

## MATERNITY, MATERNITY SUPPORT (PATERNITY), ADOPTION AND PARENTAL LEAVE POLICY

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## POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by and Date</b>	<b>Date on Internet</b>
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To request this document in a different language or in a different format, please contact NHS Vale of York Clinical Commissioning Group via:  
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## 1 INTRODUCTION

- 1.1 This policy and procedure outlines the process for applying for maternity, maternity support (paternity) adoption, or parental leave. It covers a range of situations that may arise during the process including changes in rates of pay, sickness absence and returning to work. It also sets out the rights and obligations of staff and managers. This policy applies to substantive employees including those on fixed term contracts.

## 2 ENGAGEMENT

- 2.1 The NHS BSA Maternity Leave Policy, Maternity Support (Paternity) Leave Policy, Adoption Leave Policy and Parental Leave Policy for YHCS's were used for the basis of this policy. They have been adapted locally for CCG use and staff members have had the opportunity to contribute to its development prior to approval from the Senior Leadership Team and ratification through the eMBED Social Partnership Forum SPF). It has been agreed with recognised Trade Unions.

## 3 IMPACT ANALYSES

### 3.1 Equality

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at **Appendix 15**. As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

### 3.2 Sustainability

This policy has been assessed against NHS Vale of York CCG's sustainability themes. This policy will promote a healthy work/life balance for those staff that gain or have parental responsibility for a child/children. Please see **Appendix 16**.

### 3.3 Bribery Act 2010

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act applies to this policy.

## **4 SCOPE**

- 4.1 This policy applies to all employees of NHS Vale of York CCG.

## **5 POLICY PURPOSE AND AIMS**

- 5.1 The purpose of this policy and procedure is to give guidance on the maternity, maternity support (paternity), adoption and parental leave and pay entitlements within NHS Vale of York CCG.
- 5.2 The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCG's Data Protection and Confidentiality and related policies and procedures.

## **6 DEFINITIONS**

### **6.1 Ordinary Maternity/Adoption Leave (OML/OAL)**

The entitlement to a period of 26 weeks leave regardless of how long an employee has worked for the CCG. This will be unpaid unless an employee qualifies for Statutory Maternity Pay or Maternity Allowance.

### **6.2 Additional Maternity/Adoption Leave (AML/AAL)**

The entitlement to a further period of up to 26 weeks unpaid leave, regardless of how long an employee has worked for the CCG.

### **6.3 Ordinary Maternity Support (Paternity) Leave (OPL)**

The entitlement of a father, or mother's partner, to take 2 weeks leave up to 56 days from the birth of the child.

### **6.4 Additional Maternity Support (Paternity) Leave (APL)**

The entitlement of a father, or mother's partner, to take a further period of between 2 to 26 weeks leave, provided the mother has returned to work with maternity leave remaining.

### **6.5 Statutory Maternity Support (Paternity) Pay (SMSP)**

Employees may be entitled to two weeks' statutory maternity support (paternity) pay – to be taken around the time of the birth or the placement of the child for adoption subject to eligibility criteria.

- 6.6 **Statutory Maternity/Adoption Pay (SMP/SAP)**  
The minimum level of Maternity/Adoption Pay that an employee is entitled to through State provision if an employee has 26 weeks continuous employment with the CCG by the 15th week before their EWC and paid sufficient National Insurance (NI) Contributions.
- 6.7 **Statutory Maternity/Adoption Allowance (SMA/SAA)**  
Allowance paid by Department of Work and Pensions to those employees, who do not qualify for Statutory Maternity Pay. Eligibility is determined by the above Government Departments.
- 6.8 **Occupational Maternity/Adoption Pay (OMP/OMA)**  
This is based on eligibility. Maternity/Adoption Pay, which is payable by the Employer.
- 6.9 **Expected Week of Childbirth (EWC)**  
The week in which the baby is due to be born.
- 6.10 **Qualifying Week (QW)**  
Qualifying week: 15th week before the EWC.
- 6.11 **MAT B1 Form**  
The certificate provided by the employee's GP or Midwife, anticipating the potential date of the birth of their baby. Usually issued to the employee from around 20 weeks into pregnancy.
- 6.12 **KIT Days**  
'Keep in Touch' days.
- 6.13 **Shared Parental Leave (SPL)**  
The opportunity for eligible mothers, fathers, partners and adopters to choose how to share time off work after their child is born or placed for adoption. This offers another option for taking leave to care for a new child.
- 6.14 **Statutory Shared Parental Pay (ShPP)**  
The pay given to those who take Shared Parental Leave following the birth or placement of a child.

## **7 ROLES / RESPONSIBILITIES / DUTIES**

### **7.1 Employee**

Are responsible for :

- Co-operating in the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures and should make every effort to attend any meetings arranged by management.
- Arranging their own trade union representation or support throughout the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures (if necessary).

- Notification of pregnancy to their line manager, as soon as is reasonably practicable.
- Risk identification, to ensure they are not putting themselves, or others, at risk of harm.

## 7.2 Manager

- Requests for Maternity, Maternity Support (Paternity), Adoption and Parental leave should be dealt without any undue delay on the part of the manager.
- The manager must view any applications with an open mind and follow a fair and justifiable decision making process.
- A Maternity Support (Paternity), Adoption, or Parental Leave application may, on occasion, be declined due to service needs etc., and a new date for the leave to be taken proposed. Where a grievance is raised in regards to a refusal to grant Maternity Support (Paternity), Adoption or Parental Leave, the manager must prepare a thorough management case outlining their decision making rationale for consideration by the grievance panel.

## 7.3 Human Resources

- The Human Resources department is responsible for the creation and maintenance of records of applications for Maternity, Maternity Support (Paternity), Adoption and Parental leave within the CCG in line with best practice for information governance.
- To support, where necessary, managers through the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures, including the grievance stage if required.
- The Human Resources department is responsible for the review and maintenance of the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy agreed forums within the CCG.
- To provide advice to employees and managers, as required.

## 7.4 Trade Unions

- To represent employees (who are members of that Trade Union or Professional Body) through the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedure.
- To make every reasonable attempt to attend meetings at the scheduled time to support employees.
- To adhere to their respective trade union code of conduct when dealing with issues of grievance.

Please see relevant Associated Documents (listed in **Item 12**) detailing the roles, responsibilities and duties regarding Maternity Leave, Maternity Support (Paternity) Leave, Adoption Leave and Parental Leave.



## **8 IMPLEMENTATION**

- 8.1 This policy will be communicated to staff through Staff Meetings and Team Brief and will be available to all staff via the CCG's website.
- 8.2 Any deliberate breaches in the application of this policy and procedure may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

## **9 TRAINING AND AWARENESS**

- 9.1 The Policy will be made available on the CCG's website. Guidance and support will be provided to all Line Managers in the implementation and application of this policy upon request.

## **10 MONITORING AND AUDIT**

- 10.1 Reports will be provided to the CCG by the eMBED HR Team with regards to Maternity Leave, Adoption Leave and Additional Maternity Support (Paternity) Leave.
- 10.2 Applications made in line with this policy will be monitored by the eMBED HR Team.

## **11 POLICY REVIEW**

- 11.1 The policy and procedure will be reviewed after four years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

## **12 REFERENCES**

- 12.1 This policy should be read in conjunction with other relevant CCG policies, listed, which are available on the internet.
- Absence Management Policy
  - Special / Other Leave Policy
  - Flexible Working Policy
  - Grievance Policy

## **SECTION 1 MATERNITY LEAVE**

### **1 Policy Statement**

- 1.1 This policy is designed to provide a framework across the CCG for a consistent and timely approach to the new and expectant mother.
- 1.2 The policy is intended to promote an employee's awareness of their rights and entitlements during, and following, pregnancy and conforms to the NHS Agenda for Change Terms and Conditions of Service, the Employment Act 2002 and other current legislation.

### **2 Principles**

- 2.1 Advice and guidance will be provided to all Line Managers on request regarding the implementation and application of this policy

#### **2.2 Entitlement to Maternity Leave**

All employees will be entitled to 52 weeks Maternity Leave.

#### **2.3 Entitlement to Occupational Maternity Pay under the NHS Scheme**

An employee working full or part-time is entitled to Maternity Pay under the NHS scheme provided that she:

- has 52 weeks continuous service with one or more NHS employers and continues to be employed by the CCG until at least the beginning of the 11th week before the expected week of childbirth (EWC); and
- notifies the CCG, on form M1 (Appendix 2) at least 15 weeks before her expected date of childbirth (EDC) that she intends to take Maternity Leave (or as soon as is reasonably practicable thereafter), of the date she wishes to start her Maternity Leave and intends to return to work for a minimum period of three months with the same or another NHS employer; and
- submits a statement (MAT B1) signed by a registered medical practitioner or a practising midwife at least 28 days before the expected commencement of Maternity Leave, indicating the expected date of childbirth.

#### **2.4 Entitlements under the Scheme**

- 2.41 An employee who qualifies for full benefits and intends to return to work with the same or another employing authority will be entitled to 52 weeks Maternity Leave, paid as follows:

- 8 weeks at full pay including any SMP, Maternity Allowance (MA) or equivalent benefits receivable;
- 18 weeks at half pay reduced only where half pay plus any SMP, Maternity Allowance (MA) or equivalent benefits payable exceeds full pay;
- 13 weeks at SMP, if payable;
- 13 weeks unpaid leave.

Where an employee has stated that they will return to work, and fails to do so, please refer to **Section 1, Part II, Item 2.5**.

- 2.42 An employee who qualifies for full benefits and does not intend to return to work for the same or another employing authority will be entitled to 52 weeks Maternity Leave, paid as follows :
- 6 weeks SMP, paid as 90% of full pay (average weekly earnings);
  - 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
  - 13 weeks unpaid leave.
- 2.43 An employee who does not qualify for full benefits under the NHS Scheme but who has at least 26 weeks service by the 15th week before the EWC and meets the earnings rule whether or not she intends to return to work will be entitled to 52 weeks Maternity Leave, paid as follows :
- 6 weeks at 90% of full pay;
  - 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
  - 13 weeks unpaid leave.
- 2.44 An employee who does not qualify for SMP will be entitled to 52 weeks Maternity Leave, whether or not she intends to return to work. No payments will be made during the Maternity Leave period although Maternity Allowance or other benefits may be payable directly from Jobcentre Plus.
- 2.45 By prior agreement with the employer, occupational maternity pay may be paid in a different way e.g. a combination of full pay and half pay or a fixed amount spread equally over the Maternity Leave period.
- 2.46 In exceptional circumstances, for example in the case of a multiple birth or sick pre-term babies, the unpaid element of leave may be extended beyond 13 weeks. Requests for this should be submitted in writing to the employee's line manager who may seek advice from the Human Resources Team.

## **2.5 Timing of Leave**

Maternity Leave may commence at any time between eleven weeks before the EWC and the expected week of childbirth, provided the required notice is given. Early childbirth and maternity related sickness absence will affect this as follows:

## **2.6 Early Childbirth**

- 2.61 Where childbirth occurs before the 11th week before the EWC and the employee has worked during the actual week of childbirth, Maternity Leave will start on the first day of the employee's absence.
- 2.62 Where childbirth occurs before the 11th week before the EWC and the employee has been absent from work on certified sickness absence during

the actual week of childbirth, Maternity Leave will start the day after the day of birth.

- 2.63 Where an employee's baby is born before the 11th week before the EWC, and the baby is in hospital, she may split her Maternity Leave entitlement, taking a minimum period of two weeks' leave immediately following the birth and the rest of her leave following the baby's discharge from hospital. In either circumstance of early childbirth, the employee (or family member) should inform the line manager as soon as reasonably practicable. The line manager will then notify Human Resources, who can advise Payroll accordingly.

## **2.7 Miscarriage and Stillbirth**

- 2.71 Where an employee has a miscarriage before the 25th week of pregnancy then normal sick leave provisions will apply.
- 2.72 In the event of a still birth after the 24th week of pregnancy the employee will be entitled to the same amount of Maternity Leave and pay as if her baby was born alive.
- 2.73 The Organisation recognises that this will be a difficult and traumatic time and would encourage the use of the Occupational Health service. This service is available to both employees and family members.

## **2.8 Surrogacy**

- 2.81 Every pregnant employee who gives birth after the 24<sup>th</sup> week of pregnancy has the right to maternity leave and pay, as detailed above. What a birth mother does after the child is born has no impact on her right to maternity leave and pay.
- 2.82 If an employee uses a surrogate to become a parent, there is currently no provision for paid leave unless the child has been 'matched' with the parent through a formal adoption agency, in which case the employee may be entitled to adoption leave. Please refer to this section for further guidance.

## **2.9 Sickness Absence during Pregnancy and Leave**

- 2.91 Where an employee is off work ill long term, or becomes ill, with a pregnancy related illness during the last four weeks before the EWC, Maternity Leave will normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the EWC, supported by a medical certificate or self-certificate will be treated as sick leave in accordance with normal leave provisions. Normal sick leave provisions will be suspended once Maternity Leave has commenced.
- 2.92 Odd days of pregnancy related illness during this 4 week period may be disregarded if the employee wishes to continue working until the Maternity Leave start date previously agreed. An employee would need to provide self-certification for short term absence, in accordance with the Absence Management Policy (please refer to this policy in respect of sickness trigger points).

2.93 Where an employee is absent due to illness which is not pregnancy related then normal sick leave provisions will apply until the date previously agreed that Maternity Leave would commence.

## **2.10 Other Provisions**

### **2.10.1 Ante-natal and Post-natal Care**

a) Pregnant employees have the right to reasonable paid time off for ante-natal care including relaxation classes and parent craft classes. This time off would need to be agreed with the employee's line manager, prior to the date of attendance at the class.

b) Employees who return to work shortly after giving birth will be given paid time off for post-natal care e.g. attendance at health clinics.

### **2.10.2 Calculation of Pay**

Maternity Pay is calculated on average earnings paid for two months prior to the qualifying week which is the 15th week before the EWC. Employees with average weekly earnings below the Lower Earnings Limit who do not qualify for SMP may be entitled to MA or other benefits.

### **2.10.3 Implementation of a Pay Award or Annual Increment**

a) Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment.

b) Where a pay award and/or annual increment are implemented from a date prior to the paid Maternity Leave period, the Maternity Pay will be calculated as though the pay award had effect throughout the entire SMP calculation period. If a pay award is agreed retrospectively, the Maternity Pay will be recalculated on the same basis

c) Where a pay award and/or annual increment is implemented from a date during the paid Maternity Leave period, the Maternity Pay due from the operative date of the pay award or annual increment should be increased accordingly. Again, if such a pay award were agreed retrospectively, the Maternity Pay should be recalculated on the same basis.

