person of childbearing age agrees to carry and birth a baby, on behalf of another couple or person, who will become the child's parent after birth.

4.19. Surrogate:

This is the preferred term for a woman or birthing person who consents to help the intended parent(s) by carrying children for them to create families.

5. Ownership and Responsibilities

5.1. Role of the Managers

Line managers are responsible for:

- Discussing fertility appointments, surrogacy appointments, antenatal care, adoption appointments and amend Healthroster as required for employees. Offering flexible working as required.
- Ensuring Healthroster is up to date with all leave, including Fertility Treatment Support Leave, Surrogacy Leave and Adoption Leave.
- Ensuring the Wellbeing Team are aware of the pregnancy.
- Undertaking relevant risk assessments of employees who are undergoing fertility treatment and/ or are pregnant to ensure the workplace is safe for each individuals wellbeing.
- Discussing Maternity Leave, New Parent Support Leave, Surrogacy Leave and Adoption leave dates with the employee and mutually agreeing if annual leave will be taken prior or post the formal leave period. Managers to update Healthroster for employee with agreed leave dates, and record dates on the employee's application for leave forms to enable the Wellbeing Team to confirm this in writing to the employee.
- Requesting the MATB1 certificate from employee and arranging a meeting at approximately 25 weeks of pregnancy to discuss entitled leave. A Manager who is authorised to sign Contract Amendment Forms signs the Application form. Maternity leave can start on any day of the week, prior to the day the baby is due. Sending these forms and the MATB1 to the Wellbeing Team who will carry out any necessary checks and make sure that the forms go to the relevant departments. There is **no need** to complete a CAF. A CAF will only need to be completed if the date needs to be changed. Once the Wellbeing Team has received the maternity forms and MATB1 they will write to the employee. This letter will confirm the date that the employees leave will end, the breakdown of their pay and any annual leave that both the manager and employee have agreed can be taken at the end of the leave period. A copy of the letter will be sent to the line manager for their information.
- Ensuring the appropriate policy is followed if the pregnant person is on a Fixed Term Contract (FTC) and the contract will expire after the eleventh week before the expected week of childbirth. Managers will need to extend

the FTC to cover the period of 52 weeks maternity leave. If the contract ends after the 25th week of pregnancy but before the 29th week of pregnancy and the staff member qualifies for statutory maternity pay, managers will need to extend the contract to cover the 39 weeks of paid maternity leave.

- Considering how to provide cover for employees if they are returning to work or whether a replacement will be needed if the pregnant person chooses to not return to work. Contact the Recruitment Department regarding advertising if this is required.
- Ensuring sickness is up to date and on Healthroster. If the employee has sick/ absence leave and their sickness IS pregnancy related they will commence maternity leave at the beginning of the fourth week before their expected week of childbirth or the beginning of the next week after they last worked, whichever is the later. Odd days of pregnancy related illness during this period may be disregarded if they wish to continue working until the maternity leave start date that they previously advised. Manager's will need to complete a Contract Amendment to notify of the changed maternity leave start date if this is appropriate.
- Ensuring an amended CAF is completed if the start date of the maternity leave is affected. If the baby is stillborn at or after the 24th week, the member of staff is still entitled to the full maternity leave. If the baby is born before the 37th week of pregnancy, then the employees Maternity Leave will start on the date of their intended date to commence Maternity Leave. If employees are off sick at the time of the birth, then their Maternity Leave will commence at the beginning of the week of the birth of their baby.
- Ensuring prior to the employee going on leave, the employer and employee have discussed and agreed any voluntary arrangements for keeping in touch during the employee's maternity or adoption leave. These can include any developments at work that the employee may find helpful and nearer the time of return, to help facilitate their return to work. Employees should inform managers of any developments that may affect the intended date of return. As a manager you may make reasonable contact with your member of staff during their leave in this respect. Employees may, if mutually agreeable with the Trust, do up to 10 days paid work, known as Keeping in Touch (KIT) days or Shared Parental Leave in Touch (SPLIT) days, under their contract of employment during their maternity leave. The nature and type of work is to be mutually agreed and could also be used for things like attending a team meeting, training activity or conference etc. Payment for Keeping in touch days may not be made until they have returned to work or may be offered as Time off in Lieu of Payment. This should be mutually agreed beforehand.
- Ensuring a CAF is completed for every employee on Maternity, Fertility, New Parent Support, Shared Parental, Surrogacy, Adoption or Child Bereavement Leave, even if the member of staff takes their full entitlement.
- Requiring a risk assessment has been undertaken when the employee returns from leave. If the employee is breast/ chest feeding managers are required to provide suitable rest facilities. The Health and Safety Executive Guidance recommends that employers provide: A clean, healthy, and safe environment for women and people who are breastfeeding and suitable access to a private

room to express and store milk in an appropriate refrigerator. Managers are reminded that they should consider requests for flexible working arrangements to support breast/ chest feeding employees at work.

5.2. Role of Individual Staff

All staff members are responsible for:

- Making their line manager aware of any fertility medical history and/ or treatments if wishing to access the Fertility Treatment Support Scheme or Pregnancy Loss Support entitlements.
- Discussing any flexible working arrangement requests the individual feels would be supportive to their individual situation, to enable employment to continue.
- Informing line managers of fertility appointments, surrogacy appointments, adoption appointments as soon as reasonable possible. Employees must attend work prior to and after appointments.
- Informing their line manager of a pregnancy (with 15 weeks' notice or as soon as the employee is happy to do so) or upcoming surrogacy or adoption (within 7 days' of being notified by the Adoption Agency of a match with a child) and their intent after their leave i.e., returning or not returning to the workplace.
- Informing line managers of antenatal care appointments, this includes education classes/sessions, relaxation or exercise classes/sessions which may have been recommended by a midwife/ obstetrician. Employees must attend work prior to and after appointments/ classes.
- Contacting their line manager to request a risk assessment and Fertility Treatment Support Scheme, Maternity Leave, Surrogacy Leave or Adoption Leave meeting to discuss leave dates along with submitting a copy of their MATB1 Certificate/ Parental Order/ Matching Certificate (if applicable). After this meeting employees will receive a letter detailing a breakdown of leave dates and financial entitlements.
- Contacting their line manager to inform them of a premature birth or child bereavement.
- Contacting their line manager to request a meeting to discuss New Parental Support Leave, Shared Parental Support Leave or compassionate Premature birth leave dates along with submitting a copy of their partners MATB1 Certificate/ Parental Order/ Matching Certificate (if applicable).
- Liaising with managers to ensure keeping in touch (KIT) or Shared Parental Leave in Touch (SPLIT) days have been booked if required.
- Discussing any flexible working arrangement requests during Maternity, New Parent Support Leave, Surrogacy Leave, Adoption Leave and Shared Parental Leave prior to returning to work after leave and date of return if this has changed (employee must give 28 days' written notice of your return-to-

work date if it is before the end of the full entitlement to paid or unpaid leave).

6. Annual Leave

6.1. Annual Leave and bank holidays are accrued at the normal rate during Maternity Leave, New Parent Support Leave, Surrogacy Leave, Adoption Leave, Shared Parental Leave and Parental Leave.

6.2. Where the amount of accrued Annual Leave would exceed normal carry over provisions, it may be mutually beneficial to both the employee and employer for the employee to take annual leave before and / or after the formal (paid and unpaid) Maternity Leave, New Parent Leave, Surrogacy Leave, Adoption Leave or Shared Parental Leave period. The amount of Annual Leave to be taken in this way, or carried over, should be discussed, and agreed between the employee and manager and recorded on Healthroster. Refer to the Annual Leave Policy for further information.

6.3. Employees who arrange to change their contractual working hours on return to work from leave will have their Annual Leave entitlement calculated on a pro-rata basis proportional to the date on which they return to work.

7. Pensions

7.1. Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Pension Scheme Regulations.

7.1.1. During the paid Maternity, New Parent Support, Adoption or Shared Parental Leave periods pension contributions will be based on the pay that the employee receives during this period.