### **2.10.4 Pay Progression Framework**

The expectation is that an employee on Maternity Leave will progress through a pay progression gateway on the due date if concerns have not been raised about the employee's capability prior to Maternity Leave commencing. Please refer to the Objective Setting and Review Policy

### **2.10.5 Employees on a Fixed-Term or Training Contract**

a) An employee who is entitled to full benefits under the NHS Scheme, i.e. who satisfies the conditions under Section 1, Item 2.3 and whose contract is due to end after the 11th week before the EWC, will have her contract extended to enable her to receive 52 weeks Maternity Leave which includes paid occupational and statutory maternity pay and the remaining 13 weeks of unpaid leave.

b) Under these circumstances, there will be no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred.

c) Employees who do not satisfy the conditions under Section 1, Item 2.3 and whose contract ends after the 15th week prior to the EWC but before the 11th week prior to the EWC, will not be entitled to Maternity Leave but SMP may be payable. In this case, the contract will not be extended but the Organisation will be responsible for paying any SMP due. Under these circumstances, the employee must inform the Organisation if she starts work for another employer following the birth of the baby and must still provide evidence of pregnancy via the MAT B1 form.

### **2.10.6 Contractual Rights**

An employee retains all her contractual rights, except remuneration, during the Maternity Leave period.

### **2.10.7 Annual Leave and Bank Holidays**

a) Annual leave will continue to accrue during Maternity Leave, whether paid or unpaid.

b) Where the amount of accrued leave would exceed the normal carry over provisions, the manager and employee should agree arrangements for the leave to be taken either prior to or immediately following the Maternity Leave period.

c) In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered.

d) All Maternity Leave, including unpaid Maternity Leave, will count as service for the purpose of satisfying the service qualification for accruing additional annual leave entitlements.

e) Bank Holiday leave is also accrued whilst on paid or unpaid Maternity Leave.

### **2.10.8 Pension**

Contributions will be deducted from salary as normal during paid Maternity Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from salary over an agreed period of time. It is the employee's responsibility to arrange this (where necessary). See <http://www.nhsbsa.nhs.uk/pensions>

## **SECTION 1 - PART II PROCEDURE**

### **1 How to Claim Maternity Leave and Pay**

- 1.1 Form M1 (**Appendix 2**) should be completed no later than the end of the 15th week before the EWC and signed by the employee and their Line Manager or equivalent. The original form should be sent to the Human Resources Team, who will then forward a copy to Payroll.
- 1.2 Maternity Leave can start on any day of the week. Any Annual Leave to be taken before the commencement of Maternity Leave should be taken into account.
- 1.3 On receipt of form MAT B1 from a registered medical practitioner or a practising midwife, the original should be sent to Payroll, with a copy forwarded to Workforce, at least 28 days before the commencement of leave. Payroll can then determine whether the employee qualifies for SMP. If the employee does not qualify for SMP, they will be sent form SMP1 together with the Maternity Certificate MAT B1. These forms will be needed to claim Maternity Allowance from Jobcentre Plus.
- 1.4 The employee will receive written confirmation from the Human Resources Team within 28 days of receipt of Form M1 detailing :
  - their maternity entitlements, both paid and unpaid
  - her expected return date based on 52 weeks paid and unpaid leave unless an earlier return date has been given
  - details of any accrued annual leave that is to be taken at the end of the Maternity Leave period
  - the need for her to give at least 28 days' notice in writing if she wishes to return to work before the expected return date.
- 1.5 If the employee subsequently decides that she wishes to change the start date of her Maternity Leave she must notify her Line Manager at least 28 days beforehand or where this is not possible as soon as is reasonably practicable.

### **2. Return to Work**

- 2.1 If the employee wishes to take her full entitlement to Maternity Leave she need not give any further notification of her return to work. An employee has the right to return to her job under her original contract and on no less favourable terms and conditions.
- 2.2 If the employee wishes to return to work before the end of her full entitlement to leave, she must give at least 28 days' notice of her date of return. The employee and manager must complete a HR6 payroll form as Notification of Return from Maternity.
- 2.3 An employee has the right to apply to return to work on a part-time or flexible working basis. Applications should be made to their Line Manager in

accordance with the Flexible Working Policy and will be given fair and objective consideration.

#### **2.4 Sickness Following the end of Maternity Leave**

Where an employee is unable to return to work following the date she was due to return as a result of illness, normal sick leave provisions will apply.

#### **2.5 Failure to return to Work**

2.51 An employee who has notified the Organisation of her intention to return to work for a minimum of three months for the same or another NHS employer, and fails to do so within 15 months of the beginning of her Maternity Leave will be liable to refund the whole of her maternity pay, less any Statutory Maternity Pay received.

2.52 In cases where the Organisation considers that to enforce this provision would cause undue hardship or distress, the organisation has the discretion to waive the right of recovery.

### **3 Health and Safety**

3.1 Where an employee is pregnant, has recently given birth or is breastfeeding, then a risk assessment of her working conditions will be carried out. If it is found, or if a medical practitioner considers, that an employee or her child would be at risk were she to continue with her normal duties, she will be provided with suitable alternative work for which she will receive her normal rate of pay. Where it is not reasonably practicable to offer suitable alternative work, the employee will be suspended on full pay.

3.2 These provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding.

### **4 Compulsory Period of Maternity Leave**

4.1 The legal minimum period of Maternity Leave which an employee is required to take is 2 weeks. This will commence on the day that the baby is born.

### **5 Childcare Voucher Scheme**

5.1 Information on the childcare voucher scheme and provisions available locally, will be contained within the Maternity Information pack which will be sent to you on receipt of your Application. If you would like to access this information prior to this, it can be obtained from the Human Resources Team.

### **6 Keeping in Touch (KIT)**

6.1 Before going on Maternity Leave employees should discuss and agree with their Line Manager any voluntary arrangements for keeping in touch during their leave. It should be noted that staff absent on Maternity Leave should receive details of vacancies and other pertinent business information; this is



normally done via the post to the employee's home address, or by another form of agreed method.

- 6.2 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the Maternity Pay Period without loss of SMP for the week. They are intended to facilitate a smooth return to work for women returning from Maternity Leave and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.
- 6.3 An employee may work a maximum of 10 KIT days without bringing her Maternity Leave to an end. Any days of work will not extend the maternity period.
- 6.4 An employee may not work during the two weeks of compulsory Maternity Leave immediately after the birth of her baby.
- 6.5 Working for part of any day will count as a whole KIT day.
- 6.6 The employee will be paid at their basic daily rate for the hours worked less appropriate Maternity Leave payment for KIT days worked. The KIT day record form should be sent to Payroll with a copy sent to Human Resources.
- 6.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 6.8 Employees who are breastfeeding will be risk assessed in accordance with **Section 1, Part II, Item 3.1** and facilities will be provided, where possible, in accordance with **Section 1, Part II, Item 7.2**.
- 6.9 In certain circumstances, the Organisation may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.

Please see **Appendix 7** for KIT Record form and information.

## **7 Provision for Nursing Mothers**

- 7.1 If you are a nursing mother returning to work, please inform your Line Manager as soon as possible so they are able to make the necessary arrangements.
- 7.2 An employee who is breastfeeding will be given suitable access to a private room to express and store milk in an appropriate refrigerator. Requests for flexible working arrangements to support breastfeeding mothers at work will be considered; please refer to the Flexible Working Policy.

## **SECTION 2 MATERNITY SUPPORT (PATERNITY) LEAVE - INCLUDING SHARED PARENTAL LEAVE**

### **1 Policy Statement**

- 1.1 Maternity Support (Paternity) Leave is provided to allow employees time away from work following the birth, adoption of a child. This policy details the arrangements within the Organisation in relation to Maternity Support (Paternity) Leave and pay.
- 1.2 This policy will apply to biological and adoptive fathers, nominated carers, and same sex partners.

### **2 Principles**

- 2.1 Employees may be entitled to Ordinary Maternity Support (Paternity) leave which can be taken around the time of the birth or placement of the child/children for adoption. .
- 2.2 Advice and guidance will be provided to all Line Managers on request regarding the implementation and application of these policies.

### **2.3 Ordinary Maternity Support (Paternity) Leave**

To qualify for up to two weeks ordinary Maternity Support (Paternity) Leave, with Occupational Paternity Pay, an employee must :

- 2.3.1 have, or expect to have, responsibility for the child's upbringing;
  - 2.3.2 be the biological father of the child, or be the mother's spouse, partner or civil partner but not the father of the child, or be the adopter's spouse or partner;
  - 2.3.3 have worked continuously for 12 months for one or more NHS employers by the beginning of the week in which the baby is due or the adopted child is due to be placed.
- 2.4 Where an employee satisfies all of the conditions in 2.3.3 above, payment will be made at full salary, including regular payments and bonus, less any Statutory Maternity Support (Paternity) Pay (SMSP), for up to two weeks.
  - 2.5 An employee who satisfies the conditions in 2.3 above, except 2.3.3, will be entitled to SMSP and leave provided that they:
    - 2.5.1 have 26 weeks continuous service with one or more NHS employers, ending with the 15th week before the baby is due or the week in which notification of the adoptive match occurs;
    - 2.5.2 will continue to be employed up to the date of birth or placement of a child;
    - 2.5.3 have average weekly earnings at or above the Lower Earnings Limit.

- 2.6 SPP is the same as the standard rate for Statutory Maternity Pay or 90% of average weekly earnings if this is less than SPP.
- 2.7 If the baby is born earlier than the fourteenth week before it is due and, but for the birth occurring early, the employee would have been employed continuously for 26 weeks, then the employee will be deemed to have the necessary length of service.
- 2.8 Employees can choose to take either one week's, or two separate or continuous weeks, leave (i.e. not odd days). Only two weeks leave is available irrespective of whether more than one child is born as a result of the same pregnancy or more than one child placed together for adoption.
- 2.9 Leave can start from:
- the date of the child's birth or placement (whether this is earlier or later than expected), or
  - a chosen number of days or weeks after the date of the child's birth or placement (whether this is earlier or later than expected), or
  - a chosen date.
- 2.10 Leave can start on any day of the week on or following the child's date of birth or placement but must be completed:
- within 56 days of the actual date of birth or placement of the child, or
  - if the child is born early, within the period from the actual date of birth up to 56 days after the expected week of birth.
- 2.11 Employees will be entitled to reasonable paid time off to attend ante-natal classes or official meetings in the adoption process as long as reasonable notice is given and proof of all appointments is provided. There is a legal right for a father or partner to take unpaid leave for up to two appointments for a maximum of 6.5 hours for each antenatal appointment. Line managers should seek HR advice regarding reasonable time off
- 2.12 Annual leave will accrue during ordinary Maternity Support (Paternity) Leave.
- 2.13 Paid Special/Other leave may be granted where there are difficulties at the time of birth; please refer to the Special Leave Policy and the Flexible Working Policy.

### **3 SHARED PARENTAL LEAVE (SPL)**

#### **3.1 Principles**

This guide gives a general overview of SPL. For more detailed information on the SPL regulations see the BIS guidance [www.gov.uk/sharedparentalleave](http://www.gov.uk/sharedparentalleave)

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. All eligible employees have a statutory right to take SPL and also may have an entitlement to Statutory Shared Parental Pay.

SPL and ShPP must be taken between the baby's birth and first birthday (or

within 1 year of adoption).

You can start SPL if you're eligible and you or your partner end maternity or adoption leave or pay (or Maternity Allowance) early. The remaining leave will be available as SPL. The remaining weeks of pay will be available as ShPP.

You can share the leave with your partner if they are also eligible for SPL, and choose how much of the leave each of you will take.

**Example** A mother and her partner are both eligible for SPL. The mother ends her maternity leave after 12 weeks, leaving 40 weeks (of the total 52 week entitlement) available for SPL. She takes 30 weeks and her partner takes the other 10 weeks.

Employees who take SPL are protected from less favorable treatment

### **3.2 ENTITLEMENT TO SHARED PARENTAL LEAVE**

3.3 Sometimes only one parent in a couple is eligible to get Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP). This means that they can't share the leave between them. For example a self-employed parent will not be entitled to SPL themselves but they may still pass the employment and earnings test so their partner, if they are an employee, may still qualify.

3.4 If both parents are employees and both meet the qualifying requirements then there will be a joint entitlement and the parents will have to determine how to divide the leave entitlement once the mother/partner has decided to curtail their maternity/adoption leave.

3.5 A mother/partner, subject to certain criteria, will be entitled to statutory pay/adoption pay/ maternity allowance for up to 39 weeks. If the mother/partner gives notice to reduce their entitlement before they will have received it for 39 weeks then the remaining weeks could become available as ShPP.

3.6 All notices for continuous periods of leave, from eligible employees will be accepted and all requests for discontinuous leave will be considered.

### **3.7 SHARED PARENTAL LEAVE ELIGIBILITY CRITERIA**

3.8 To qualify for Shared Parental Leave (SPL), you must share care of the child with either :

- Your husband, wife, civil partner or partner (joint adopter)
- The child's other parent
- Your partner (if they live with you and the child)
- Have curtailed, or given notice, to reduce, their maternity/adoption leave, or their pay, allowance (if not eligible for maternity/adoption leave)
- Have properly notified Vale of York CCG of their entitlement and have provided the necessary declarations and evidence.

3.9 You or your partner must be eligible for maternity pay or leave or Maternity Allowance or adoption pay or leave.

**3.10 You must also meet the - Continuity of employment test :**

- Have been employed continuously for at least 26 weeks by the end of the 15th week before the due date (or by the date you are matched with your adopted child)
- Be employed by the same employer while you take SPL

**3.11 In addition your partner's eligibility - Employment and earnings test**

During the 66 weeks before the baby is due your partner must:

- Have been working for at least 26 weeks (which can be discontinuous) - they can be employed, self-employed or an agency worker
- Have earned at least £30 a week on average in 13 of the 66 weeks

**3.12 STATUTORY SHARED PARENTAL LEAVE PAY (ShPP)**

In order to qualify for statutory shared parental pay, you must :

- Meet the qualifying requirements for shared parental leave and have a partner who meets the employment and earnings test;
- Have earned not less than the lower earnings limit (currently £111 per week) in the relevant period. This is usually the 8 weeks leading up to the qualifying week (as with shared parental leave, the qualifying week is the end of the 15th week before the week in which the baby is due to be born, or the week that the adopter is notified of being matched with a child).

3.13 You will also qualify for ShPP if one of the following applies :

- You qualify for Statutory Maternity Pay

3.14 If you're eligible and you or your partner end maternity or adoption leave and pay (or Maternity Allowance) early, then you can :

- Take the rest of the 52 weeks of leave (up to a maximum of 50 weeks) as Shared Parental Leave (SPL)
- Take the rest of the 39 weeks of pay or Maternity Allowance (up to a maximum of 37 weeks) as Statutory Shared Parental Pay (ShPP)

3.15 The mother must take a minimum of 2 weeks' maternity leave following the birth.

3.16 ShPP is paid at the rate of £138.18 a week or 90% of your average weekly earnings, whichever is lower

3.17 This is the same as Statutory Maternity Pay (SMP) except that during the first 6 weeks SMP is paid at 90% of whatever you earn (with no maximum).

3.18 If the mother or adopter curtails their entitlement to maternity/adoption pay or maternity allowance before they have used their full entitlement then shared parental pay can be claimed for any remaining weeks.

### 3.19 **STARTING SHARED PARENTAL LEAVE**

You or your partner can only start (SPL) once the child has been born or adopted. The mother or adopter must have either:

- Ended any maternity or adoption leave by returning to work
- Given 'binding notice' (a decision that can't normally be changed) to their employer of the date when they plan to end any maternity or adoption leave
- Ended maternity pay or Maternity Allowance (if they're not entitled to maternity leave, e.g. they're an agency worker or self-employed)

3.20 The mother or adopter must give notice to their employer (at least 8 weeks) to end maternity or adoption pay, or to the Job Centre Plus to end Maternity Allowance.

3.21 You can start SPL while your partner is still on maternity or adoption leave as long as they've given binding notice to end it.

3.22 A mother can't return to work before the end of the compulsory 2 weeks of maternity leave following the birth.

3.23 Where a mother or adopter takes 38 weeks or more of statutory maternity or adoption pay or maternity allowance, then no statutory shared parental pay can be created.

3.24 **Example** A mother and her partner are both eligible for SPL.

The mother goes on maternity leave 10 weeks before her baby is born. She decides that she'll take 16 weeks of maternity leave and gives notice to her employer.

Since the mother has given binding notice, her partner can start SPL as soon as the baby has been born (as long as they've given at least 8 weeks' notice).

## **SECTION 2 - PART II - PROCEDURE**

### **1 Ordinary Maternity Support (Paternity) Leave**

- 1.1 An employee must, wherever possible, give at least 28 days' notice of their intention to take ordinary Maternity Support (Paternity) Leave by completing form **P1 (Appendix 6)** and submitting it to their manager.
- 1.2 Form P1 is evidence that the employee meets the eligibility conditions and includes the following information:
  - the week the baby is due or the child is expected to be placed;
  - whether one week or two consecutive weeks is requested;
  - the date ordinary Maternity Support (Paternity) Leave is to start;
  - the employee's confirmation of eligibility.
- 1.3 In the event of a still birth, if the birth takes place after the 24<sup>th</sup> week of pregnancy the employee will be entitled to the same amount of ordinary Maternity Support (Paternity) Leave and pay as if the baby had been born alive.

### **2. HOW TO CLAIM SHARED PARENTAL LEAVE**

- 2.1 You must complete the Notice of Entitlement and Intention to Take Shared Parental Leave form (SPARM1 Appendix 9, for SPL resulting from Maternity. SPARA1 Appendix 10, for SPL resulting from Adoption) giving your employer written notice of your entitlement to SPL and ShPP, including :
  - Your partner's name
  - Start and end dates for maternity or adoption leave and pay
  - The total amount of SPL and ShPP available and how much you and your partner intend to take
  - Confirmation that you're sharing childcare responsibility with your partner
- 2.2 You must also complete the signed declaration from your partner stating :
  - Their name, address and National Insurance number
  - That they satisfy the qualifying requirements for SPL and ShPP
  - That they agree to you taking SPL and ShPP
- 2.3 After receiving this notice, your employer has 14 days if they want to ask for :
  - A copy of the child's birth certificate
  - The name and address of your partner's employer

You must provide this information within 14 days.

- 2.4 Once a request for leave is made the employee and employer will have a 14

day discussion period to talk about the request. An employee considering/taking SPL is encouraged to contact their line manager to arrange a discussion as early as possible.

- 2.5 You must give at least 8 weeks' notice of any leave you wish to take.
- 2.6 If the child is born more than 8 weeks early, this notice period can be shorter.
- 2.7 If parents don't choose SPL at first, they have the option to use it at a later date while they are still eligible. For example, six months into a maternity leave period, with notice, a mother may choose to reduce their maternity leave by two months, giving their partner the chance to take those two months as SPL (provided they give eight weeks' notice to their employer and take the SPL within a year of the birth/adoption). You must complete the notice to take a period of Shared Parental Leave form (Appendix 9 or 10)
- 2.8 SPL can :
- Start on any day of the week
  - Only be taken in complete weeks (so if SPL lasts for one week and begins on a Tuesday it will finish on the following Monday)
  - Be taken by the partner, while the mother is still on maternity/adoption leave if the mother reduces their entitlement to maternity/adoption leave

### **VARYING LEAVE**

- 2.9 Qualifying parents can vary their allocation of leave between them at any stage. To vary this you must complete the Application of Variation or Cancellation of Shared Parental Leave form (Appendix 11) both parents must notify each employer in writing of the following :
- Details of their original division of leave
  - Advising of the fact they are changing it
  - Advising how they now intend to take the available SPL.
- 2.10 Both parents must sign the notice to confirm that they are in agreement with the variation.

### **CANCELLING THE DECISION TO END MATERNITY OR ADOPTION LEAVE**

- 2.11 The mother or adopter may be able to change their decision to end maternity or adoption leave early if both:
- The planned end date hasn't passed
  - They haven't already returned to work



2.12 One of the following must also apply :

- You find out during the 8-week notice period that neither of you is eligible for SPL or ShPP
- The mother or adopter's partner has died
- The mother tells her employer less than 6 weeks after the birth (and she gave notice before the birth)

To cancel this you must complete the Application of Variation or Cancellation of Shared Parental Leave form (appendix 11) both parents must notify each employer in writing of the points detailed at 54.1.

### **SHARED PARENTAL LEAVE IN TOUCH (SPLIT) DAYS**

2.13 You and your partner can both work up to 20 days during SPL. These are called 'shared parental leave in touch' (or SPLIT) days and will be paid. (See Appendix 12.)

2.14 These days are in addition to the 10 'keeping in touch' (or KIT) days already available to those on maternity or adoption leave.

2.15 Shared Parental Leave in Touch days are optional - both you and your employer must agree to them.

### **BLOCKS OF LEAVE**

2.16 You can book up to 3 separate blocks of Shared Parental Leave (SPL) instead of taking it all in one go, even if you aren't sharing the leave with your partner.

2.17 If your partner is eligible for SPL, you can take leave at different times - or both at the same time. Therefore, each notice to book SPL can be for either a 'continuous' block or multiple 'discontinuous' blocks.

2.18 You must give your employer at least 8 weeks' notice before you want to begin a block of leave.

2.19 Each eligible employee can give their employer up to 3 separate notices. Each notice can be for a block of leave, or the notice may be for a pattern of "discontinuous" leave involving different periods of leave. If a parent asks for discontinuous blocks of leave in a notification the employer can refuse and require that the total weeks of leave in the notice to be taken in a single continuous block. However, where the employee's notification is for a continuous block of leave the employer is required to agree. It is therefore beneficial for the employee and employer to discuss and attempt to agree the way in which the different blocks of leave can be taken.

2.20 Notifying the NHS Vale of York CCG of a continuous block means taking an unbroken period of leave. For example, this could be a notification for a period of six weeks' leave. Eligible employees have a statutory right to take SPL in this way and an employer cannot refuse it.

## **SPLITTING BLOCKS**

- 2.21 If your employer agrees, you can split blocks into shorter periods of at least a week.
- 2.22 **Example** mother finishes her maternity leave at the end of October and takes the rest of her leave as SPL. She shares it with her partner, who's also eligible. They each take the whole of November as their first blocks of SPL. The partner then returns to work.

The mother also returns to work in December to cover the busy Christmas period. She gives her employer notice that she'll go on leave again in February - this is her second block of SPL. Her employer agrees to a work pattern of 2 weeks on, 2 weeks off during the block.

If a request for a discontinuous leave block is not agreed then the total amount of leave in the request must be taken as one continuous block unless the employee withdraws the notice and submits a new request.

## **EMPLOYMENT COMES TO AN END**

- 2.23 If an employee's employment comes to an end while they are still entitled to some ShPP then any remaining weeks will usually remain payable unless they start working for somebody else.

## **ANNUAL LEAVE**

- 2.24 SPL is granted in addition to annual leave which will continue to accrue throughout SPL.

## **TERMS AND CONDITIONS**

- 2.25 During the period of SPL, the employee's contract of employment remains in force and entitlement to receive all contractual benefits, except for salary.
- 2.26 Pension contributions will continue to be made during paid SPL. During a period of unpaid SPL, if an employee is part of the NHS Pension Scheme, then these deductions can be either made during the leave or upon return to work.

## **RETURNING TO WORK AFTER SHARED PARENTAL LEAVE**

- 2.27 On returning to work after SPL, the employee will have the right to return to the same job on no less favourable terms and conditions. If this is not reasonably practicable the employee will have the right to return to a job of the same pay band and to work of a similar responsibilities and status.

### **3 KEEPING IN TOUCH**

- 3.1 Arrangements for keeping in touch during the period of Shared Parental Leave will be agreed between the individual and their manager prior to the start of leave.
- 3.2 It should be noted that staff absent on Shared Parental Leave should receive details of vacancies and other pertinent business information; this is normally done via the post to the employee's home address, or by another form of agreed method.
- 3.3 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the SPL Pay Period without the loss of SPP for the week. They are intended to facilitate a smooth return to work for parents returning from SPL and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.
- 3.4 An employee may work a maximum of 10 KIT days without bringing their SPL to an end. Any days of work will not extend the SPL period.
- 3.5 Working for part of any day will count as a whole KIT day.
- 3.6 The employee will be paid at their basic daily rate for the hours worked less appropriate SPL payment for KIT days worked. The KIT days Record form should be sent to Payroll, with a copy sent to Workforce Information.
- 3.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 3.8 In certain circumstances, Vale of York CCG may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.

Please see Appendix 9 for KIT Record form and information.

## SECTION 3 ADOPTION LEAVE

### 1 Policy Statement

- 1.1 The Adoption Leave policy is designed to implement the statutory rights to leave following the placement of a child for adoption. Adoption Leave and pay entitles eligible employees to take paid leave when a child is newly placed for adoption. It is available to individuals who adopt and to one member of a couple where a couple adopt jointly (the couple may choose which partner takes Adoption Leave).
- 1.2 Where the CCG employs both parents, one parent will be identified as the primary carer and will be entitled to leave under this policy. The other parent will be entitled to leave under the Maternity Support (Paternity) Leave policy.

### 2 Principles

Advice and guidance will be provided to all Line Managers on request regarding the implementation and application of this policy

#### 2.1 Entitlement to Adoption Leave

All employees will be entitled to 52 weeks Adoption Leave.

#### 2.2 Entitlement to Occupational Adoption Pay under the NHS Scheme

2.2.1 An employee working full or part-time is entitled to Adoption pay under the NHS scheme provided they :

- have completed at that time 12 months continuous service with one or more NHS employing authorities ending with the week in which they are notified of being matched with a child for adoption; and
- notify the CCG on Form A1 (Appendix 2 of the Adoption Appendices Document) within seven days of being notified by their adoption agency that they have been matched with a child, unless this is not reasonably practicable and intends to return to work for a minimum period of three months with the same or another NHS employer; and
- submit documentary evidence in the form of a 'matching certificate' from their adoption agency, as proof of entitlement to leave.

Where an employee has stated they will be returning to work, and fails to do so, please refer to **Section 3, Part II, Items 2.3 and 2.4.**

#### 2.3 Entitlements under the Scheme

2.3.1 An employee who **qualifies for full benefits and intends to return to work with the same or another employing organisation** will be entitled to 52 weeks Adoption Leave, paid as follows :

- 8 weeks at full pay including any Statutory Adoption Pay (SAP) or equivalent benefits payable;

- 18 weeks at half pay reduced only where half pay plus any SAP, Adoption Allowance (AA) or equivalent benefits payable exceeds full pay;
- 13 weeks at SAP, if payable;
- 13 weeks unpaid leave.

2.3.2 An employee who **qualifies for full benefits and does not intend to return to work** for the same or another employing authority will be entitled to 52 weeks Adoption Leave, paid as follows:

- 6 weeks SMP, paid as 90% of full pay (average weekly earnings);
- 33 weeks paid at the lesser of standard rate SAP or 90% of average weekly earnings, if payable;
- 13 weeks unpaid leave.

2.3.3 An employee who **does not qualify for full benefits** but who has at least 26 weeks service leading into the week in which they are notified of having been matched with a child **and** meets the earnings rule, whether or not they intend to return to work, will be entitled to 52 weeks Adoption Leave which will be paid as follows:

- 39 weeks paid at the lesser of standard rate SAP or 90% of average weekly earnings;
- 13 weeks unpaid leave.

2.3.4 An employee who **does not qualify for SAP** whether or not they intend to return to work will be entitled to 52 weeks Adoption Leave. No payments will be made during the Adoption Leave period.

## 2.4 Timing of Leave

2.4.1 Leave can start from the date of the child's placement (whether this is earlier or later than expected) or from a fixed date which can be up to 14 days before the expected date of placement. Leave can start on any day of the week.

2.4.2 Only one period of leave will be available irrespective of whether more than one child is placed for adoption as part of the same arrangement.

2.4.3 If the date of a placement changes, the employee should give 28 days' notice to change the start date of their Adoption Leave, where this is reasonably practicable. In any event, as much notice as possible should be given and the employee's manager must be kept informed.

2.4.4 If there is an established relationship with the child, e.g. fostering prior to adoption or when a step-parent is adopting a partner's child/children, there may be scope for local arrangements to be agreed on the amount of leave and pay in addition to time off for official meetings.

## 2.5 Other Provisions

### 2.5.1 Calculation of Pay

Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy – v1.2

Adoption Pay is calculated on average earnings paid for two months prior to the start of the week after that in which the adopter is notified of having been matched with a child for adoption.