7.1.2. During unpaid Maternity Leave, New Parent Support Leave, Adoption leave and Shared Parental Leave pension contributions will be based on the employee's rate of pay immediately before any unpaid leave begins. A pension debt will be accumulated whilst the employee is on unpaid leave which will be automatically recovered from the employee's salary when they return to work. This will be deducted throughout a time scale equal to that of the period of unpaid leave. The employee will receive a letter from the Payroll and Pensions Department on returning to work reminding them of the above and confirming the amount of monies owed.

7.1.3. Whilst an employee is on paid and / or unpaid leave and paying pension contributions as stated above, the employee's pension record is not affected and pension service is credited as if the employee is working their normal contract.

7.1.4. Any enquiries regarding pensions should be directed to Payroll/ Pensions Team which can be contacted via switchboard.

8. Employees on Fixed Term Contracts

8.1. Employees subject to fixed-term or training contracts which expire after the eleventh week before the expected week of childbirth, or the date of matching with a child/ children and who have at least 12 months continuous NHS service

prior to this date, shall have their contracts extended so as to allow them to receive the contractual Maternity Leave, Adoption Leave, New Parent Support Leave or Shared Parental Leave.

8.1.1. If there is no right of return to be exercised because the contract would have ended if pregnancy/adoption/shared parental leave had not occurred, the repayment provisions set out in this policy will not apply.

8.1.2. Employees on fixed-term contracts who do not meet the conditions set out in this policy may still be entitled to Statutory Maternity Pay or Statutory Adoption Pay.

9. Employees on Secondments?

9.1. As for Fixed term contracts?

9.1.1. x

10. Fertility Treatment Support Scheme

Approximately 1 in 6 people worldwide and 1 in every 7 couples in the UK are experiencing infertility and seeking fertility treatments to start or grow their family. Over the last 10 years there has been a rise in individuals seeking fertility treatments. Fertility treatments will be personalised to each individual and/ or couple and as such can vary in terms of appointments and the treatments required. The majority of treatments will involve invasive procedures and medications which are required to be taken at specific times as indicated by fertility specialists. Our Trust recognises undergoing fertility treatments will have both an emotional and physical demand on individuals.

10.1. The Fertility Treatment Support Scheme is available to all employees, whether they have a full or part-time contract with the Trust. Employees participating in The Fertility Support Scheme will be entitled to the usual maternity/ new parent support benefits should they be successful in their treatment.

10.2. The Fertility Support Scheme allows employees undergoing fertility treatments some additional paid time off to attend appointments. The scheme may be used for NHS or private treatments. Line managers must be informed of appointments as soon as possible and confirmations of appointments may be asked for. As much notice as is reasonably possible should be provided for taking time off for treatment appointments. However, The Trust appreciates this may be short notice due to the nature of fertility treatments and time specific procedures. Managers should be as flexible and supportive as possible.

10.3. Types of Fertility Treatments

Majority of Fertility Treatments will involve time specific invasive and non-invasive procedures such as ultrasounds and surgery, as well as regular blood testing and medications. Most individuals will have to attend several appointments within a given month and due to the nature of hormonal cycles, some appointments may be planned with short notice. As fertility treatments have the potential to last for many months,

employees may need to alter their working patterns and request flexible working to provide protected times for medications, in addition to a more holistic work and life balance whilst undergoing treatments.

10.3.1. In vitro Fertilisation (IVF)

IVF is the most invasive of fertility treatments and requires individuals to self-medicate medications such as injections at timed intervals to increase the number of eggs produced in one month. This can cause changes hormonally and physically to the individual and as such an employees usual workload, may need to be adapted to prevent potential serious side effects such as, undertaking a manual handling risk assessment to reduce the chance of Ovarian Hyperstimulation Syndrome. Following a period of medications, an individual will undergo sedated surgery to retrieve eggs prior to fertilisation and embryo transfer.

Following egg retrieval surgery, individuals may continue medications prior to embryo transfer which is usually scheduled for a few days after, if the treatment plan is a fresh embryo cycle. However, if the treatment plan is for a frozen embryo cycle the individual may have a break from medications and restart medications months/ years later. Therefore, individuals and/ or couples can undergo multiple rounds and cycles of IVF in a 12 month period.

10.4. Time off for people undergoing fertility treatments.

10.4.2. Flexible working

Fertility treatments are much more than attending appointments and can have a significant impact on an employee's emotional and physical wellbeing. The Trust recognises that appointments and medications need to be timed specifically and as such promotes flexible working for employees undergoing fertility treatments.

10.4.2.1. Employees are encouraged to discuss their flexible working needs with their line manager. Managers should seek early advice from Occupational Health about the support an employee may require. Managers and employees should have open and supportive conversations about the treatment and the impact it is likely to have on the employee's wellbeing. They should work together to agree working arrangements that supports the employee to be comfortable at work when undergoing treatment.

10.4.2.2. Reasonable adjustments may be made using the range of flexible working options depending on the treatment plan and outcomes. This could include additional breaks, shorter shifts, alternative shift pattern or alternative duties. These arrangements should be reviewed regularly.

10.4.2.3. Following treatment managers must be sensitive to the outcome of the treatment and support the employee respectfully. This may include pregnancy loss or early pregnancy support. If the employee requires time off as a result of treatment side effects the Attendance Management Policy must be followed.

10.4.3. Paid/ Unpaid Leave

The Trust supports employees undertaking fertility treatments by offering paid leave. The paid leave offered is to support attendance at appointments and is to suit the employees' individual needs of receiving and recovering from fertility treatments.

10.4.3.1. All employees undergoing fertility treatment are eligible to apply for the Fertility Treatment Support Scheme.

10.4.3.2. The Trust offers the equivalent of 1 week of paid leave to employees undergoing fertility treatments. This entitlement can be taken in consecutive days, split days, full days, ½ days or in blocks of 1 hour to allow for flexibility.

10.4.3.3. A week of contracted hours is offered for each cycle of IVF.

10.4.3.4. Employees must discuss with their line manager as soon as possible the dates of any planned treatments. Evidence of appointments may be required for leave to be authorised.

10.4.3.5. If more than 1 weeks leave is required, then annual or unpaid leave may be used in addition, with the agreement of the line manager.

10.5. Partner Leave/ Support

10.5.3.1. The Trust acknowledges that fertility treatments equally impacts partners and offers paid leave to support employees.

10.5.3.2. Partners are eligible to apply for the Fertility Treatment Support Scheme and are offered 5 days paid leave. This entitlement can be taken in consecutive days, split days, full days, ½ days or in blocks of 1 hour to allow for flexibility.

10.5.3.3. 5 days of paid leave is offered for each cycle of IVF.

10.5.3.4. Employees must discuss with their line manager as soon as possible the dates of any planned treatments. Evidence of appointments may be required for leave to be authorised.

10.5.3.5. If more than 5 days leave is required, then annual or unpaid leave may be used in addition, with the agreement of the line manager.

10.6. Mental Health support during Fertility Treatment

Occupational Health offer employees several free counselling sessions and have a vast range of information and advice to support mental wellbeing. Employees should be encouraged to liaise with Occupational Health and access this support.

10.7. Employees who have successful fertility treatments

Employees who have successful fertility treatments and become pregnant are entitled to the same support alike pregnant employees who have not

undergone fertility treatment.

10.8. Information for Managers

Managers are advised to learn more about fertility treatments in order to support employees appropriately. Online information can be found via the NHS website, The Human Fertilisation and Embryology Authority (HFEA) or Fertility Network UK websites.

11. Surrogacy Support

11.1. As defined by the Surrogacy Act 1985, a 'surrogate mother' means a woman or pregnant person, who carries a child due to an arrangement-

- Made before the individual began to carry the child, and
- Made with a view to any child carried to be handed over to, and the parental rights being exercised (so far as practicable) by, another person or other persons.

In January 2019 the Government made a change to legislation for The Human Fertilisation & Embryology Act 2008. This change now allows an individual applicant to obtain a parental order. A parental order transfers legal parenthood to the intended parent/s after a surrogacy arrangement.

11.2. Types of Surrogacy

11.2.1. Straight or traditional surrogacy; this is when the surrogate provides their own egg and the intended parent provides a sperm sample. The egg is then fertilised with either naturally or by artificial insemination at home or through artificial insemination with the help of a fertility clinic.