#### **2.5.2 Implementation of a Pay Award or Annual Increment**

a) Absence on Adoption Leave, whether paid or unpaid, counts as service towards the normal annual increment.

b) Where a pay award and/or annual increment are implemented from a date prior to the paid Adoption Leave period, the Adoption Pay will be calculated as though the pay award had effect throughout the entire SAP calculation period. If a pay award is agreed retrospectively, the Adoption Pay will be recalculated on the same basis

c) Where a pay award and/or annual increment is implemented from a date during the paid Adoption Leave period, the Adoption Pay due from the operative date of the pay award will be calculated as though the pay award had effect throughout the SAP calculation period. Again, if such a pay award were agreed retrospectively, the Adoption Pay should be recalculated on the same basis.

#### **2.5.3 Pay Progression Framework**

The expectation is that an employee on Adoption Leave will progress through a pay progression gateway on the due date if concerns have not been raised about the employee's capability prior to Adoption Leave. Please refer to the Objective Setting and Review Policy

#### **2.5.4 Employees on a Fixed-Term Contract**

a) An employee on a fixed-term contract which expires after the week in which the adopter is notified of a match with a child for adoption will, subject to satisfying the conditions in 27.3, have their contract extended to enable them to receive 52 weeks Adoption Leave which includes occupational and statutory adoption pay and 13 weeks unpaid leave. Under these circumstances, there will be no right of return to be exercised because the contract would have ended if the adoption had not occurred.

b) An employee not satisfying the conditions in 27.3 but who is entitled to SAP will, have their contract extended to allow them to receive SAP. The contract will not be extended to cover a period of unpaid leave.

#### **2.5.5 Contractual Rights**

All contractual rights, apart from remuneration, will continue to accrue during the whole Adoption Leave period.

## 2.5.6 Annual Leave and Bank Holidays

a) Annual leave will continue to accrue during both paid and unpaid Adoption Leave.

b) Where the amount of accrued leave would exceed the normal carry over provisions, the manager and employee should agree arrangements for the leave to be taken either prior to or immediately following the Adoption Leave period.

c) In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered.

d) All Adoption Leave including unpaid Adoption Leave will count as service for the purpose of satisfying the service qualification for accruing additional annual leave entitlements.

e) Bank Holidays are also accrued whilst on paid or unpaid Adoption Leave.

## 2.5.7 Pension

Contributions will be deducted from salary as normal during paid Adoption Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from salary, over an agreed period of time. It is the employee's responsibility to arrange this (where necessary.) <http://www.nhsbsa.nhs.uk/pensions>

## 2.5.8 Maternity Support (Paternity) Leave

The partner of an individual, who adopts, the other member of a couple who are adopting jointly, may be entitled to Maternity Support (Paternity) Leave and pay. Please refer to the Maternity Support (Paternity) Leave procedure (Part II of this policy)

## 2.5.9 Entitlement to Time off For Pre-Adoption Arrangements

An employee who is the Adopter or an employee who is the partner of the adopter may take reasonable time off with pay for adoption related meetings, as long as reasonable notice is given and proof of all appointments is provided. This must be agreed by the employee's line manager, prior to the date of the appointment.

## **SECTION 3 – PART II - PROCEDURE**

### **1 How to Claim Adoption Leave**

- 1.1 Employees must inform their manager of their intention to take Adoption Leave within seven days of them being notified by their adoption agency that they have been matched with a child for adoption, unless this is not reasonably practicable. Form **A1 (Appendix 14)** should be completed for this purpose and the original sent to Workforce Team, who will send a copy to Payroll.
- 1.2 Adoption Leave can start on any day of the week. Any Annual Leave to be taken before the commencement of Adoption Leave should be taken into account
- 1.3 Employees need to inform their manager of the date that the child is likely to be placed with them and the date they would like their Adoption Leave to start. The start date of leave may be changed provided that 28 days' notice is given, unless this is not reasonably practicable.
- 1.4 Employees also need to provide a matching certificate from their adoption agency as evidence of their entitlement to Statutory Adoption Pay and leave that includes basic matching and expected placement details. The original should be sent to the Workforce Team, who will send a copy on to Payroll.
- 1.5 The employee will receive written confirmation within 28 days of receipt of Form A1 of :
  - their adoption leave entitlements, both paid and unpaid
  - their expected return date based on 52 weeks paid and unpaid leave unless an earlier return date has been given
  - details of any accrued annual leave that is to be taken at the end of the Adoption Leave period
  - the need to give at least 28 days' notice in writing if they wish to return to work before the expected return date.

### **2 Return to Work**

- 2.1 If an employee wishes to take full entitlement to leave, then no further notification of return to work need be given.
- 2.2 An employee wishing to return to work before the end of their full entitlement to leave must give at least 28 days' notice of their date of return. The employee and manager must complete a HR7 payroll form as Notification of Return from Maternity.

#### **Failure to Return to Work**

- 2.3 An employee who has notified the Organisation of their intention to return to work for a minimum of three months for the same or another NHS employer,



and fails to do so within 15 months of the beginning of their Adoption Leave will be liable to refund the whole of their adoption pay, less any Statutory Adoption Pay received.

- 2.4 In cases where the Organisation considers that to enforce this provision would cause undue hardship or distress, the organisation has the discretion to waive the right of recovery,

### **3 Childcare Voucher Scheme**

- 3.1 Information on the childcare voucher scheme and provisions available locally, will be contained within the Maternity Information pack which will be sent to you on receipt of your Application. If you would like to access this information prior to this, it can be obtained from the Workforce Team.

### **4 Keeping in Touch**

- 4.1 Before going on Adoption Leave employees should discuss and agree with their Line Manager any voluntary arrangements for keeping in touch during their leave. It should be noted that staff absent on Adoption Leave should receive details of vacancies and other pertinent business information; this is normally done via the post to the employee's home address, or by another form of agreed method.
- 4.2 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the Adoption Pay Period without the loss of SAP for the week. They are intended to facilitate a smooth return to work for an employee returning from Adoption Leave and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.
- 4.3 An employee may work a maximum of 10 KIT days without bringing his/her Adoption Leave to an end. Any days of work will not extend the adoption period.
- 4.4 Working for part of any day will count as a whole KIT day.
- 4.5 The employee will be paid at their basic daily rate for the hours worked less appropriate Adoption Leave payment for KIT days worked. The KIT day record form should be sent to Payroll, with a copy sent to Workforce Information
- 4.6 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 4.7 In certain circumstances, the Organisation may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.

Please see Appendix 7 for KIT Record form and information.

## **SECTION 4 PARENTAL LEAVE**

### **1 Policy Statement**

- 1.1 Parental Leave is provided to enable employees to take time off work to look after a child or make arrangements for a child's welfare. Parents or those who have formal parental responsibility can use it to spend more time with children and strike a better balance between their work and family commitments.
- 1.2 This Policy should also be seen as operating with the provisions on flexible working arrangements and employment breaks (see appropriate policies for more information). It should be noted that Parental Leave is unpaid.

### **2 Principles**

- 2.1 Employees who have nominated caring responsibility for a child *under the age of 14, or under the age of 18 in cases of adoption or a disabled child* are eligible for Parental Leave
- 2.2 Training and support will be provided to all Line Managers in the implementation and application of this policy

### **2.3 Entitlement to Leave**

- 2.3.1 The right to parental leave entitles all employees who have completed 12 months continuous NHS service to take a period of unpaid leave to care for each child under 14, or 18 in cases of adoption or a disabled child.
- 2.3.2 The entitlement is 18 weeks unpaid leave per child to be taken in periods of at least one week at a time and 18 weeks for each adopted child or child entitled to a disability living allowance. In the case of twins, each parent will be entitled to 18 weeks for each child.
- 2.3.3 A maximum of four weeks can be taken in any one year. Both parents are entitled to take parental leave.

### **2.4 Timescales for Taking Parental Leave**

- 2.4.1 Up to 18 weeks leave up until the child's 14<sup>th</sup> birthday; or if the child is disabled (defined as being eligible to receive Disability Living Allowance) or adopted, up to 18 weeks leave up until the child's 18<sup>th</sup> birthday.
- 2.4.2 Parents can start taking parental leave as soon as a child is born or placed for adoption, or as soon as they have completed one year's continuous NHS service, whichever is later.

### **2.5 Requests for Parental Leave**

All requests for parental leave must be made on form PAR 1 (Appendix 1 of the Parental Leave Appendices Document), be signed by a departmental manager and copied to Workforce and Payroll for monitoring and recording and payment purposes.

## **SECTION 4 – PART II - PROCEDURE**

### **1 Applying For Parental Leave**

1.1 When applying for parental leave the employee must, where possible, complete and hand in the form **PAR 1 (Appendix 17)** and :

- specify the length of leave required;
- give at least 21 days' notice before the beginning of the period of leave.

### **2 Postponing Parental Leave**

2.1 Parental Leave may be postponed in exceptional circumstances where the timing would cause significant operational problems.

2.2 If a request for leave is postponed:

- it will only be deferred once and alternative dates will be offered;
- postponement will be for no longer than three months;
- deferred leave offered will be for the same length of time as that requested, and the start and end dates of deferred leave will be mutually agreed;
- an employee will be given reasonable written notice of a deferral together with the reasons. The minimum notice will be :
  - two weeks before the start of the requested leave where the leave is for two weeks or less;
  - where the leave is more than two weeks, the same length as the parental leave requested;

An employee who considers that his/her request for leave has been unreasonably postponed, may appeal through the CCG's Grievance Procedure.

### **3 Arrangements during Parental Leave**

3.1 Whilst taking parental leave, employees are on unpaid leave.

3.2 During the period of parental leave, the employee will retain all contractual rights except remuneration, including entitlement to annual leave, eligibility for an annual incremental payment, and pension rights. Pension contributions will continue to be payable during periods of parental leave. Arrears of contributions will be deducted by the Salaries department over an agreed period of time. Bank Holidays will also accrue whilst on Parental Leave.

### **4 Returning from Parental Leave**

4.1 On resuming work after a period of parental leave, employees will return to their job on remuneration and other terms and conditions no less favourable than if they had not taken parental leave.

4.2 Where the employee's job has been changed in his/her absence, the employee must be notified in writing of this change prior to their return and allocated a similar job with no less favourable remuneration and terms and conditions.

## Appendix 1 : Maternity Leave Options / Entitlements

	Returning to work following Maternity Leave	Not returning/undecided whether to return to work following Maternity Leave
12 months or more continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	<p><b><u>OPTION 1</u></b></p> <ul style="list-style-type: none"> <li>• 8 weeks at Full Pay including any SMP, MA or equivalent benefits receivable</li> <li>• 18 weeks at Half Pay reduced only where half pay plus SMP, MA or equivalent benefits exceeds full pay</li> <li>• 13 weeks at SMP (if payable)</li> <li>• 13 weeks Unpaid Leave</li> </ul>	<p><b><u>OPTION 2</u></b></p> <ul style="list-style-type: none"> <li>• 6 weeks SMP, paid as 90% of Full Pay (of average weekly earnings)</li> <li>• 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>
More than 26 weeks but less than 12 months continuous service with NHS by the start of 15 <sup>th</sup> week before EWC	<p><b><u>OPTION 3</u></b></p> <ul style="list-style-type: none"> <li>• 6 weeks at 90% Full Pay</li> <li>• 33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>	<p><b><u>OPTION 4</u></b></p> <ul style="list-style-type: none"> <li>• 6 weeks at 90% Full Pay</li> <li>• 33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>
Less than 26 weeks continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	<p><b><u>OPTION 5</u></b></p> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>	<p><b><u>OPTION 6</u></b></p> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>

## Appendix 2 : M1 - Application for Maternity Leave

PERSONAL INFORMATION		
Full Name _____	Assignment Number: _____	
Job Title: _____	Base: _____	
Line Manager: _____	Hours Worked: _____	
Date of Appointment with NHS: _____	Date Joined _____	this _____
Address _____	Organisation: _____	
Correspondence: _____		
		Postcode: _____
E-mail Address: _____		
Contact Numbers:		
Home: _____	Work: _____	Mobile: _____
MATERNITY OPTIONS		
My expected date of childbirth is: _____		
I intend to commence my Maternity Leave on: _____		
MATB1	Yes / No	If not, please forward at least 28 days prior to commencement of Maternity Leave
Attached:	_____ Leave	
I have read and understood the Maternity Policy and I wish to take the following Maternity Leave (please tick)		
Option	Detail	Tic k
Option 1	I have 12 months or more continuous service with the NHS and I wish to take 52 Weeks Maternity leave including 39 weeks occupational and statutory Maternity pay, plus up to 13 weeks unpaid leave. I am entitled to return to work at any time up to 52 weeks after the date I left work, and if I do return earlier I will inform the organisation in writing 28 days before I return of this intention. I understand I must return to work with *organisation* or another NHS organisation for a minimum period of 13 weeks. In the event of failing to return to work, I agree that I shall be liable to repay any money not due to me.	
Option 2	I have 12 months or more continuous service with the NHS, but I am undecided at this stage about my commitment to return to work. Please therefore, pay my Statutory Maternity Pay only. In the event of my return to work for a minimum period of 13 weeks, the organisation will pay the balance of my Occupational Maternity Pay.	
Option 3	I have more than 26 weeks service with *organisation* but less than 12 months continuous service with the NHS at the beginning of the 25 <sup>th</sup> weeks of my pregnancy, and may be entitled to Statutory Maternity Pay. I will remain absent from work for up to a total of 52 weeks, after which I will be returning to work.	
Option 4	I have more than 26 weeks continuous service with the NHS at the beginning of the 25 <sup>th</sup> week of my pregnancy and will not be returning to work. Please arrange for payment of my Statutory Maternity pay.	
Option 5	I have less than 26 weeks continuous service with the NHS at the beginning of the 25 <sup>th</sup> week of my pregnancy and will be taking unpaid Maternity Leave for a period of up to 52 weeks after which I will be returning to work.	
Option 6	I have less than 26 weeks continuous service with the NHS at the beginning of the 25 <sup>th</sup> weeks of my pregnancy and will not be returning to work.	

**SIGNATURES**

I confirm have read the Maternity Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me

**Signed  
(Employee):** \_\_\_\_\_

**Signed  
(Manager):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please forward the original of this form to the Human Resources Team by the **15<sup>th</sup> week** before your expected week of childbirth

**Office Use Only - Mat B1 Seen? Yes / No**  
**initials)**

**Copy of form taken and sent to payroll (date and**

### Appendix 3 : Expectant and New Mothers Risk Assessment Checklist

To be completed by the Manager when informed that a member of staff is pregnant, midway during pregnancy, and then when returns to work and/or is breastfeeding.