11.2.2. Gestational, full or host surrogacy: this is when the surrogate has no genetic link with the child but the embryos are usually created from the eggs and sperm of the intended parents (IP) (or where applicable, donor eggs or sperm). The embryos are created by in-vitro fertilisation (IVF) in a fertility clinic.

11.3. Employees who are the surrogate

11.3.3. Employees who are pregnant surrogates through IVF treatment are entitled to the Fertility Treatment Support Scheme.

11.3.4. Pregnant surrogates have the same entitlements as employees who are pregnant not through a surrogacy arrangement. All entitlements are outlined in the Maternity Leave and Pay Guidance section of this Policy.

11.4. Employees who are the Intended Parents

11.4.5. Employees who are intending to become parents via surrogacy will be entitled to the Fertility Treatment Support Scheme and eligible for paid time off for each cycle of IVF.

11.4.6. Employees are entitled to paid time off to attend official meetings in the surrogacy process. If these meetings fall during working hours, time off shall be paid at the normal rate. Employees are expected, where possible to attend work

prior to, or return to work following, official meetings. Employees should notify their line manager of the time of their meetings. Additional time off needed in respect of the official process must be arranged with the employee's line manager.

11.4.7. Both intended parents in a surrogacy arrangement are also entitled to unpaid time off work to attend two antenatal appointments with their surrogate.

11.4.8. Employees in a surrogacy arrangement who are entitled to and intend to apply for an Adoption Matching Certificate or Parental Order under the Human Embryology and Fertilisation Act 2008 will be entitled to Adoption Leave and New Parent Support Leave. Please see the relevant sections in this Policy for more information.

11.4.9. Employees will inform their line manager on the 15th week before the baby's due date of their intention to apply for an Adoption Matching Certificate or Parental Order. Line managers are responsible for ensuring paperwork is completed and The Wellbeing Team are aware of the upcoming Adoption Leave and/ or New Parent Support Leave.

12. Adoption Leave and Pay Guidance

12.1. Adoption leave and pay are available to individuals who have the primary caring responsibilities for the adopted child or to one member of a couple where a couple adopt jointly (the couple must choose which partner takes adoption leave). Adoption Leave also applies to employees who are intending to become parents through surrogacy. The partner of an individual who adopts, or the other member of a couple who are adopting jointly, may be entitled to New Parent Support Leave and pay or its equivalent.

This policy covers the adoption leave and pay rights where a child is matched and placed for adoption within the UK. The measures may also be available where a child has been adopted overseas, although the detailed operation of the scheme may differ slightly for practical reasons.

This policy applies to placements of children who are aged under 18 and where that child is unknown to, or does not have an established relationship with, the adoptive parents.

Adoption leave and adoption pay entitlements are governed by NHS Regulations as well as statutory legislation. Therefore, the information contained in this policy is specific to NHS employees. Please contact the Wellbeing Team if you require further information.

12.2. Official meetings

All employees are entitled to time off in order to attend official meetings in the adoption process. If these meetings fall during working hours, time off shall be paid at the normal rate.

In circumstances where there is an established relationship with the child, such as fostering prior to adoption, employees will be entitled to time off for official meetings.

Employees are expected, where possible to attend work prior to, or return to work following, official meetings.

Employees should notify their line manager of the time of their meetings. Additional time off needed in respect of the official process must be arranged with the employee's line manager.

12.3. Meeting with your line manager

You are required to inform your manager of your intention to take adoption leave within seven days of notified by the Adoption Agency that you have been matched with a child for adoption. You will need to inform your manager of when the child is expected to be placed with you and when you intend for your adoption leave and pay to commence. You must complete the relevant Adoption Leave Forms which your manager will forward with the Adoption Matching Certificate to The Wellbeing Team. On receipt of this paperwork your entitlements will be checked and a confirmation letter will be sent to you, copied to your line manager and the payroll department.

You may commence adoption leave from the date of the child's placement or from a fixed date which can be up to 14 days before the expected date of placement, provided you give the required 28 days' notice.

Should you subsequently wish to change the date on which you commence adoption leave, you should provide written notification to your line manager at least 28 days in advance, unless it is not reasonably practicable, in which case, notice must be given as soon as possible.

12.4. Confirming adoption entitlements

Following your meeting you will receive written confirmation of:

- Your entitlement to paid and/or unpaid Adoption Leave
- Your expected return to work date, based on your entitlement to paid and/or unpaid leave and the date on which you intend to commence Adoption Leave
- Any annual leave you may have, which in negotiation with your manager, may be taken prior to or at the end of your Adoption Leave
Your requirement to provide eight weeks' notice of the date on which you intend to return to work if this is before the expected return date.

As well as a copy of this information remaining on your personal file copies will also be forwarded to the payroll department and retained in The Wellbeing Team.

You are required to forward your Adoption Matching Certificate, available from an adoption agency to your line manager. Adoption pay cannot be processed without this certificate.

Prior to commencing Adoption Leave, you are advised to discuss and agree with your manager any voluntary arrangements for maintaining contact during your absence. This will include awareness of developments within the role and workplace and measures to help facilitate your return to work. You will also be expected to advise your manager of any circumstances that may affect your intended date of return.

12.5. Eligibility to adoption leave and pay

Adoption leave and pay is available to the adopter of the child aged under 18 or the partner in a couple who is deemed to have the main caring responsibility for a child aged under 18, who is previously unknown to them, who has been matched with them for adoption. The second partner of a couple adopting a child is entitled to New Parent Support Leave and pay or its equivalent.

Calculation of Adoption Pay - Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Adoption Pay (SAP) entitlements.

12.6. Calculating Adoption Leave and Pay

The amount of Adoption Leave and pay is the same as Maternity Leave and pay and depends on your length of service prior to being matched for adoption and your intentions following Adoption Leave. Adoption Leave is 52 weeks, made up of 26 weeks Ordinary Adoption Leave and 26 weeks of Additional Adoption Leave. You are not obliged to confirm at this stage your intentions regarding returning to work following Adoption Leave, although you will be asked to sign 'Adoption Leave/Pay Application' to indicate your intentions. However, without this indication there is no way of providing guidance on your entitlement to allow you to plan your time or finances during and following your Adoption Leave.

You will be asked your intentions regarding returning to work, not returning to work following adoption leave or whether you are undecided at this stage of the adoption process, what your intentions are. This, combined with your length of continuous service with the NHS will determine the amount of Adoption Leave and pay you are entitled to.

Your entitlement to receive Statutory Adoption Pay (SAP) is dependent upon your National Insurance contributions, and if applicable, will be paid concurrently with the 39 weeks leave and/or pay that you receive from the Trust for 26 weeks.

12.7. Entitlements for employees returning to work

12 month continuous NHS service (Trust scheme)

An employee who indicates that they intend to return to work following Adoption Leave, and who has at least 12 months continuous NHS service prior to being notified of being matched for adoption will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive:

- Full pay for the first eight weeks
- Half pay plus SAP for the next 18 weeks (providing this does not exceed normal full pay)
- SAP for the remaining 13 weeks
- Followed by 13 weeks unpaid leave

Employees to whom this entitlement applies are required to return for a

minimum period of three months. This can be to different hours of work, a different post, or a different NHS employer.

At least 26 weeks continuous NHS service (Statutory scheme)

An employee who indicates that they intend to return to work following Adoption Leave, and who has at least 26 weeks continuous NHS service prior to being notified of being matched for adoption will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive:

- 90% of their normal full pay for the first six weeks
- SAP for the remaining 33 weeks
- Followed by 13 weeks unpaid leave

Less than 26 weeks' continuous NHS service

An employee who indicates that they intend to return to work following Adoption Leave, and who has up to 26 weeks continuous NHS service prior to being notified of being matched for adoption will be advised of the following entitlement:

- 52 weeks unpaid leave

Irrespective of their entitlement to Statutory Adoption Pay, the employee will have a statutory entitlement to 52 weeks unpaid leave.