The assessment should be completed with the staff member using the guidance in the Expectant and New Mothers Risk Assessment Procedure. It should be reviewed regularly as the risks may change over the course of time.

If any problems arise in identifying the hazards or deciding on the action required, contact the NHS Yorkshire and Humber Support Unit Governance and Risk Team.

Employee's Name: \_\_\_\_\_

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

Office/Work Location: \_\_\_\_\_

Line Manager: \_\_\_\_\_

#### Condition Assessment

*Please tick the relevant box*

*Tick which is applicable*

	Initial 1st Assessment	Assessment review midway	Assessment return to work
<u>Is the employee pregnant?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is the employee mid-term pregnancy?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Has the employee returned to work or is breastfeeding?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Due date?</u>			
Date of Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 1. Physical Risks

Is there a risk?  
\_\_\_\_\_

**1a. Movement/Posture**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**1b. Manual Handling**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**1c. Shocks, Jolts or Vibrations (i.e.; electrical, equipment)**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**1d. Noise**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**1e. Ionising Radiation (i.e. exposure to x-rays)**

YES	NO
-----	----

Description of risks and action to be taken:

---

---



**2. Biological Risks (i.e. bloods, body fluids)**

Is there a risk?

YES	NO
-----	----

Description of risks and action to be taken:-

---



---

**3. Chemical Risks (i.e. cleaning materials)**

Is there a risk?

YES	NO
-----	----

Description of risks and action to be taken:

---



---

**4. Working Conditions**

Is there a risk?

**4a. Facilities for rest, meal breaks, and if applicable hygiene and storage of breast milk**

YES	NO
-----	----

Description of risks and action to be taken:

---



---

**4b. Mental & physical fatigue**

Is there a risk?

YES	NO
-----	----

Description of risks and action to be taken:

---



---

Is there a risk?

---

**4c. Working hours (including night work)**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

YES	NO
-----	----

**4d. Workplace stress (i.e. workload)**

Description of risks and action to be taken:

---

---

Is there a risk?

YES	NO
-----	----

**4e. Passive smoking (i.e. working in community)**

Description of risks and action to be taken:

---

---

Is there a risk?

YES	NO
-----	----

**4b. Extremes of Temperature**

Description of risks and action to be taken:

---

---

Is there a risk?

YES	NO
-----	----

**4c. Working alone**

Description of risks and action to be taken:

---

---

Is there a risk?

**4d. Working at Height**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**4e. Violence**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**4f. Personal Protective Equipment**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Is there a risk?

**4g. Display Screen Equipment (DSE/VDUs)**

YES	NO
-----	----

Description of risks and action to be taken:

---

---

Date  
Last done

**5. Any other risks not identified above:**

Description of risks and action to be taken:

---

---

---

---

Are there any health concerns or risks highlighted that you would like to discuss in confidence with occupational health? No / Yes (please send copy of specific risk assessment)

Managers Signature

\_\_\_\_\_

Position

\_\_\_\_\_

Employee's Signature

\_\_\_\_\_

Job Title

\_\_\_\_\_

Date

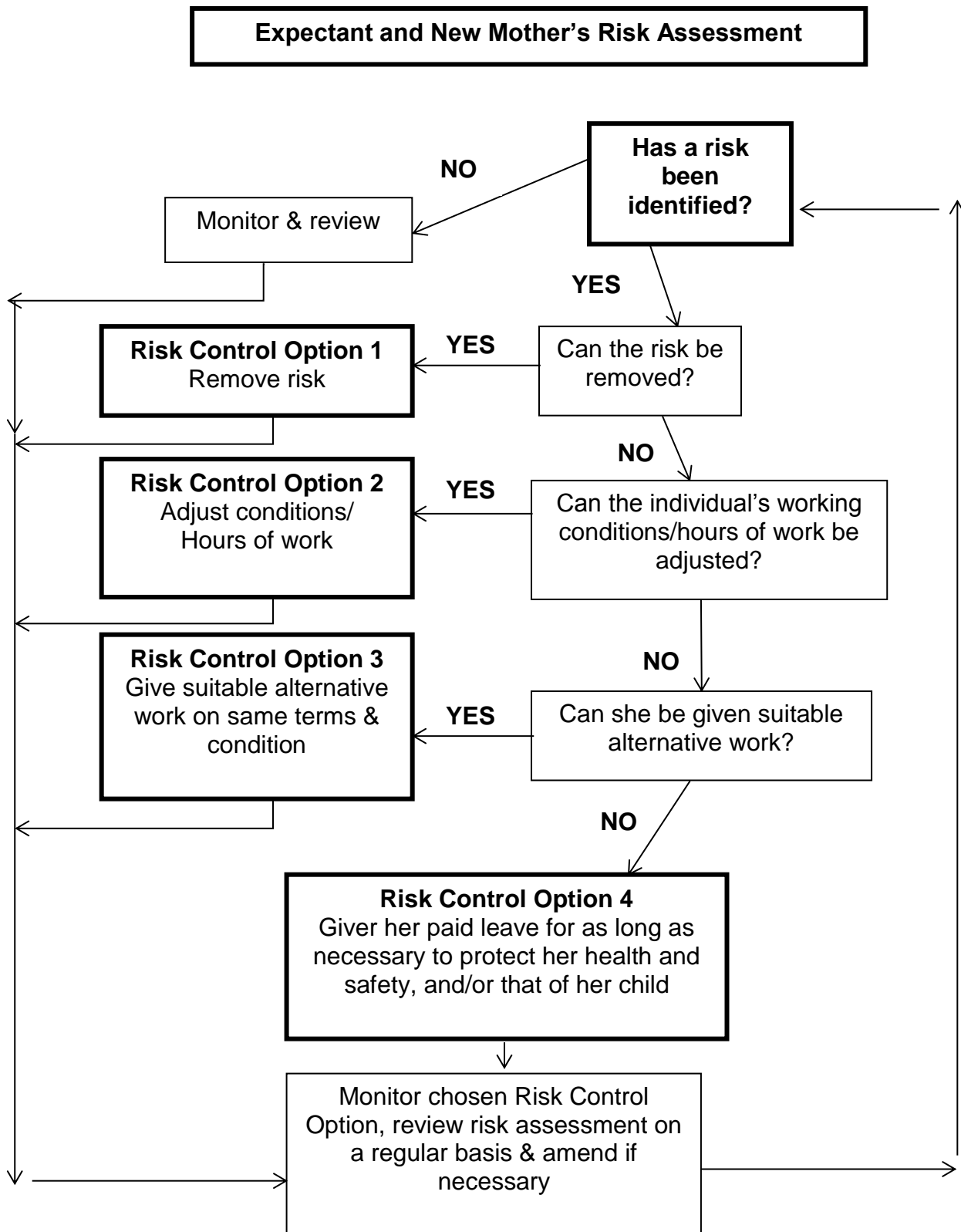
Copy forwarded to Occupational Health provider (if required)

Date sent:
------------

Please note copy to be retained by the Manager and if a risk highlighted and a referral/advice needed send a copy to Occupational Health provider

For further help or advice contact a member of the Governance Team

**Appendix 4 : Expectant and New Mother's Flow Chart**



**Appendix 5 : Ordinary Maternity Support Paternity) Leave Options / Entitlements**

	<b>Returning to work following Paternity Leave</b>	
<b>12 months or more continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed</b>	<p><b><u>OPTION 1</u></b></p> <ul style="list-style-type: none"> <li>• Payment made at full salary, including regular payments and bonus, less any SMSP, for up to two weeks (two consecutive weeks or two separate occasions of one week.)</li> </ul>	
<b>More than 26 weeks but less than 12 months continuous service with NHS, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child</b>	<p><b><u>OPTION 2</u></b></p> <ul style="list-style-type: none"> <li>• 1 week Paternity Leave paid at three days Paternity Leave plus remaining days SMSP only</li> </ul>	<p><b><u>OPTION 3</u></b></p> <ul style="list-style-type: none"> <li>• 2 consecutive weeks Paternity Leave paid at three days basic pay and remaining days SMSP only</li> </ul>
<b>Less than 26 weeks continuous service with NHS, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child</b>	<p><b><u>OPTION 4</u></b></p> <ul style="list-style-type: none"> <li>• Up to three days Occupational Paternity Leave plus average pay (inclusive of SMSP)</li> </ul>	

## Appendix 6 : P1 – Application for ORDINARY PATERNITY Leave

PERSONAL INFORMATION		
Full Name _____	Assignment Number: _____	
Job Title: _____	Base: _____	
Line Manager: _____	Hours Worked: _____	
Date of Appointment with NHS: _____	Date Joined this Organisation: _____	
Address for Correspondence: _____		
E-mail Address: _____	Postcode: _____	
Contact Numbers: Home: _____	Work: _____ Mobile: _____	
PATERNITY OPTIONS		
Expected date of birth of your child or placement of your child: _____		
Date you expect to start first week of leave: _____		
Date you expect to start your second week of leave: _____		
<b>I wish to apply for paternity leave/pay. I attach a copy of my partners Matching Certificate or MAT B1 for the purposes of the Occupational Paternity Pay showing the expected week of childbirth:</b>		
I have read and understood the Paternity Leave Policy and I wish to take the following Paternity Leave (please tick)		
Option	Detail	Tick
<b>Option 1</b>	For employees with over 1 years' service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Paternity Pay (SPP)	
<b>Option 2</b>	For employees with less than 52 weeks service, but 26 weeks service or more, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child: 1 week or 2 consecutive weeks paternity leave (3 days paid paternity leave and remaining days SPP only)	
<b>Option 3</b>	For employees with less than 26 weeks continuous service with NHS, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child the time of confinement / placement of child: Up to 2 weeks unpaid leave.	
<b>Statutory Paternity Pay = 90% of your average weekly earnings or current rate, whichever is the lesser.</b>		
FURTHER FORMS TO COMPLETE		
<b>FOR M</b>	<b>To be submitted following the birth or placement of child</b>	
<b>SC3</b>	To claim Ordinary Statutory Paternity Pay/ordinary paternity leave – becoming a parent form	
<b>SC4</b>	To claim Ordinary Statutory Paternity Pay/ordinary paternity leave – becoming an adoptive parent form	

**SIGNATURES**

I confirm have read the Paternity Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me

**Signed  
(Employee):** \_\_\_\_\_

**Signed  
(Manager):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please forward the original of this form to the Human Resources Team at least **28 days** before you want your leave to start, or as soon as reasonable practicable. If for any reason you need to amend the date of your Paternity Leave, please contact the Human Resources Team as soon as possible, so dates and records can be amended.

**Office Use Only - Mat B1 / Matching Certificate seen? Yes / No**

**Statutory forms completed? Yes / No    Copy of forms taken and sent to payroll (date and initials)**



## Appendix 7 : Adoption Leave Options / Entitlements

	Returning to work following Adoption Leave	Not returning/undecided whether to return to work following Adoption Leave
12 months or more continuous service with NHS at the end of the week prior to being matched with a child	<u>OPTION 1</u> <ul style="list-style-type: none"> <li>• 8 weeks at Full Pay including any SAP, MA or equivalent benefits receivable</li> <li>• 18 weeks at Half Pay reduced only where half pay plus SAP, MA or equivalent benefits exceeds full pay</li> <li>• 13 weeks at SAP (if payable)</li> <li>• 13 weeks Unpaid Leave</li> </ul>	<u>OPTION 2</u> <ul style="list-style-type: none"> <li>• 6 weeks SAP, paid as 90% of Full Pay (of average weekly earnings)</li> <li>• 33 weeks at the lesser of standard rate SAP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>
More than 26 weeks but less than 12 months continuous service with NHS at the end of the week prior to being matched with a child	<u>OPTION 3</u> <ul style="list-style-type: none"> <li>• 39 weeks at the lesser standard rate of SAP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>	<u>OPTION 4</u> <ul style="list-style-type: none"> <li>• 39 weeks at the lesser standard rate of SAP or 90% of average weekly earnings</li> <li>• 13 weeks Unpaid Leave</li> </ul>
Less than 26 weeks continuous service with NHS at the end of the week prior to being matched with a child	<u>OPTION 5</u> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>	<u>OPTION 6</u> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>

## Appendix 8 : A1 - Application for Adoption Leave

PERSONAL INFORMATION		
Full Name _____	Assignment Number: _____	
Job Title: _____	Base: _____	
Line Manager: _____	Hours Worked: _____	
Date of Appointment with NHS: _____	Date Joined _____	this _____
Address for Correspondence: _____		
Postcode: _____		
E-mail Address: _____		
Contact Numbers:		
Home: _____	Work: _____	Mobile: _____
ADOPTION OPTIONS		
I wish my first day of adoption leave to be: _____		
Matching Certificate Attached:	Yes / No _____	If not, please forward as soon as reasonably practicable _____
I have read and understood the Adoption Leave Policy and I wish to take the following Adoption Leave (please tick)		
Option	Detail	Tick
<b>Option 1</b>	I have 12 months or more continuous service with the NHS and I wish to take 52 Weeks Adoption Leave including 39 weeks occupational and statutory adoption pay, plus up to 13 weeks unpaid leave. I am entitled to return to work at any time up to 52 weeks after the date I left work, and if I do return earlier I will inform the organisation in writing 28 days before I return of this intention. I understand I must return to work with Vale of York CCG or another NHS organisation for a minimum period of 13 weeks. In the event of failing to return to work, I agree that I shall be liable to repay any money not due to me.	
<b>Option 2</b>	I have 12 months or more continuous service with the NHS, but I am undecided at this stage about my commitment to return to work. Please therefore, pay my Statutory Adoption Pay only. In the event of my return to work for a minimum period of 13 weeks, the organisation will pay the balance of my Occupational Adoption Pay.	
<b>Option 3</b>	I have more than 26 weeks service with the NHS but less than 12 months continuous service with the NHS at the beginning of the week I have been notified by the Adoption Agency of being matched with a child and maybe entitled to Statutory Adoption Pay. I will remain absent from work for up to a total of 52 weeks, after which I will be returning to work.	
<b>Option 4</b>	I have more than 26 weeks continuous service with the NHS at the beginning of the week I have been notified by the Adoption Agency of being matched with a child and will not be returning to work. Please arrange for payment of my Statutory Adoption pay.	
<b>Option 5</b>	I have less than 26 weeks continuous service with the NHS at the beginning of the week I have been notified by the Adoption Agency of being matched with a child and will be taking unpaid Adoption Leave for a period of up to 52 weeks after which I will be returning to work.	
<b>Option 6</b>	I have less than 26 weeks continuous service with the NHS at the beginning of the week I have been notified by the Adoption Agency of being matched with a child and will not be returning to work.	