Employees who do not pay National Insurance contributions, and do not therefore qualify for SAP may be able to claim an Allowance from the Department of Work and Pensions.

12.8. Entitlements for employees not returning to work

An employee who indicates that they do not intend returning to work following adoption leave, but who has at least 26 weeks continuous NHS service prior to being notified of being matched for adoption will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive:

- 90% of their normal full pay for the first six weeks
- SAP for the remaining 33 weeks
- Followed by 13 weeks unpaid leave

An employee who indicates that they do not intend returning to work following adoption leave, but who has less than 26 weeks continuous NHS service prior to being notified of being matched for adoption will be advised of the following entitlement:

- 52 weeks unpaid leave

12.9. Undecided whether or not to return to work following Adoption Leave

Employees indicating that they are undecided whether or not to return to work following Adoption Leave will be paid in the first instance as if they were not returning. Should you then decide to return to work, any further monies owed to

you will be paid, less the amount that has already been paid. This will be paid at the end of the leave period. All other conditions applicable to those employees who indicate that they intend to return to work will apply.

Should you decide not to return to work following Adoption Leave you should write a letter of resignation to your line manager, giving requisite notice.

12.10. Disrupted placement during Adoption Leave

In the event of an adoption being disrupted, time is provided to allow an employee time to come to terms with the ending of the placement or the child's death, before returning to work. It also gives time for the employee to give the requisite eight weeks' notice of their return to work.

Situations in which a child's placement is ended during the Adoption Leave include:

- Where an employee has begun a period of Adoption Leave before the placement of the child and the adoption agency notifies the employee that the child will not be placed with him or her;
- Where the child is returned to the adoption agency during Adoption Leave;
- Where the child dies during Adoption Leave.

In these situations, the employee's Adoption Leave period will end eight weeks after the end of:

- The week during which the employee is notified that the placement will not take place
- The week during which the child's placement ends;
- The week during which the child dies.

Special provision is made for the situation in which the child's placement ends for any of the events above. The employee's Adoption Leave period would have ended within eight weeks of the week in which the event occurred.

In this situation, the employee's Adoption Leave continues until the normal expiry date. The Adoption Leave will continue until eight weeks after the week in which the event occurred. If the event occurs within eight weeks of the end of the employee's Adoption Leave, the employee's leave continues until the planned expiry date.

12.11. Sickness and absence during the adoption process and Adoption Leave

If the employee is sick prior to the date they intend to commence Adoption Leave, and that period of sickness continues past the intended start date, adoption leave will commence as planned.

The employee will not be entitled to sick pay during the period of Adoption Leave.

Sickness absence from the expected date of return to work will be treated as sick leave and appropriate medical certificates will be required.

13. Maternity Leave and Pay Guidance

13.1. Maternity leave and maternity pay entitlements are governed by NHS regulations as well as statutory legislation. Therefore, the information contained in this policy is specific to NHS employees.

13.2. Antenatal Care

13.2.1. All pregnant employees are entitled to time off in order to attend antenatal appointments. If these appointments fall during working hours, time off shall be paid at the normal rate.

13.2.2. Employees are expected, where possible to attend work prior to, or return to work following, ante- natal appointments.

13.2.3. Employees should notify their line manager of the time of their ante-natal appointment. Additional time off needed in respect of ante-natal care, (e.g. aqua-natal or parent-craft classes) must be arranged with the employee's line manager, or another appropriate manager.

13.3. Meeting with your line Manager

13.3.4. Employees are required to attend a meeting with their line manager once the MATB1 form has been issued (Approximately week 25 of pregnancy). At this meeting employees will be asked to advise the date on which they intend to commence maternity leave. There is a form which employees need to complete in the 'Your guide to being pregnant at work and Maternity Leave' detailing their intentions.

13.3.5. Employees are required to submit their MATB1 certificate, provided by their midwife or GP as soon as it is available, to their line manager, who will forward it with the completed Maternity Leave/Pay Application Form to the Wellbeing Team.

13.4. Confirming Maternity entitlements

13.4.6. After the meeting with your line manager, you will receive written confirmation of:

- Your entitlement to paid and/or unpaid maternity leave (or statutory entitlements if you do not qualify under this agreement)
- Your expected return date based on your entitlement under this agreement
- The length of any period of accrued annual leave, which in negotiation with your manager, may be taken prior to or at the end of your maternity leave
- Your requirement to provide eight weeks' notice of the date on which you intend to return to work if this is before the expected return date.

You may commence maternity leave at any time between the eleventh week before the expected week of childbirth and the expected week of childbirth, provided you give the required 28 days' notice of your intentions.

Should you subsequently wish to change the date on which you commence maternity leave, you should provide written notification to your manager at least 28 days prior to the date on which you intend to commence maternity leave (or, if this is not possible, as soon as is reasonably practicable beforehand).

As well as a copy of this information remaining on your personal file, copies will also be forwarded to the payroll department and retained in the Wellbeing Team department.

13.5. Calculation of Maternity Pay

13.5.7. Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity Pay (SMP) entitlements, subject to the qualifications in the NHS terms and conditions handbook, Section 15.23 'Calculation of maternity pay'.

Your entitlement to receive any payment, including SMP is dependent upon your National Insurance (NI) contributions. If applicable, SMP will be paid concurrently for 39 weeks leave and/or pay that you receive from the Trust for 26 weeks.

Employees who do not pay NI contributions, and do not therefore qualify for SMP may be eligible to claim Maternity Allowance from the Department of Work and Pensions.

Pay is usually made up from statutory and contractual elements. For example, full allowance is made up of:

- 8 weeks at full pay
- 18 weeks at half pay and Statutory maternity pay
- 13 weeks statutory maternity pay only

To choose to receive equal payments spread across the period of your maternity leave tick the appropriate box when completing the "Maternity or Adoption Leave/Pay Application Form".

13.6. Compulsory Maternity Leave and Pay

13.6.8. Employees are not permitted to work, including working from home, for the two week period immediately following the birth of their baby.

13.7. Calculating Maternity Leave and Pay

13.7.9. The amount of maternity leave and pay you are entitled to depends on your length of NHS service prior to becoming pregnant and your intentions following maternity leave. You are not obliged to confirm at

this stage your intentions regarding returning to work following maternity leave, although you will be asked to sign a Maternity Leave/Pay Application to indicate your intentions. Without this indication there is no way of providing guidance on your entitlement to allow you to plan your time or finances during and following your maternity leave.

You will be asked your intentions regarding returning to work, not returning to work following maternity leave or where you may be undecided at this stage of your pregnancy, what your intentions are. This, combined with your length of continuous service with the NHS will determine the amount of maternity leave and pay you are entitled to.

13.8. Entitlements for employees returning to work

13.8.10. 12 months continuous NHS service (NHS Contractual Maternity Leave Scheme)

An employee who indicates that they intend to return to work for a minimum of three months following maternity leave, and who has at least 12 months continuous NHS service prior to the eleventh week before their expected week of childbirth will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive maternity pay as follows:

- Full pay for the first eight weeks, less any SMP or Maternity Allowance (including any dependents' allowances) receivable
- Half pay plus SMP or Maternity Allowance (including any dependents' allowances) receivable, for the remaining 18 weeks providing the total receivable does not exceed full pay
- SMP or Maternity Allowance that they are entitled to under the statutory scheme for the remaining 13 weeks.

Followed by 13 weeks unpaid leave. Employees who this entitlement applies are required to return for a minimum period of three months. This can be to different hours of work, a different post or a different NHS employer.

13.8.11. At least 26 weeks' continuous NHS service (Statutory Maternity Scheme)

An employee who indicates that they intend to return to work for a minimum of three months following maternity leave, and who has at least 26 weeks continuous NHS service prior to the fifteenth week before their expected week of childbirth will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive:

- 90% of their average weekly earnings for the first six weeks

- SMP for the remaining 33 weeks
- Followed by 13 weeks unpaid leave

If the employee later decides that they do not wish to return to work after their maternity leave and resigns from their employment with the Trust, they do not have to repay the statutory entitlement.