**SIGNATURES**

I confirm have read the Adoption Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me

**Signed  
(Employee):** \_\_\_\_\_

**Signed  
(Manager):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please forward the original of this form to the Human Resources Team **within 7 days** of being notified of being matched with a child.

**Office Use Only** - Matching Certificate Seen? Yes / No    Copy of forms taken and sent to payroll (date and initials)

## Appendix 9 : Keeping in Touch

### Keeping In Touch (Kit) Occasions

The employee will be able to work **up to a maximum of 10** voluntary occasions during his/her Maternity, Adoption or Shared Parental Leave without losing any Statutory Maternity/Adoption/Shared Parental Leave Pay.

KIT occasions are intended to help employees keep in touch with the workplace and could also help ease eventual return to work. The type of work done could be attending work for a training course, team meetings or for an appraisal interview. These are just examples, but whether employees take advantage of these occasions is their choice. Time that is worked should be agreed by both employee and their manager. Their manager does not have any right to insist that the employee works any KIT occasions.

Any work carried out as a KIT occasion, (the minimum time is half an hour) will be counted as a whole KIT occasion. They can be taken as single days; hours; in blocks of two or more days; or can be taken consecutively. In order to ensure that employees still qualify to receive SMP, SAP or ShPP **no more than 10 occasions should be worked during the entire Maternity/Adoption/Shared Parental Leave period.**

### Payment for KIT

Payment will be received for any KIT occasions that are worked, paid at the employees basic rate for the hours worked. However the employee will not be able to take their earnings above full pay by receiving payment for KIT. The amount of pay received for KIT will vary depending on where they occur in an employee's Maternity/Adoption/Shared Parental Leave (e.g. if the employee is on full pay they will receive no additional pay but if they are on unpaid leave then they would receive the full hourly rate for the time worked) as explained in the table below.

When the KIT occasion occurs	How much will be paid
Weeks 1-8 of Maternity / Adoption leave	No additional payment if already receiving full pay
Weeks 9-26 of Maternity / Adoption / Shared Parental Leave	Hourly rate will be paid until full pay is met for that week
Weeks 27-39 of Maternity / Adoption / Shared Parental Leave	Hourly rate will be paid until full pay is met for that week
Weeks 40-52 of Maternity / Adoption / Shared Parental Leave	Full hourly rate for the hours worked as this period of maternity is taken as unpaid leave.

It is also possible for employees to claim the time back that they work as time in lieu. This may be of particular interest when the hours work fall at the beginning of the Maternity / Adoption / Shared Parental Leave period when no or little extra pay would be received for the hours worked.

Either payment of hours worked will be given *or* time in lieu may be taken. It is not possible for an employee to receive payment for hours worked and then claim the time back in lieu as well. **Payment for hours worked as Keep in Touch will be paid when the employee returns to work.**

A change form should be submitted to inform payroll of your return to work date and any changes to be made e.g. working hours. Hours worked should be recorded on the **KIT Record Form** on the following page, and be submitted to Payroll in order to claim payment, where eligible.

If you require any further information please refer to the Maternity/Maternity Support (Paternity)/Adoption sections within this policy, or contact the Human Resources Team.



**Appendix 10 : SPARM 1 – Application for Shared Parental Leave (resulting from Maternity)**

This form will need to be completed by a mother and the person (referred to as the Partner) she will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

<b>Which parts of the form need to be completed?</b>		
<b>Both parents want to take SPL</b>	<b>Just the mother wants to take SPL</b>	<b>Just the partner wants to take SPL</b>
Parts 1, 2 & 4	Parts 1 & 2	Parts 1, 3 & 4

<b>Key abbreviations used:</b>	
SPL Shared Parental Leave	SMP Statutory Maternity Pay
ShPP Statutory Shared Parental Pay	MA Maternity Allowance

**Part 1: Curtailment of Maternity Leave and Pay (for Mother's Employer) Complete if:**

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	✓	✓

<b>MOTHER'S PERSONAL INFORMATION (must be completed)</b>	
Full Name	Assignment Number: _____
Job Title: _____	Base: _____
Line Manager: _____	Hours Worked: _____
Date of Appointment with NHS: _____	Date Joined this Organisation: _____
Address for Correspondence: _____	
E-mail Address: _____	Postcode: _____
Contact Numbers: Home: _____	Work: _____ Mobile: _____

<b>BIRTH DATE DETAILS (must be completed)</b>	
Child's Expected Date of Birth	_____
Actual date of child's birth (if born)	_____
<b>STATUTORY MATERNITY LEAVE DETAILS (must be completed)</b>	
Date statutory maternity leave started/is intended to start	_____
Date statutory maternity leave will come to an end	_____
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	_____
<b>SMP DETAILS (must be completed)</b>	
Date SMP started/is intended to start	_____
Date SMP will come to an end	_____
Total number of weeks of SMP that will have been paid at the date that SMP ends	_____
I understand that I can only reinstate my maternity leave if I revoke this notice before my maternity leave comes to an end, date given as above. I understand that if I am eligible for myself or my partner to opt into SPL and ShPP I can only reinstate my SMP if I revoke this notice before my SMP comes to an end, date given as above.	
Signature of mother	_____
Date signed	_____



**Part 2: Notification that Mother is intending to take SPL (for Mother's employer) Complete if:**

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	✓	x

PERSONAL INFORMATION (must be completed)			
Mother's Full Name:		Assignment Number:	
Partner's Forename:		Partner's Surname:	
Partner's Address (including postcode):			
Partner's National Insurance Number:			

BIRTH DATE DETAILS (must be completed)	
Child's Expected Date of Birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)	
STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)	
Date statutory maternity leave started/is intended to start	
Date statutory maternity leave will come to an end	
Total number of weeks of statutory maternity leave that will have been taken at the date that statutory maternity leave ends	
Date SMP or MA started/is intended to start	
Date SMP or MA will come to an end	
Total number of weeks of SMP or MA that will have been paid at the date that SMP ends	
Total number of weeks of SMP or MA that will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	
SPL DETAILS (must be completed)	
Total number of weeks of SPL created (52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation)	
Total number of weeks of SPL I (the mother) intend to take	
I (the mother) currently expect to take SPL as follows:	From: (Date) To: (Date)

Total number of weeks of SPL my partner intends to take	
<b>ShPP DETAILS (To be completed ONLY if claiming ShPP)</b>	
Total number of weeks of ShPP created (39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the mother) intend to take:	
I (the mother) currently expect to take ShPP as follows:	From: (Date) To: (Date)
Total number of weeks of ShPP my partner intends to take:	

<b>Mother's declaration (must be completed)</b>	
<b><u>The following points apply in all circumstances where a mother is entitled to maternity leave:</u></b>	
<ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take SPL</li> <li>• I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due</li> <li>• I will remain employed with this employer until any period of SPL that I intend to take</li> <li>• I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below)</li> <li>• I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL</li> <li>• I will inform my employer immediately if I am no longer caring for my child</li> <li>• I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice</li> <li>• I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice</li> <li>• I (or my partner) have given a period of SPL notice</li> <li>• The information provided in this declaration is accurate and meets the notification requirements for SPL</li> </ul>	
<b><u>The following points only apply if ShPP DETAILS Section has been completed:</u></b>	
<ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take ShPP</li> <li>• I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth</li> <li>• I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP</li> <li>• I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)</li> <li>• I intend to care for my child in the weeks I receive ShPP</li> <li>• I will remain employed with this employer until before the date of my first period of ShPP</li> <li>• I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA</li> </ul>	
<b>The information provided in this declaration is accurate</b>	

<b>Signature of mother</b>	
<b>Date mother signed</b>	

<b>Partner's declaration (must be completed)</b>	
<ul style="list-style-type: none"> <li>• I am the father of the child, or at the date of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship</li> <li>• I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother)</li> <li>• I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth</li> <li>• I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth</li> <li>• I consent to the amount of SPL which the mother intends to take, as set out in Section D above.</li> <li>• I consent to the mother's employer processing the information I have provided</li> <li>• I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.</li> </ul> <p>The information provided in this declaration is accurate</p>	
<b>Signature of partner</b>	
<b>Date partner signed</b>	

**Part 3: Notice confirming that Partner is taking SPL but the mother is not (for Mother's employer)**

Complete if:

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
x	x	✓

<b>PERSONAL INFORMATION (must be completed)</b>			
<b>Mother's Full Name:</b>		<b>Assignment Number:</b>	
<b>Partner's Forename:</b>		<b>Partner's Surname:</b>	

<b>CONFIRMATION (must be completed)</b>	
<ul style="list-style-type: none"> <li>• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)</li> <li>• I declare that my partner has given a notice to their employer to take SPL and/or ShPP.</li> <li>• I consent to my partner's intended claim for SPL and/or ShPP.</li> </ul>	
Please accept this as notification that I (the mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
<b>Signature of mother</b>	
<b>Date signed</b>	

**Part 4: Notification that Partner is intending to take SPL (for Partner's Employer) Complete if:**

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	x	✓

<b>PERSONAL INFORMATION (must be completed)</b>			
<b>Partner's Full Name:</b>			
<b>Mother's Forename:</b>		<b>Mother's Surname:</b>	
<b>Mother's Address (including postcode):</b>			
<b>Mother's National Insurance Number:</b>			

<b>BIRTH DATE DETAILS (must be completed)</b>	
<b>Child's Expected Date of Birth</b>	
<b>Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)</b>	

<b>STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)</b>	
<b>Date mother started, or intends to start, maternity leave (if applicable)</b>	
<b>Date mothers maternity leave ended, or will come to an end (if applicable)</b>	
<b>Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends</b>	
<b>Date mother started, or intends to start, SMP or MA (if applicable)</b>	
<b>Date mothers SMP or MA ended, or will come to an end (if applicable)</b>	
<b>Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment</b>	
<b>Total number of weeks by which SMP or MA will be reduced (i.e. 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)</b>	

<b>SPL DETAILS (must be completed)</b>	
<b>The total number of weeks of SPL created depends on the mothers leave and pay entitlements:</b>	
<ul style="list-style-type: none"> <li>• If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken</li> <li>• If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken</li> <li>• If the mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid</li> <li>• If the mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted</li> </ul>	
<b>Total number of weeks of SPL created (50 max)</b>	

Total number of weeks of SPL I (the partner) intend to take	
I (the partner) currently expect to take SPL as follows:	From: (Date) To: (Date)
Total number of weeks of SPL the mother intends to take (if applicable)	

<b>ShPP DETAILS (To be completed ONLY if claiming ShPP)</b>	
Total number of weeks of ShPP created (39 weeks less total number of SMP or MA taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
I (the partner) currently expect to take ShPP as follows:	From: (Date) To: (Date)
Total number of weeks of ShPP the mother intends to take:	

<b>Partner's declaration (must be completed)</b>
<p><b><u>The following points apply in all circumstances:</u></b></p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take SPL</li> <li>• I am the father of the child, or at the time of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship</li> <li>• I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due</li> <li>• I will remain employed with this employer until any period of SPL that I intend to take</li> <li>• I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the child's mother who has made the declaration below)</li> <li>• I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice</li> <li>• I will give my employer the name and address of the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice</li> <li>• I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period</li> <li>• I (or my partner) have given a period of SPL notice</li> <li>• The information provided in this declaration is accurate and meets the notification requirements for SPL</li> </ul> <p><b><u>The following points only apply if ShPP DETAILS Section has been completed:</u></b></p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take ShPP</li> <li>• I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth</li> <li>• I intend to care for my child in the weeks I receive ShPP</li> <li>• I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if</li> </ul> <ul style="list-style-type: none"> <li>• entitled to SPL)</li> <li>• I will remain employed with this employer until before the date of my first period of ShPP</li> </ul> <p><b>The information provided in this declaration is correct</b></p>

<b>Signature of partner</b>	
<b>Date partner signed</b>	

**Mother's declaration (must be completed)**

**The following points apply in all circumstances:**

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

**The following points only apply if ShPP DETAILS Section has been completed:**

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided

**The information provided in this declaration is correct**

<b>Signature of mother</b>	
<b>Date mother signed</b>	

**Appendix 11 : SPARA 1 – Application for Shared Parental Leave (resulting from Adoption)**

This form will need to be completed by an adopter and the person (referred to as the Partner) that they will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

<b>What forms need to be completed?</b>		
<b>Both parents want to take SPL</b>	<b>Just the adopter wants to take SPL</b>	<b>Just the partner wants to take SPL</b>
Parts 1, 2 & 4	Parts 1 & 2	Parts 1, 3 & 4

<b>Key abbreviations used:</b>	
SPL Shared Parental Leave ShPP Statutory Shared Parental Pay	SAP Statutory Adoption Pay



**Part 1: Curtailment of Adoption Leave and Pay (for Adopter's Employer) Complete if:**

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	✓	✓

ADOPTER'S PERSONAL INFORMATION (must be completed)	
Full Name	Assignment Number:
Job Title:	Base:
Line Manager:	Hours Worked:
Date of Appointment with NHS:	Date Joined this Organisation:
Address for Correspondence:	
E-mail Address:	Postcode:
Contact Numbers:	
Home:	Work: Mobile:

PLACEMENT DATE DETAILS (must be completed)	
Child's Expected Date of Placement	
Actual date of child's placement (if known)	
ADOPTION LEAVE DETAILS (must be completed)	
Date statutory adoption leave started/is intended to start	
Date statutory adoption leave will come to an end	
Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends	
SAP DETAILS (must be completed)	
Date SAP started/is intended to start	
Date SAP will come to an end	
Total number of weeks of SAP that will have been paid at the date that SAP ends	
I understand that my adoption leave will end on the date given above and that my SAP will finish on the end date given above, unless my notice is revoked or there is no entitlement.	
Signature of adopter	
Date signed	

**Part 2: Notification that Adopter is intending to take SPL (for Adopter's employer)**

Complete if:

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	✓	x

<b>PERSONAL INFORMATION (must be completed)</b>			
<b>Adopter's Full Name:</b>		<b>Assignment Number:</b>	
<b>Partner's Forename:</b>		<b>Partner's Surname:</b>	
<b>Partner's Address (including postcode):</b>			
<b>Partner's National Insurance Number:</b>			