13.8.12. Less than 26 weeks' continuous NHS service

An employee who indicates that they intend to return to work following maternity leave, and who has up to 26 weeks continuous NHS service prior to the fifteenth week before their expected week of childbirth will be advised of the following entitlement:

- Irrespective of their entitlement to SMP and / or Maternity Allowance, the employee will have a statutory entitlement to 52 weeks unpaid leave.

Employees who do not pay NI contributions and do not therefore qualify for SMP may be eligible to claim Maternity Allowance from the Department of Work and Pensions They may also qualify for a Sure Start Maternity Grant from the Department of Work and Pensions.

13.9. Entitlements for employees not returning to work

13.9.13. At least 26 weeks' continuous NHS service

An employee who indicates that they do not intend to return to work following maternity leave, but who has at least 26 weeks continuous NHS service prior to the fifteenth week before their expected week of childbirth will be advised of the following entitlement:

39 weeks paid leave, during which the employee will receive:

- 90% of their average weekly earnings for the first six weeks
- SMP for the remaining 33 weeks
- Followed by 13 weeks unpaid leave

13.9.14. Less than 26 weeks' continuous NHS service

An employee who indicates that they do not intend to return to work following maternity leave, but who has up to 26 weeks continuous NHS service prior to the fifteenth week before their expected week of childbirth will be advised of the following entitlement:

- 52 weeks unpaid leave

13.10. Employees undecided whether or not to return to work following maternity leave.

13.10.15. Employees indicating that they are undecided whether or not to return to work following maternity leave will be paid in the first instance as if they were not returning.

Should they then decide to return to work, any further monies owed to them will be paid, less the amount which has already been paid. This will be paid at the end of the leave period. All other conditions applicable to those employees who indicate that they intend to return to work will apply.

13.10.16. Should the employee decide not to return to work following maternity leave, they are advised to write a resignation letter to their line manager giving the notice required by their contract of employment.

13.11. Health and safety of employees pre and post birth

13.11.17. The law requires every employer to assess workplace risks for all their employees and take practical action to control those risks. In addition, employers must take particular account of risks to new and expectant mothers/ parents and surrogates. The definition of a new or expectant mother/ parent is an individual who is pregnant, has given birth within the previous six months, or is breast/ chest feeding. For full guidance and the appropriate risk assessments, please refer to the Wellbeing Team for support.

13.12. Premature Birth

13.12.18. The Trust understands experiencing a premature birth can be unexpected and may have a lasting impact on a parent's mental wellbeing. To support the individual needs of families experiencing a premature birth, the Trust offers employees additional paid leave from the child(ren)'s birth until the employees intended date to commence Maternity Leave. Please see the Premature Birth Prior to 37 weeks gestation section of this Policy.

13.13. Pregnancy Loss

13.13.19. Where an employee experiences a loss before the start of the 24th week of pregnancy the Trust will support employees by offering compassionate paid leave. Please see the Pregnancy Loss Support section of this Policy.

13.14. Stillbirth/ baby death

13.14.20. In the event of a still birth from the 24th week of pregnancy (inclusive of the 24th week), or if the baby dies within the maternity leave period, the employee will be entitled to their full maternity/ new parent support leave entitlements.

13.15. Sickness and absence during pregnancy

13.15.21. If the employee falls sick prior to the intended start date of their maternity leave, and the sickness is unrelated to the pregnancy, the absence shall be treated as sick leave in the usual way until the agreed start date of the maternity leave.

13.15.22. If during weeks 29 to 35 of the pregnancy medical opinion expresses that the employee or their unborn child or children would be at risk or that they would be incapable of carrying out all or part of their duties, but

are not advised to refrain from work, a risk assessment should be carried out to ascertain potential risks to the pregnant employee.

13.15.23. If the employee is absent work for a pregnancy related illness during the four weeks before the expected week of childbirth, regardless of when they have said that they wanted maternity/ new parent support leave to commence, maternity leave will start automatically on the first day after the first day of sickness absence.

13.16. Sickness during maternity/ new parent support leave

13.16.24. The employee will not be entitled to sick pay during the period of maternity/ new parent support leave.

13.17. Sickness from first date of expected return to work

13.17.25. Sickness absence from the expected date of return to work will be treated as sick leave and appropriate medical certificates will be required.

13.18. Postnatal care and breast/ chest feeding parents

13.18.26. Employees who have recently given birth and have returned to work may have paid time off for post- natal care, e.g. attendance at health clinics.

13.18.27. Employers are required to undertake a risk assessment and to provide breast/ chest feeding women and people with suitable private rest facilities. The Health and Safety Executive Guidance recommends that employers provide:

- A clean, healthy and safe environment for women and people who are breast/ chest feeding
- Suitable access to a private room to express and store milk in an appropriate refrigerator

Employers are reminded that they should consider requests for flexible working arrangements to support breast/ chest feeding employees at work.

14. New Parent Support Leave and Pay Guidance

14.1. New Parent Support Leave (formerly Paternity Leave) and pay entitlements are governed by NHS regulations, as well as statutory legislation. The information contained in this policy is specific to NHS employees.

This is part of a portfolio of rights and benefits designed to give support to the husband, wife, civil partner or partner and covers the leave and pay rights for the partner of a pregnant woman/ person or the primary person in a family expecting a child through surrogacy or adopting a child.

An employee who is absent on New Parent Support Leave is bound by any obligation arising under their normal terms and conditions of employment.

14.2. Attendance at ante-natal appointments or meetings for an adoption

The Trust allows employees who are eligible for New Parent Support Leave, reasonable time off in order to attend ante-natal appointments with their partner, or in the case of adoption or surrogacy, reasonable time off to attend formal meetings. If these appointments fall during working hours, time off shall be paid at the normal rate.

Employees are expected, where possible to attend work prior to, or return to work following, such appointments.

Employees should notify their line manager of the time of the ante-natal appointment or adoption meeting and any additional time off must be arranged with their line manager's authorisation.

14.3. Eligibility for New Parent Support Pay and Leave

In order to qualify for ordinary New Parent Support Leave, the employee must have or expect to have responsibility for the child's upbringing and is either the biological parent or adopter of the child, or the husband, wife, civil partner or partner of the child's biological parent, intended parent, surrogate or adoptive parent. The employee must provide proof of birth such as the birth certificate of the child (or children in the case of multiple births) or matching certificate in the case of adoption or Parental Order in the case of Surrogacy. Ordinary New Parent Support Leave is an entitlement up to two weeks' leave to be taken as either one week or two consecutive weeks leave.

In the case of multiple births, surrogacy or adoptions, entitlement to New Parent Support Leave Pay does not increase for each child.

14.4. NHS service entitlement

14.4.1. An employee who has 12 months continuous NHS service at the beginning of their partner's or surrogate's expected week of childbirth or at the beginning of the week in which they are notified of having been matched with a child for adoption, shall be entitled to two weeks New Parent Support Leave during which they will receive full pay.

14.4.2. An employee who has at least 26 weeks continuous NHS service prior to the fifteenth week before their partner's or surrogate's expected week of childbirth or prior to the week in which they are notified of having been matched with a child for adoption, shall be entitled to two weeks New Parent Support Leave during which they will receive Statutory Paternity Pay or 90% of their normal salary, whichever is the lesser.

14.4.3. An employee who has less than 26 weeks continuous NHS service prior to the fifteenth week before their partner's or surrogate's expected week of childbirth or prior to the week in which they are notified of having been matched with a child for adoption, shall be entitled to two weeks unpaid New Parent Support Leave.

14.5. When New Parent Support Leave may be taken

New parent support leave may be taken as a two week block, or in two blocks of

one week.

All leave must be taken within 56 days of the child's birth or placement for adoption. If the child is born prior to 37 weeks of gestation please see the Premature birth prior to 37 weeks gestation section of this Policy.

New parent support leave may be taken from the date on which the child is born or placed for adoption, or on a predetermined date following this.

The employee's entitlement to receive Statutory Paternity Pay (SPP) is dependent upon their National Insurance contributions, and if applicable, will be paid concurrently with the two weeks leave and/or pay that they receive from the organisation.

Employees who do not qualify for SPP may be eligible for other statutory benefits whilst on new parent support leave.