<b>BIRTH DATE DETAILS (must be completed)</b>	
<b>Child's Expected Date of Birth</b>	
<b>Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following placement and before I take any SPL)</b>	
<b>STATUTORY ADOPTION LEAVE AND SAP DETAILS (must be completed)</b>	
<b>Date statutory adoption leave started/is intended to start</b>	
<b>Date statutory adoption leave will come to an end</b>	
<b>Total number of weeks of statutory adoption leave that will have been taken at the date that statutory adoption leave ends</b>	
<b>Date SAP started/is intended to start</b>	
<b>Date SAP will come to an end</b>	
<b>Total number of weeks of SAP that will have been paid at the date that SAP ends</b>	
<b>Total number of weeks of SAP that will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)</b>	
<b>SPL DETAILS (must be completed)</b>	
<b>Total number of weeks of SPL created (52 weeks less total number of adoption weeks taken and any SPL from a previous notice and revocation)</b>	
<b>Total number of weeks of SPL I (the adopter) intend</b>	

to take	
I (the adopter) currently expect to take SPL as follows:	From: (Date) To: (Date)
Total number of weeks of SPL my partner intends to take	
<b>ShPP DETAILS (To be completed ONLY if claiming ShPP)</b>	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the adopter) intend to take:	
I (the adopter) currently expect to take ShPP as follows:	From: (Date) To: (Date)
Total number of weeks of ShPP my partner intends to take:	

<b>Adopter's declaration (must be completed)</b>
<p><b>The following points apply in all circumstances:</b></p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take SPL</li> <li>• I have been continuously employed for 26 weeks at the end of week in which I (the adopter) was notified of having been matched for adoption</li> <li>• I will remain employed with this employer until any period of SPL that I intend to take</li> <li>• I had (or will have) the main responsibility for the care of the child at the time of the child's placement (along with my partner who has made the declaration below) and I intend to care for the child during each week of SPL</li> <li>• I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL</li> <li>• I will inform my employer immediately if I am no longer responsible for the care of the child</li> <li>• if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me.</li> <li>• I (or my partner) have given a period of SPL notice</li> <li>• I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice</li> <li>• The information provided in this declaration is accurate</li> </ul> <p><b>The following points only apply if Section E has been completed:</b></p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take ShPP</li> <li>• I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child</li> <li>• I am entitled to SAP in respect of the child placed with me, my adoption pay period is</li> </ul>

reduced and the period that remains is available as ShPP

- I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP

**The information provided in this declaration is accurate**

<b>Signature of adopter</b>	
<b>Date adopter signed</b>	

**Partner's declaration (must be completed)**

- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child's adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL which the adopter intends to take, as set out in Section D above.
- I consent to the adopter's employer processing the information I have provided
- I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above.

**The information provided in this declaration is accurate**

<b>Signature of partner</b>	
<b>Date partner signed</b>	

**Part 3: Notice confirming that Partner is taking SPL but the adopter is not (for Adopter's employer) Complete if:**

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
x	x	✓

<b>PERSONAL INFORMATION (must be completed)</b>			
<b>Adopter's Full Name:</b>		<b>Assignment Number:</b>	
<b>Partner's Forename:</b>		<b>Partner's Surname:</b>	

<b>CONFIRMATION (must be completed)</b>	
<ul style="list-style-type: none"> <li>• I am either not entitled to SPL (or ShPP where relevant), or I do not intend to take SPL (or claim ShPP where relevant)</li> <li>• I declare that my partner has given a notice to their employer to take SPL and/or ShPP.</li> <li>• I consent to my partner's intended claim for SPL and/or ShPP.</li> </ul>	
Please accept this as notification that I (the adopter) do not intend to take SPL (or ShPP where relevant) but that my partner will be.	
<b>Signature of adopter</b>	
<b>Date signed</b>	

**Part 4 : Notification that Partner is intending to take SPL (for Partner's Employer)**

Complete if :

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	x	✓

PERSONAL INFORMATION (must be completed)			
Partner's Full Name:			
Adopter's Forename:		Adopter's Surname:	
Adopter's Address (including postcode):			
Adopter's National Insurance Number:			

PLACEMENT DATE DETAILS (must be completed)	
Child's Expected Date of Placement	
Actual date of child's placement (if child not yet placed I will provide this information as soon as reasonably practicable following placement and before I take any SPL)	
STATUTORY ADOPTION LEAVE AND SAP DETAILS (must be completed)	
Date adopter started, or intends to start, adoption leave (if applicable)	
Date adopter's adoption leave ended, or will come to an end (if applicable)	
Total number of weeks of adoption leave that will have been taken at the date that adoption leave ends	
Date adopter started, or intends to start, SAP (if applicable)	
Date adopter's SAP ended, or will come to an end (if applicable)	
Total number of weeks SAP has been paid or will have been paid at date of curtailment	
Total number of weeks by which SAP will be reduced (i.e. 39 weeks minus total number of weeks SAP has been paid or will have been paid at date of curtailment)	

SPL DETAILS (must be completed)	
<p>The total number of weeks of SPL created depends on the adopter's leave and pay entitlements:</p> <ul style="list-style-type: none"> <li>• If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken</li> <li>• If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken</li> <li>• If the adopter was/is not entitled to adoption leave but was entitled to SAP, the total created will be 52 weeks less any weeks of SAP that was paid</li> <li>• If the adopter previously revoked her curtailment notice any SPL that was taken by the partner must be deducted</li> </ul>	
Total number of weeks of SPL created (50 max)	

Total number of weeks of SPL I (the partner) intend to take	
I (the partner) currently expect to take SPL as follows:	From: (Date) To: (Date)
Total number of weeks of SPL the adopter intends to take (if applicable)	

<b>ShPP DETAILS (To be completed ONLY if claiming ShPP)</b>	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take:	
I (the partner) currently expect to take ShPP as follows:	From: (Date) To: (Date)
Total number of weeks of ShPP the adopter intends to take:	

<b>Partner's declaration (must be completed)</b>
<p><b>The following points apply in all circumstances:</b></p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take SPL</li> <li>• I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship</li> <li>• I have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption</li> <li>• I will remain employed with this employer until any period of SPL that I intend to take</li> <li>• I had (or will have) the main responsibility for the care of our child at the time of the child's placement (along with the child's adopter who has made the declaration below)</li> <li>• If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.</li> <li>• I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice</li> <li>• I (or my partner) have given a period of SPL notice</li> <li>• I will inform my employer immediately if I am no longer caring for our child</li> <li>• The information provided in this declaration is accurate</li> </ul> <p>The following points only apply if Section E has been completed:</p> <ul style="list-style-type: none"> <li>• I am giving notice that I am entitled to and intend to take ShPP</li> <li>• I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week</li> </ul> <ul style="list-style-type: none"> <li>• in which the adopter was notified of having been matched for adoption with the child</li> <li>• I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks</li> <li>• I will remain employed with this employer until before the date of my first period of ShPP</li> </ul> <p><b>The information provided in this declaration is accurate</b></p>

<b>Signature of partner</b>	
<b>Date partner signed</b>	

**Adopter's declaration (must be completed)**

**The following points apply in all circumstances:**

- I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP.
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I (the adopter) was notified of having been matched for adoption with the child
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

**The following points only apply if ShPP DETAILS Section has been completed:**

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP

**The information provided in this declaration is accurate**

<b>Signature of adopter</b>	
<b>Date adopter signed</b>	



**Appendix 12 : VCSPL1 - Application for Variation or Cancellation of Shared Parental Leave**

<b>PERSONAL INFORMATION</b>	
<b>Full Name</b>	<b>Assignment Number:</b>
<b>Partner's Full Name</b>	
<b>I am aware that I am entitled to submit a maximum of 3 notifications to take SPL (which includes original application, any additional notifications, and any variation forms) which can be taken in one continuous block, or up to three discontinuous blocks.</b>	
<b>Date Original SPL application was submitted</b>	
<b>Date/s of any additional booking notices (if applicable) submitted</b>	
<b>Date/s of any variations to booking notices (if applicable) submitted</b>	
<b>I have already taken _____ weeks Shared Parental Leave (if applicable)</b>	
<b>I have already taken _____ weeks Statutory Shared Parental Pay (ShPP) (if applicable)</b>	

<b>VARIATION to Shared Parental Leave</b>	
<b>CURRENT SPL is booked as follows:</b>	
Start date _____	End date _____
I had intended to take ShPP for the period: _____ to _____ (if applicable)	
My partner was due to take SPL from: _____ to _____ and ShPP for the period: _____ to _____ (if applicable)	
<b>REVISED dates that I wish to take as SPL and ShPP as follows:</b>	
Start date _____	End date _____
I intend to take ShPP Yes / No (please delete) If yes, dates must be provided below.	
I wish to take ShPP for the period: _____ to _____ (if applicable)	
My Partner will be taking SPL as follows: Start date _____ End date _____	
My partner intends to take ShPP Yes / No (please delete) If yes, dates must be provided below. for the period: _____ to _____ (if applicable)	
<b>CANCELLATION of Shared Parental Leave (Cancelling decision to end Maternity/Adoption Leave) – only applicable if:</b>	
<b>The planned Maternity / Adoption leave end date hasn't passed AND you haven't already returned to work.</b>	
Dates of SPL to be cancelled: From: _____ to _____	
<b>Along with the two conditions mentioned above, at least <u>one</u> of the following <u>must</u> apply: (please specify)</b>	
Neither partner is eligible for either SPL or ShPP <u>or</u>	Yes / No
The employee's partner has died <u>or</u>	Yes / No
It is less than 6 weeks after the birth (and the mother gave notice before the birth)	Yes / No
I request authority for the above variation/Cancellation to my Shared Parental leave, as above. I understand that alterations to leave requested can be declined / postponed in exceptional circumstances and a written explanation will be provided.	

I have read and understood the Shared Parental Leave information within the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy, including my entitlement to time off and the responsibilities of both myself and my manager.

Applicant Signature:

I confirm that the mother / adopter has given a notice of entitlement to his or her employer and that the mother / adopter consents to me taking the leave set out in the notice of that entitlement.  
 I confirm that the information given is accurate and that we will inform the Human Resources department as soon as reasonably practicable if we are no longer responsible for the care of the child.

<b>Applicant Signature:</b>	<b>Date:</b>
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<b>Partner's Signature:</b>	<b>Date:</b>
-----------------------------	--------------

**To be completed by Manager**

I authorise this application for the Variation / Cancellation of Shared Parental Leave  
 Yes / No (please delete)

**OR**

I wish to decline / defer this application for Parental Leave.  
 This is for the following reason(s):

Therefore Shared Parental Leave will commence as follows (unless a new application is submitted):  
 Start date \_\_\_\_\_ End  
 date \_\_\_\_\_

I have discussed this with the applicant and the new date has been agreed.

**Manager Signature:**

**Date:**

**Job Title:**



## Appendix 14 : PAR1 Application for Parental Leave

PERSONAL INFORMATION	
Full Name _____	Assignment Number: _____
Job Title: _____	Base: _____
Department: _____	Team: _____
Line Manager: _____	Hours _____ (per week)
Date of Appointment with NHS: _____	Worked: _____
Address _____ for _____	Date Joined this Organisation: _____
Correspondence: _____	Postcode _____
E-mail Address: _____	
Contact Numbers: _____	
Home: _____	Work: _____
	Mobile: _____
PARENTAL LEAVE REQUEST	
Amount of Leave Requested: _____	Days / Weeks (delete as appropriate) _____
Date Leave is to start: _____ (you must endeavour to give at least 21 days' notice prior to requested leave starting)	
I request authority for the above parental leave and I accordingly authorise deduction from my pay. I understand that leave requested can be postponed in exceptional circumstances and a written explanation will be provided.	
I have read and understood the Parental Leave Policy, including my entitlement to time off and the responsibilities of both myself and my manager.	
Applicant Signature: _____	
Date: _____	
To be completed by Manager	
Please Tick	I authorise this application for Parental Leave. I confirm that, including this period of Parental Leave, you will have used _____ Days/Weeks Parental Leave.
OR	I wish to defer this application for Parental Leave until _____ (enter new date) This is for the following reason(s):  I have discussed this with the applicant and the new date has been agreed.
	I confirm that, including this period of Parental Leave, you will have used _____ Days/Weeks Parental Leave.