In the event of a still birth from week 24 of the pregnancy, or the death of the baby during the period of New Parent Support Leave, the employee will be entitled to full New Parent Support Leave entitlements.

14.6. Notifying your manager

Employees should notify their manager in writing of their intention to take New Parent Support Leave and pay by the end of the 15th week before the baby is expected to be born or within seven days of the notification of adoption.

Using the New Parent Support Leave Request Form, employees are required to provide the following information at least 28 days prior to commencing new parent support leave:

- The child's expected date of birth or date of placement
- Adoptive parents taking new parent support leave should provide a matching certificate issued by the adoption agency
- Details of when and how you intend to take New Parent Support Leave
- When you plan your New Parent Support Leave to begin.

Your manager will forward a copy of the application form to The Wellbeing Team, who will in turn process the information with the payroll department.

You should receive email confirmation of your arrangements for New Parent Support Leave from The Wellbeing Team within 28 days of their receipt of your application form.

You are required to give at least 28 days' notice should you wish to change the dates of your New Parent Support Leave. If you are unable to give this notice, notification should be made as soon as is reasonably practicable.

14.7. Sickness and New Parent Support Leave

There is no entitlement to occupational sick pay during the period of new parent support leave. However, they may be entitled to Statutory Sick Pay (SSP).

15. Premature birth prior to 37 weeks gestation

15.1. The Trust understands experiencing a premature birth can be unexpected and may have a lasting impact on a parent's mental wellbeing. Babies who are born prior to 37 weeks gestation are born prematurely and require admission to specialist Neonatal Intensive Care Units. Premature births account for 8% of all births in the UK. The Trust understands that families with premature babies have additional needs to those who did not experience a premature birth.

15.2. Paid and unpaid leave

15.2.1. To support the individual needs of families experiencing a premature birth the Trust offers employees additional paid leave from the child(ren)'s birth until the employees intended date to commence Maternity Leave. This leave will be at full pay and is offered to support the additional costs families have whilst their child(ren) is an inpatient. The employees Maternity Leave will commence on their intended date and they will be entitled to the usual Maternity Leave benefits, as per the Maternity Leave section in this Policy.

15.2.2. To support partners of those experiencing a premature birth the Trust offers compassionate leave of up to 2 weeks leave with full pay to support the initial family bonding. Once the child(ren) is discharged from hospital, partners are entitled to the full New Parent Support Leave and Shared Parental Leave, as per the relevant sections in this Policy.

15.3. Supporting colleagues to return to work following a premature birth

15.3.3. Flexible working

15.3.3.1. Due to the potential of the child's ongoing medical needs employees are encouraged to discuss flexible working with their line managers prior to their return to work.

15.3.3.2. Line managers will be compassionate and acknowledge that these families will have additional needs than those where a child was not born prematurely. Line managers are encouraged to offer flexible working to employees who are due to return to work following a premature birth.

15.3.4. Unpaid time off – parental leave

15.3.4.1. To support employees returning to work following a premature birth, employees are entitled to use Parental Leave and/ or use TOIL for any upcoming hospital appointments, as well as informal flexible working.

15.3.4.2. Line managers will be compassionate in facilitating employee requests of time off to attend medical appointments.

15.3.5. Additional support for employees

15.3.5.1. The Trust acknowledges that experiencing a premature birth may have been traumatic for parents and offers additional support to employees through the Occupation Health service.

15.3.5.2. Line managers are encouraged to refer employees who have

returned to work following a premature birth to Occupational Health. This referral will enable the employee to have support which meets their unique needs to be put in place. This support will include the offer of counselling services.

16. Shared Parental Leave

16.1. Shared Parental Leave (SPL) is designed to give parents more flexibility in how to share the care of their child in the first year following birth or adoption. Parents are able to share a select amount of leave (up to 50 weeks) and statutory pay and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child.

In order to access shared parental leave, the two week compulsory Maternity or Adoption leave must be taken by the mother, birthing person, surrogate, intended parent or primary adopter. Or the mother, birthing person, surrogate, intended parent or primary adopter has provided the binding notice that they intend to bring their Maternity or Adoption leave and pay entitlements to an early end.

Occupational Shared Parental Leave and pay can be accessed by parents who meet the eligibility requirements as outlined within section 15 of the Agenda for Change Handbook.

Although only one parent is required to work for an NHS organisation, both parents are required to meet the statutory “employment and earnings test”.

16.2. Requesting Shared Parental Leave and Pay

16.2.1. You are required to meet with your manager to inform them of your intention to take Shared Parental Leave and submit the statutory application form a minimum of 8 weeks before the intended start date. The application form for requesting Shared Parental Leave can be found in the ‘Your Guide to Family Friendly Rights’ given to you by the Wellbeing Team.

16.2.2. Leave can be requested and booked in continuous or discontinuous blocks, for example a discontinuous block could be 4 weeks Shared Parental Leave, return to work for 4 weeks followed by a further 8 weeks Shared Parental Leave. You may provide up to three notices to book or vary Shared Parental Leave which includes varying a previously approved pattern of leave.

16.2.3. Any period of discontinuous leave requested is not guaranteed to be approved and a two week discussion period will commence to enable time to review the requested pattern of leave and any potential alternatives. If a pattern of leave cannot be confirmed by the end of the two weeks, the amount of leave requested may be taken in one continuous block.

16.3. Calculation of Shared Parental Leave and Pay

Where an employee intends to return to work after a period of Shared Parental Leave, the maximum joint entitlement of an eligible couple to occupational Shared Parental pay is set out below.

The maximum entitlement will only apply where either parent has not already

received statutory or occupational maternity pay, maternity allowance or statutory or occupational adoption pay in respect of the child. Where such pay (excluding pay during the compulsory two-week maternity/adoption leave period) has been received by either parent, the maximum joint entitlement set out below will reduce proportionate to the amount of maternity or adoption pay which has either been taken and paid to either parent or notified as intending to be taken by either parent.

The maximum entitlement is the same as Maternity and Adoption leave and pay:

- For the first six weeks of absence the employee will receive full pay. Full pay is inclusive of any Shared Parental Pay (ShPP). The total receivable cannot exceed full pay.
- For the next 18 weeks of absence the employee will receive half of full pay plus any ShPP. The total receivable cannot exceed full pay.
- For the next 13 weeks, the employee will receive any ShPP that they are entitled to under the statutory scheme.
- For the final 13 weeks, the employee will receive no pay.

Circumstances for each couple may vary, therefore individual scenarios can be discussed with the Wellbeing Team.

17. Keeping In Touch Whilst on Leave

In addition to the voluntary arrangements of maintaining contact during your absence you will be able to attend work on days, as agreed with your line manager. These are known as Keeping In Touch (KIT) or Shared Parental Leave in Touch (SPLIT) days. This will enable you to work, undertake training or activities to keep in touch with the workplace for up to 10 days during the Maternity, Adoption or Shared Parental Leave period (paid and unpaid) without bringing that period to an end. You will be paid at your normal rate of pay for the hours worked less appropriate Maternity, Adoption or Shared Parental Leave payment. Working for part of any day will count as one KIT / SPLIT day. Any such work must be by agreement by either party and will not extend the leave period. To organise the KIT / SPLIT days your line manager will be maintaining reasonable contact with you during your absence from work.

A contract amendment form (CAF) will need to be completed on your return to work by your manager and any KIT / SPLIT days should be listed on the CAF.

The Trust has no right to require the employee to carry out any work, and the employee has no right to undertake any work, during his/ her/ their additional Maternity, Adoption or Shared Parental Leave. Any work undertaken, including the amount of salary paid for any work done on KIT / SPLIT days, is entirely a matter for agreement between the Trust and the employee.

Once the KIT / SPLIT days have been used up, the employee will lose any further entitlement to statutory Maternity, Adoption or Shared Parental pay for any week in which he/ she/ they agrees to work for the Trust.

18. Returning to Work

An employee returning from Ordinary Maternity, Adoption or Shared Parental Leave has the right to return to their job under the same terms and conditions. The period of Ordinary Leave is the first 26 weeks.

An employee returning from Additional Maternity, Adoption or Shared Parental Leave has the right to return to their job on the same terms and conditions unless not reasonably practicable, in which case there is a right for them to return to a suitable and appropriate alternative job on the same terms and conditions. Additional Leave is the 26 weeks following Ordinary Leave.

An employee who intends to return to work at the end of their full Maternity, Adoption or Shared Parental Leave will not be required to give any further notification, although if they wish to return early, they must give at least 28 days' notice.

Employees who indicate that they intend to return to work following Maternity, Adoption or Shared Parental Leave are required to return for a minimum period of three months.

The Trust has the right to recover monies owed by employees who subsequently fail to return to work for the NHS for a minimum of three months after the expiry of this leave. In accordance with the conditions of service if you should fail to return to work, you will be liable to refund the Trust the Maternity / Adoption / Shared Parental Pay received, with the exception of any amount due under statutory regulations.

18.1. Returning on Flexible Working Arrangements

The right to request flexible working arrangements is available to all employees with at least 26 weeks continuous service on the date of their application.

Where possible, any request from the returning employee for consideration to changes to contracted hours should be discussed with the line manager prior to their return to work in accordance with the Flexible Working Policy. Refer to the Flexible Working Policy for further guidance.

The Trust fully support flexible working and recognise the value of retaining staff. However, whilst every endeavour will be made to accommodate flexible working requests, the decision as to what can be offered to the returning employee must be in line with the needs of the service.

If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period, this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.

18.2. Rotational Training Contracts

Where an employee is on a planned rotation of appointments with one or more NHS employer as part of an agreed programme of training, the individual has the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth, surrogacy or adoption had not occurred. In such circumstances the employee's contract will be extended to enable them to complete the agreed programme of training.

If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth, surrogacy or adoption had not occurred, the repayment provisions set out in this policy will not apply.

19. Parental Leave

Parental leave is a right for parents to take time off work to look after a child or make arrangements for the child's welfare. Parents can use it to spend more time with children and strike a better balance between their work and family commitments. Parental Leave is unpaid leave and is not intended for emergency periods of leave arising due to a family emergency. In these cases 'Emergency Special Leave' or 'Bereavement Leave' may be appropriate, although these can be used in conjunction with Parental Leave. Parental Leave can be added to periods of Maternity Leave, Adoption Leave, New Parent Support Leave or Shared Parental Leave. The Special Leave Policy can be found on the intranet for further information.

19.1. Eligibility

Employees are eligible if all of these apply:

- Employees must have more than 12 months service with the Trust.
- Be named on the Child's Birth Certificate, Parental Order, Adoption Matching Certificate or have or expect to have parental responsibility for the child.
- The employee is not a foster parent (unless they have secured parental responsibility through the courts)
- The child must be under 18 for the period of leave requested.

19.2. Parental Leave entitlement

18 weeks Parental Leave can be taken for each qualifying child in a family by each parent e.g. where there are two children, each parent will get 36 weeks leave. If you are part-time then the leave will be calculated on a pro-rata basis.

Although legislation states that leave must be taken in blocks of one week and no more than 4 weeks in a year, this restriction does not apply for NHS employees. The leave arrangements need to be as flexible as possible, so that the leave can be taken in a variety of ways by local agreement with your manager.

19.3. Requesting Parental Leave

19.3.1. Please contact your Manager if you would like to apply for Parental Leave. You may need to provide evidence that you have responsibility for the child i.e. Child's Birth Certificate, Parental Order, Adoption Matching Certificate or MATB1 Form issued by the midwife for unborn babies.

19.3.2. Leave as possible should be given to the manager, however as a minimum you must give at least 21 days notice of the date that you wish to take the leave. The Manager may postpone the Leave in exceptional circumstances where it would unduly disrupt the operation of the service or prove difficult to find a replacement at the employees' level of skill or responsibility. If the manager wishes to postpone they must put it in writing to the employee within 7 days of

the request for Parental Leave and the postponement cannot be beyond six months. It cannot be postponed if the employee is planning to take the leave immediately after the birth or Adoption of a child. This provision should only be used in the most exceptional of circumstances.

19.3.3. The Trust can postpone the leave in writing explaining why within 7 days of the original request, suggesting a new start date within 6 months of the original request start date. In this case the Trust cannot change the amount of leave originally requested.

19.3.4. During Parental Leave NHS employees retain all of their contractual rights, except remuneration and should return to the same job after it. Pension rights and contributions shall be dealt with in accordance with NHS Superannuation Regulations. Periods of Parental Leave should be regarded as continuous service.

20. Pregnancy Loss Support

Pregnancy loss is the loss of a pregnancy prior to 24 weeks gestation and includes: miscarriages, ectopic and molar pregnancies, embryo loss, terminations for medical reasons and abortions. Pregnancy loss can be a frightening, lonely and traumatic experience for everyone. The loss of a pregnancy is often both physically and emotionally painful, with effects that can last for a very long time. People experiencing a pregnancy loss will have individual needs. For example, some people may feel that they can continue to work as normal, while others may require more support or time away from work. Everyone will experience their loss differently, and it's important not to make any assumptions about how individual's feel or how they want to be treated. Partners, as well as grandparents and other close relatives, might be affected by the miscarriage and line managers will need to consider how best to support employees.

20.1. If the loss occurs at work

20.1.1. A pregnancy loss may start to happen at work and line managers may not be aware that an employee is pregnant. Employees are not obliged to inform managers of a pregnancy until 15 weeks before the estimated due date, or as soon as is reasonably practicable after then (approximately 6 months pregnant).

20.1.2. If an employee suspects that they have started to lose their baby they may need medical support and be very distressed and panicked, embarrassed and frightened. Colleagues and line managers can support individuals by ensuring quick access to a toilet and by calling their preferred contact or colleague to assist in helping them to get home or to the correct department in the hospital for medical treatment.

20.1.3. Line managers and colleagues will need to be compassionate to employees when explaining their absence by respecting their privacy, especially as they might not want others to know the details.

20.2. Paid and unpaid leave

20.2.4. Employees who have experienced a loss during pregnancy will be entitled to 10 days paid leave or equivalent to 14 days paid leave for part time employees. This is not dependent upon gestation of pregnancy or length of

service.

20.2.5. Partners who have experienced a loss are entitled to 5 days paid leave. This is not dependent upon gestation of pregnancy or length of service.

20.2.6. Employees and their partners will be offered paid time off for appointments linked to pregnancy loss, for example, medical examinations, scans, tests and mental health-related interventions, if this stretches beyond the 10 days paid leave.

20.3. Recording absence from work

20.3.7. All pregnancy losses will be protected and recorded as 'pregnancy-related' absence. This includes time off during and after a pregnancy loss. Any period of sick leave will not count towards an individual's sickness absence calculation.

20.4. Flexible working following a loss

20.4.8. Employees are supported to request flexible working if they feel this is appropriate, following a bereavement and will be treated with understanding and sensitivity from line managers.

21. Child Bereavement Leave

The NHS Staff Council is aware that employers in the NHS show compassion in circumstances where staff, who are parents, experience the death of a child. For the purpose of this Leave, a bereaved parent is anyone who had responsibility as one of the primary carers for a child who is now deceased. This includes adoptive parents, legal guardians, individuals who are fostering to adopt, and any other parent/child relationship that the employing organisation deems to be reasonable. For example, this may include grandparents who have had caring responsibilities for a child, or instances where someone other than the biological parent is the primary carer (this could be the case where the parents of the child have separated). There is no requirement for the child to be under 18 years of age. Parents who experience a stillbirth from the 24th week of pregnancy will be eligible.

21.1. Child Bereavement Leave entitlement

All bereaved parents will be eligible for an additional 10 days paid Child Bereavement Leave in addition to Bereavement leave (no limit in year). A bereaved parent will not be required to demonstrate any eligibility criteria in order to access bereavement leave or pay.

21.1.1. All bereaved parents will be entitled to two weeks' occupational child bereavement pay which will include any entitlement to statutory parental bereavement pay. Pay is calculated on the basis of what the individual would have received had he/she been at work. This would normally be based on the previous three months at work unless stated otherwise.