<b>Manager Signature:</b>
<b>Date:</b>
<b>Job Title:</b>

## Appendix 15 : Equality Impact Analysis

1. Equality Impact Analysis									
<b>Policy / Project / Function:</b>	Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy								
<b>Date of Analysis:</b>	December 2017								
<b>This Equality Impact Analysis was completed by: (Name and Department)</b>	eMBED HR								
<b>What are the aims and intended effects of this policy, project or function ?</b>	The purpose of this policy and procedure is to give guidance on the maternity, maternity support (paternity), adoption, and parental leave and pay entitlements within the organisation								
<b>Please list any other policies that are related to or referred to as part of this analysis?</b>	Absence Management Policy Special / Other Leave Policy Flexible Working Policy Grievance Policy Disciplinary Procedure Pay Progression Policy								
<b>Who does the policy, project or function affect ?</b>  Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Employees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

## 2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
<b>Race</b>		✓		✓	The policy applies to all staff regardless of their race and should be applied equally. Assessed with no potential positive or negative impact
<b>Age</b>	✓			✓	See assessment test
<b>Sexual Orientation</b>	✓			✓	See assessment test
<b>Disabled People</b>		✓		✓	The policy applies to all staff regardless of disability and should be applied equally. Assesses with no potential positive or negative impact
<b>Gender</b>	✓			✓	See assessment test
<b>Transgender People</b>		✓		✓	The policy applies to all staff regardless of being Transgender and should be applied equally. Assesses with no potential positive or negative impact
<b>Pregnancy and Maternity</b>	✓			✓	See assessment test
<b>Marital Status</b>	✓				See assessment test
<b>Religion and Belief</b>		✓		✓	The policy applies to all staff regardless of religion or belief and should be applied equally. Assesses with no potential positive or negative impact

**Reasoning**

**If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7**



<b>3. Equality Impact Analysis: Local Profile Data</b>	
<b>Local Profile/Demography of the Groups affected at December 2017</b>	
<b>General</b>	Total number of employees in the CCG is 116
<b>Age</b>	71.55% of staff are aged 30-55 17.24% of staff are aged over 55 11.2% of staff are under 30
<b>Race</b>	88.80% of staff employed in the CCG declared themselves White 0.86% of staff have declared themselves Asian 9.48% have not stated their ethnicity or selected undefined  0.86% have declared themselves Mixed
<b>Sex</b>	74.14% of staff employed are female 25.86% of staff employed are male
<b>Gender reassignment</b>	No information as yet
<b>Disability</b>	64.66% of staff employed declared themselves as having no disability 34.48% of staff did not declare 0.86% of staff declared a disability
<b>Sexual Orientation</b>	54.31% of staff described themselves as heterosexual 43.1% did not wish to respond / undefined 2.59% of staff described themselves as gay
<b>Religion, faith and belief</b>	Christianity is the largest religious group declared by staff in the CCG (29.31%) 48.28% were undefined or did not wish to declare 16.38% of staff declared themselves as Atheist 5.17% of staff declared themselves as 'Other' 0.86% of staff's religion is Islam
<b>Marriage and civil partnership</b>	56.03% of employees are married 37.93% of employees are single/ Widowed/ Divorced/Legally separated 2.59% of staff are in a civil partnership 3.45% of employees have not declared
<b>Pregnancy and maternity</b>	No information yet as the CCG has not been established long enough to build meaningful data

#### 4. Equality Impact Analysis: Equality Data Available

<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function?</b></p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> <li>1. Application success rates <i>Equality Groups</i></li> <li>2. Complaints by <i>Equality Groups</i></li> <li>3. Service usage and withdrawal of services by <i>Equality Groups</i></li> <li>4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i></li> <li>5. <i>Previous EIAs</i></li> </ol>	<p>Yes <input checked="" type="checkbox"/> employee data</p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p><b>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</b></p>	<p>Consultation has taken place with local Trade Unions representatives</p>
<p><b>Promoting Inclusivity</b>  <b>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</b></p>	<p>The policy provides a framework for the provision of maternity, adoption, paternity and parental leave and pay entitlements within the organisation. The application of the policy should contribute towards eliminating discrimination</p>

### 5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)		✓		Paternity/Maternity Support leave can be taken by either male or female staff. This policy also has a potential positive impact on the males who wish adopt
<b>Race</b> (All Racial Groups)	✓			
<b>Disability</b> (Mental and Physical)	✓			
<b>Religion or Belief</b>	✓			
<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)		✓		The policy is explicit in applying to same sex couples.
<b>Pregnancy and Maternity</b>		✓		This Policy provides a framework to ensure that those who meet the qualification criteria will receive their legal rights and entitlements –positive impact pregnant women
<b>Transgender</b>	✓			
<b>Marital Status</b>		✓		Marriage & Civil Partnership The policy has the potential to benefit partners and couples with the shared responsibility of taking adoption or Maternity Support (Paternity) Leave.
<b>Age</b>		✓		Younger people are more likely to use the policy. If an older employee is eligible to adopt a child then they will qualify for the leave. There is no age limit to Maternity/Paternity/Adoption Leave

## 6. Action Planning

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?**

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

## 7. Equality Impact Analysis Findings

<b>Analysis Rating:</b>	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input checked="" type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
<b>Red</b>  <b>Stop and remove the policy</b>	<b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	<b>Remove the policy</b>  Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
<b>Red Amber</b>  <b>Continue the policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional	<b>The policy can be published with the EIA</b>  List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).  Consider if there are any potential actions which would reduce the risk of discrimination.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice.  <b><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></b>

	advice should be taken.	Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	
<b>Amber</b> <b>Adjust the Policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	<p><b>The policy can be published with the EIA</b></p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><b><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></b></p>
<b>Green</b> <b>No major change</b>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	<p><b>The policy can be published with the EIA</b></p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

<b>Brief Summary/Further comments</b>	
---------------------------------------	--

<b>Approved By</b>		
Job Title: HR Advisor	Name: eMBED HR	Date: 28-12-17



## Appendix 16 : Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

<b>Title of the document</b>	<b>Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy</b>
<b>What is the main purpose of the document</b>	<b>To provide guidance to employees on their entitlements and rights under each type of leave</b>
<b>Date completed</b>	<b>Reviewed December 2017</b>
<b>Completed by</b>	<b>eMBED HR Advisor</b>

<b>Domain</b>	<b>Objectives</b>	<b>Impact of activity</b> Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	<b>Brief description of impact</b>	<b>If negative, how can it be mitigated? If positive, how can it be enhanced?</b>
<b>Travel</b>	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	N/A		
<b>Procurement</b>	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/A		



	<p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models</p>			
<b>Facilities Management</b>	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>			
<b>Workforce</b>	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups?</p>	1	This policy will promote a healthy work/life balance for those staff who gain or have parental responsibility for a child/children	

<b>Community Engagement</b>	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
<b>Buildings</b>	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	N/A		
<b>Adaptation to Climate Change</b>	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
<b>Models of Care</b>	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best	N/A		

	possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			
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## Appendix 17 : Maternity Leave Letter

DATE

### Private & Confidential

Dear (NAME),

### **RE: MATERNITY LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for informing me about your pregnancy.

Please find enclosed a Maternity Information Pack, which includes the Application for Maternity Leave form which will need to be completed by yourself, signed by your Manager and sent to the above address together with your MATB1 form. These need to be submitted no later than [INPUT DATE of WEEK 25 OF PREGNANCY].

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Leave and all other relevant information you will require whilst on Maternity Leave. This will also include our Maternity/Childcare pack containing useful information within it.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer  
CC: Line Manager

## Appendix 18: Maternity Leave and Pay Letter

DATE

**Private & Confidential**

Dear (NAME),

**RE: MATERNITY LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your recently submitted Application for Maternity Leave and your MATB1 form\* / your MATB1 form is still to be received\*. (\*DELETE AS APPROPRIATE) As requested in your application form, you have chosen the following option:

(Delete as required)

**OPTION 1**

- 8 weeks at full pay including any SMP, Maternity Allowance (MA) or equivalent benefits receivable;
- 18 weeks at half pay reduced only where half pay plus any SMP, Maternity Allowance (MA) or equivalent benefits payable exceeds full pay;
- 13 weeks at SMP, if payable;
- 13 weeks unpaid leave.

Or

**OPTION 2**

- 6 weeks SMP, paid as 90% of full pay (average weekly earnings);
- 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
- 13 weeks unpaid leave.

Or

**OPTION 3 AND 4**

- 6 weeks at 90% of full pay;
- 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
- 13 weeks unpaid leave.

Or

**OPTION 5 AND 6**

- 52 weeks Unpaid Leave

You have indicated you wish your Maternity Leave to start on (INSERT DATE). However if you wish to change this date you must, if at all possible, advise me at

least 28 days before your new proposed start date, or 28 days prior to your original start date; whichever would occur soonest due to the change.

If you decide to return to work before your Maternity Leave is due to end on (INSERT DATE), you must give me at least 8 weeks' notice of the date you intend to return to work to ensure Payroll can be informed accordingly.

Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Maternity Leave, whether paid or unpaid, along with Bank Holidays which also accrue.

Pension contributions will be deducted from your salary as normal during paid Maternity Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.

As your employer we need to make sure that your health and safety as an expectant mother are protected whilst you are working, and that you are not exposed to any risk. Please liaise with your manager to ensure they carry out a Risk Assessment to identify any potential hazards in your workplace. We will discuss what actions to take if any problems are identified. If you have any further concerns following this assessment and specifically in relation to your pregnancy, please let me know immediately.

Before you begin your Maternity Leave please discuss and arrange with your manager how you will keep in touch during your time off. This is to enable you to continue to be in receipt of the most recent staff team briefs, current vacancies, or any other relevant and important information. There is also the option of Keep in Touch days, which would enable you to work for up to 10 voluntary occasions during your maternity leave without losing any Statutory Maternity Pay. Please see **Appendix 19** for further details.

**(IF STATED RETURNING ON APPLICATION)**

If you decide not to return to work following your Maternity Leave you must still give the required notice period as per your contract of employment, ensuring you return to work for the required 3 month period, to comply with regulations or you may be liable to pay back any Maternity pay received less SMP.

Please do not hesitate to contact me if you have any questions about any aspect of your maternity entitlement.

With best wishes

Human Resources Support Officer

## **Appendix 19 : Initial Letter (Maternity Support (Paternity) Leave)**

Dear (NAME),

**RE: MATERNITY SUPPORT (PATERNITY) LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for advising me about your upcoming arrival.

Please find enclosed the Application for Ordinary Maternity Support (Paternity) Leave which will need to be completed by yourself, signed by your Manager and sent to the above address together with your partners MATB1 form / Matching certificate.

(DELETE IT EMPLOYEE NOT ENTITLED TO) Also enclosed is the Application for Additional Maternity Support (Paternity) Leave form; this will need to be completed and signed by yourself and your manager and submitted to the above address.

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Support (Paternity) Leave / Additional Maternity Support (Paternity) Leave (DELETE IF NOT NEEDED) and all other relevant information you will require.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer  
CC: Line Manager

## **Appendix 20: Letter to Employee (Ordinary Maternity Support (Paternity) Leave)**

Dear

### **RE: ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your recently submitted Application for Maternity Support (Paternity) Leave plus a copy of the MATB1 form/ Matching Certificate\* // your MATB1/ Matching Certificate\* form is still to be received\*. (\*DELETE AS APPROPRIATE) As requested in your application form, you have chosen the following option:

(Delete as required)

#### **OPTION 1**

For employees with over 1 years' service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Maternity Support Pay (SMSP)

#### **OPTION 2**

For employees with less than 52 weeks service, but 41 weeks service or more at the expected date of confinement / placement of child: 1 week or 2 consecutive weeks Maternity Support (Paternity) Leave (3 days paid Maternity Support (Paternity) Leave and remaining days SMSP only)

#### **OPTION 3**

For employees with less than 41 weeks service at the time of confinement / placement of child: Up to 2 weeks unpaid leave.

You have indicated you wish your Maternity Support (Paternity) Leave to start on (INSERT DATE). However if you wish to change this date please let me know as soon as possible.

Absence on Maternity Support (Paternity) Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Paternity, whether paid or unpaid, along with Bank Holidays which also accrue.

Pension contributions will be deducted from your salary as normal during paid Paternity and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.



If you have any further queries, please do not hesitate to contact me.

With best wishes

Human Resources Support Officer

## Appendix 21: Initial Letter (Adoption Leave)

DATE

**Private & Confidential**

Tel no  
Email:

Dear (NAME),

**RE: ADOPTION LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for advising me that you have started the process to adopt a child.

Please find enclosed the Application for Adoption Leave form which will need to be completed by yourself, signed by your Manager and sent to the above address together with your Matching Certificate.

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Adoption Leave and all other relevant information you will require whilst on Adoption Leave. This will also include our Adoption/Childcare pack containing useful information within in.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer

CC: Line Manager

## Appendix 22: Letter to Employee (Adoption Leave)

DATE

**Private & Confidential**

Tel no:

Email:

Dear (NAME),

**RE: ADOPTION LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Congratulations and thank you for advising me about your successful match to adopt a child, and the date your child is due to be placed. I can confirm I have received your application for Adoption Leave. As requested in your application form, you have chosen the following option:

(Delete as required)

### **OPTION 1**

- **8 weeks at full pay including any SMP, Adoption Allowance (AA) or equivalent benefits receivable;**
- **18 weeks at half pay reduced only where half pay plus any SAP, Adoption Allowance (AA) or equivalent benefits payable exceeds full pay;**
- **13 weeks at SAP, if payable;**
- **13 weeks unpaid leave.**

Or

### **OPTION 2**

- **6 weeks SAP, paid as 90% of full pay (average weekly earnings);**
- **33 weeks at the lesser of standard rate SAP or 90% of average weekly earnings;**
- **13 weeks unpaid leave.**

Or

#### **OPTION 3 AND 4**

- **6 weeks at 90% of full pay;**
- **33 weeks at the lesser of standard rate SAP or 90% of average weekly earnings;**
- **13 weeks unpaid leave.**

Or

#### **OPTION 5 AND 6**

- **52 weeks Unpaid Leave**

You have indicated you wish your Adoption Leave to start on (INSERT DATE). However if you wish to change this date you must, if at all possible, advise me at least 28 days before your new proposed start date, or 28 days prior to your original start date; whichever would occur soonest due to the change.

If you decide to return to work before your Adoption Leave is due to end on (INSERT DATE), you must give me at least 8 weeks' notice of the date you intend to return to work to ensure Payroll can be informed accordingly.

Absence on Adoption Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Adoption Leave, whether paid or unpaid, along with Bank Holidays which also accrue.

Pension contributions will be deducted from your salary as normal during paid Adoption Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.

Before you begin your Adoption Leave please discuss and arrange with your manager how you will keep in touch during your time off. This is to enable you to continue to be in receipt of the most recent staff team briefs, current vacancies, or any other relevant and important information. There is also the option of Keep in Touch days, which would enable you to work for up to 10 voluntary occasions during your adoption leave without losing any Statutory Adoption Pay. Please see Appendix 17 for further details.

#### **(IF STATED RETURNING ON APPLICATION)**

If you decide not to return to work following your Adoption Leave you must still give the required notice period as per your contract of employment, ensuring you return to work for the required 3 month period, to comply with regulations or you may be liable to pay back any Adoption pay received less SAP.

Please do not hesitate to contact me if you have any questions about any aspect of your adoption entitlement.

With best wishes  
Human Resources Support Officer

## Appendix 23: Letter to Employee (Parental Leave)

DATE

**Private & Confidential**

Tel no

Email:

Dear (NAME),

**RE: PARENTAL LEAVE (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your application to request to take Parental Leave.

As agree by your line manager, your authorised Parental Leave period is as follows:

Start date of leave: **[INSERT DATE]**

Duration of leave: \_\_\_\_\_ Days / Weeks **(DELETE AS APPROPRIATE)**

Date you will return to work: **[INSERT DATE]**

Employees who have nominated caring responsibility for a child under the age of 14, or under the age of 18 in cases of adoption or a disabled child, are entitled to 18 weeks Parental Leave, with a maximum of 4 weeks per year.

To date, including the above period, you have currently used \_\_\_\_ weeks Parental Leave (\_\_\_\_ weeks in the last 12 month period.)

As you are aware, Parental Leave is taken unpaid and as such your salary for the above period will be amended accordingly.

Annual leave will continue to accrue during parental leave, along with Bank Holidays which also accrue.

If you have any issues surrounding this outcome, or have any queries in regards to Parental leave, please do get in touch with your line manager or a member of the Workforce Team.

With best wishes

Workforce Support