21.1.2. Bereaved parents do not have to take the two weeks of leave in a continuous block. The employee should agree with their employer the leave they wish to take. Taking Child Bereavement Leave is an individual choice, it is not compulsory for the employee to take Child Bereavement Leave. Bereaved

parents may request to take Child Bereavement Leave at any point up to 56 weeks following the death of the child. Should the parent wish to take Child Bereavement Leave immediately following the death of a child they shall be able to do so upon informing their employer that they will be absent from work for this purpose. Should the parent wish to take Child Bereavement Leave at another time, after the initial period following the death, they should give their employer reasonable notice of their intention to take the leave at this time.

21.1.3. Where both parents of a deceased child work in the same NHS organisation, the entitlements will apply to both members of staff.

21.2. How to take Child Bereavement Leave

Bereaved parents should contact their manager and at no point will they be required to produce the child's Death Certificate, or any other official documents, in order to access Child Bereavement Leave or pay. The employer may ask for a written declaration from the employee, within a reasonable time frame, in order to satisfy statutory requirements.

22. Further information and support

Employees and Managers are reminded the Trust has an Occupational Health service, Employee Assistance Programme and Mental Health First Aiders to offer further support.

Supporting Charities and websites:

Fertility Network UK:

<https://fertilitynetworkuk.org/>

Tommy's Charity for pregnancy and pregnancy loss support:

<https://www.tommys.org/>

Pregnancy loss support and Employer information:

<https://www.miscarriageassociation.org.uk/>

SANDS- The Stillbirth and Neonatal Death Charity www.sands.org.uk

Government information: Childcare and Parenting:

<https://www.gov.uk/browse/childcare-parenting>

If you would like further information and advice, please contact the Wellbeing Team:
rcht.wellbeing@nhs.net

23. Dissemination and Implementation

23.1. A brief summary on how the document will be disseminated should be included, together with details of any special arrangements that may be required or help in

aiding retrieval. If the document replaces a previous version the summary should refer to archiving arrangements and any process in place ensuring staff are aware of the new version.

23.2. This section should also describe the arrangements for implementing the policy, e.g. provision of training and support for staff; series of roadshows; etc. If there is a training need associated with this policy, the author must ensure that this is noted on the Governance Coversheet above and also that the Learning and Development department are aware of this need.

24. Monitoring compliance and effectiveness

This part must provide information on the processes and methodology for monitoring compliance with, and effectiveness of, the policy/procedure using the table below.

| Information Category | Detail of process and methodology for monitoring compliance |
|--|--|
| Element to be monitored | What part of the process do you intend to monitor (you may intend or need to monitor all of it) |
| Lead | Who will lead on this aspect of monitoring? Include name and job title here. |
| Tool | What tool will be used to monitor/check/observe/asses/inspect/authenticate that everything is working according to this key element from the approved policy? This is the name/location of a Word/Excel/Access/Database template specific to the topic. |
| Frequency | How often is the need to monitor each element? How often is the need to complete a report? How often is the need to share the report? Individualise the timeframe(s) |
| Reporting arrangements | Who or what committees will the completed report be sent to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes. The lead or committee is expected to read and interrogate the report to identify deficiencies in the system and act upon them Consider stating this responsibility in committee terms of reference |
| Acting on recommendations and Lead(s) | Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes? Required actions will be identified and completed in a specified timeframe Consider stating this responsibility in committee terms of reference |

| Information Category | Detail of process and methodology for monitoring compliance |
|--|--|
| Change in practice and lessons to be shared | <p>How will system or practice changes be implemented the lessons learned, and how will these be shared.</p> <p>Possible wording to use for this column.</p> <p>Required changes to practice will be identified and actioned within ... (state a specific time frame). A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</p> |

25. Updating and Review

- 25.1. This section covers information regarding the review process. All policy documents should be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.
- 25.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 25.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 25.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

26. Equality and Diversity

- 26.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 26.2. Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.
- 26.3. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

| Information Category | Detailed Information |
|---|---|
| Document Title: | Parental Entitlements Policy |
| This document replaces (exact title of previous version): | New Document |
| Date Issued / Approved: | Date signed off by committees/groups for ratification |
| Date Valid From: | Month and Year document is approved at PRG and uploaded to Document Library |
| Date Valid To: | October 2026 |
| Author / Owner: | Shannon McGill-Randall- Senior Midwife |
| Contact details: | For contact numbers – do not use switchboard, if author does not have contact number use reception of department they work in or their secretary number. Generic emails only. |
| Brief summary of contents: | Document details all leave employees are entitled to whilst undergoing fertility treatments and/ or becoming parents. |
| Suggested Keywords: | Parental entitlements policy, Maternity Leave, New Parent Support Leave, Fertility Treatment Support Scheme, Surrogacy, Adoption, Parental Leave, Pregnancy loss, Child Bereavement Leave |
| Target Audience: | RCHT: Yes CFT: Choose an item. CIOS ICB: Choose an item. |
| Executive Director responsible for Policy: | Job Title |
| Approval route for consultation and ratification: | Do not list all individuals just name(s) of committees/groups e.g. Care Group Governance Meeting, Medicine Practice Committee, Information Governance Group |
| Manager confirming approval processes: | Head of relevant specialty |
| Name of Governance Lead confirming consultation and ratification: | Name in full |

| Information Category | Detailed Information |
|--|--|
| Links to key external standards: | If there is none include 'none required' here. |
| Related Documents: | Special Leave Policy |
| Training Need Identified: | Yes / No – Delete as appropriate Select 'Yes' if any staff will need to carry out training to achieve successful implementation of this policy and include further details on where training can be accessed. |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Choose an item. |
| Document Library Folder/Sub Folder: | e.g. Clinical / Infection Prevention and Control |

Version Control Table

| Date | Version Number | Summary of Changes | Changes Made by |
|---------------------------------|----------------|---|--|
| Date document created | V1.0 | Initial issue | Shannon McGill-Randall Senior Midwife |
| Date partial revision completed | V1.1 | Partial Update (to be completed during the valid to dates) - Details of sections which contains amendments to be included here. | Name and Job Title |
| Date full revision completed | V2.0 | Full Update (to be completed prior to the valid to expiry date) - Details of sections which contains amendments/updates to be included here. If no changes are required, please include 'No changes'. | Name and Job Title |

[Please complete all boxes and delete help notes in blue italics including this note]

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of

the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

| Information Category | Detailed Information |
|---|---|
| Name of the strategy / policy / proposal / service function to be assessed: | Parental Entitlements Policy. Version 1.0 |
| Department and Service Area: | Department/Speciality and Care Group or Corporate Group |
| Is this a new or existing document? | New |
| Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy): | Name and Job Title |
| Contact details: | Number in full, not extension only |

| Information Category | Detailed Information |
|---|----------------------|
| 1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | |
| 2. Policy Objectives | |
| 3. Policy Intended Outcomes | |
| 4. How will you measure each outcome? | |
| 5. Who is intended to benefit from the policy? | |

| Information Category | Detailed Information |
|--|--|
| 6a. Who did you consult with? (Please select Yes or No for each category) | <ul style="list-style-type: none"> • Workforce: Choose an item. • Patients/ visitors: Choose an item. • Local groups/ system partners: Choose an item. • External organisations: Choose an item. • Other: Choose an item. |
| 6b. Please list the individuals/groups who have been consulted about this policy. | Please record specific names of individuals/ groups: |
| 6c. What was the outcome of the consultation? | |
| 6d. Have you used any of the following to assist your assessment? | National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: |

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|---|-------------|-----------|
| Age | Choose. | |
| Sex (male or female) | Choose. | |
| Gender reassignment (Transgender, non-binary, gender fluid etc.) | Choose. | |
| Race | Choose. | |
| Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | Choose. | |
| Religion or belief | Choose. | |
| Marriage and civil partnership | Choose. | |

| Protected Characteristic | (Yes or No) | Rationale |
|---|-------------|-----------|
| Pregnancy and maternity | Choose. | |
| Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.) | Choose. | |

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: [Name to be included here.](#)

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)