

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

January 2019

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<b>Policy Title:</b>	<b>MATERNITY, MATERNITY SUPPORT (PATERNITY), ADOPTION AND PARENTAL LEAVE POLICY</b>	
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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 of Hull ICB, including those on fixed term contracts.

## **2 SCOPE**

- 2.1 **This policy applies to all employees of ICB.**

## **3 POLICY PURPOSE & AIMS**

- 3.1 **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 Hull ICB.**
- 3.2 **The ICB 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 ICBs Data Protection and Confidentiality and related policies and procedures.**

## **4. IMPACT ANALYSES**

### **4.1 EQUALITY**

In applying this policy, the ICB 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 socio-economic status, offending background, political affiliation, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 14. 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. However, monitoring the use of the policy will be essential in order to ensure it is implemented equitably.

## 4.2 Bribery Act 2010

The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The 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.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 07872 988939 or email at [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net).

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified.

## 5. NHS CONSTITUTION

### 5.1 The ICB is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

### 5.2 This Policy supports the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population

## **6 ROLES / RESPONSIBILITIES / DUTIES**

### **6.1 Employee**

- Employees are responsible for co-operating within the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures and are to make every effort to attend any meetings arranged by management.
- Employees are responsible for arranging their own trade union representation or support throughout the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures (if necessary).
- Employees are responsible for notifying their manager of their pregnancy, as soon as reasonably practicable.
- Employees are responsible for identifying risks upon notification and at any subsequent point where either the employees' condition requires re-assessment of risk and/or the job requires a change to physical requirements which might incur risks to a pregnant employee, to ensure they are not putting themselves or others at risk of harm.

### **6.2 Manager**

- Requests for Maternity, Maternity Support (Paternity), Adoption and Parental leave will be dealt with without any undue delay by the manager.
- The manager must view all 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; this would only be in exceptional circumstances, and a full rationale of why the request was declined will be provided to the employee, and a new date to postpone the leave may be proposed and agreed. Where a grievance is raised in regards to the refusal to grant a Maternity Support (Paternity), Adoption and Parental leave request, the manager must prepare a thorough management case based upon the rationale already provided to the employee outlining their decision which will then be considered by the grievance panel.

### **6.3 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 ICB 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 through agreed forums within the ICB.
- To provide advice to employees and managers, as required.

#### 6.4 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.

6.5 Please see relevant Associated Documents (listed in Section 13 – page 9) detailing the roles, responsibilities and duties regarding Maternity Leave, Maternity Support (Paternity) Leave, Adoption Leave and Parental Leave.

## 7 IMPLEMENTATION

- 7.1 This policy will be communicated to staff through Staff Meetings, Line manager communications and Team Brief and will be available to all staff via the ICB's website.
- 7.2 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 ICB's disciplinary procedure.

## 8 TRAINING & AWARENESS

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

## 9 MONITORING & AUDIT

- 9.1 Reports will be provided to the ICB by the Human Resources Team with regards to Maternity Leave, Adoption Leave, Maternity Support (Paternity) Leave and Shared Parental Leave.
- 9.2 Applications made in line with this policy will be monitored by the Human Resources Team.

## **10 POLICY REVIEW**

- 10.1 The policy and procedure will be reviewed periodically by the Human Resources Team in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, this will happen as soon as possible.

## **11 REFERENCES**

Absence Management Policy  
Other Leave Policy  
Flexible Working Policy  
Grievance Policy

## **12. DEFINITIONS**

### **12.1 Eligibility**

You qualify for Statutory Maternity Leave if:

- you're an employee
- you give your employer the correct notice

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

The entitlement to a further period of unpaid leave following Ordinary Maternity/Adoption leave (between 13 to 26 weeks, dependant on eligibility) regardless of how long an employee has worked for the ICB.

### **12.3 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

### **12.4 Statutory Shared Parental Pay (ShPP)**

The pay given to those who take Shared Parental Leave following the birth or placement of a child.

### **12.5 Department of Work and Pensions (DWP)**

The Department of work and Pensions (DWP) is responsible for welfare, pensions and child maintenance policy.

### **12.6 Expected Week of Confinement (EWC)**

The week in which the baby is due to be born.

### **12.7 KIT Days**



Keep in Touch days.

**12.8 Maternity Allowance (MA)**

Usually paid to an employee who does not qualify for Statutory Maternity Pay

**12.9 MATB1 Form**

The certificate provided by the employee's GP or Midwife, anticipating the potential date of the birth of their baby. This is usually issued to the employee from around 20 weeks into pregnancy.

**12.10 National Insurance (NI) Contributions**

National Insurance Contributions will still continue to be payable

**12.11 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 NHS. This will be unpaid unless an employee qualifies for Statutory Maternity Pay or Maternity allowance.

**12.12 Occupational Maternity / Adoption Pay (OMP/OMA)**

This entitlement is based on eligibility and is payable by the Employer.

**12.13 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.

**12.14 Qualifying Week (QW)**

Qualifying week: 15<sup>th</sup> week before the EWC.

**12.15 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 Department.

**12.16 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 with the ICB by the 15<sup>th</sup> week before their EWC and paid sufficient National Insurance (NI) Contributions.

**12.17 Statutory Maternity Support (Paternity) Pay (SPP)**

Pay an employee may be eligible for to take time off because their partner is having a baby or adopting a child

**12.18 Shared Parental Leave in Touch (SPLIT) Days**

Each parent is entitled to shared parental leave will have an individual

entitlement to 20 shared parental leave in touch (SPLIT) days. This will enable them to work up to 20 days either continuously or on odd days without bringing to an end their SPL or ShPP. These days are similar and in addition to the 10 KIT days available for maternity leave.

**SECTION 1  
MATERNITY LEAVE**

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## **MATERNITY LEAVE**

### **14. POLICY STATEMENT**

- 14.1 This policy is designed to provide a framework across the ICB for a consistent and timely approach to the new and expectant mothers only.
- 14.2 The policy is intended to promote employees' awareness of their rights and entitlements during, and following pregnancy and conforms to the NHS Staff Council Conditions of Service, the Employment Act 2002, The Equality Act 2010 and other current legislation.

### **15. PRINCIPLES**

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

### **16 ENTITLEMENT TO MATERNITY LEAVE**

- 16.1 All female employees will be entitled to 52 weeks Maternity Leave.

### **17 ENTITLEMENT TO OCCUPATIONAL MATERNITY PAY UNDER THE NHS SCHEME**

- 17.1 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 ICB until at least the beginning of the 11th week before the expected week of childbirth (EWC); and
  - notifies the ICB, 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 (MATB1) 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.

### **18 ENTITLEMENTS UNDER THE SCHEME**

- 18.1 An employee who is eligible 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, or 90% of normal weekly earnings (whichever are the lower)
- 13 weeks unpaid leave.

18.2 Where an employee has stated they will be returning to work and fails to do so, please refer to section 34.1.

18.3 An employee who is eligible 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 (whichever is the lower);
- 13 weeks unpaid leave.

18.4 An employee who is not eligible 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 (whichever is the lower);
- 13 weeks unpaid leave.

18.5 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.

18.6 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.

18.7 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 are to be submitted in writing to the employee's line manager who may seek advice from the Human Resources Team.

## **19 TIMING OF LEAVE**

- 19.1 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:

## **20 EARLY CHILDBIRTH**

- 20.1 Where childbirth occurs before the 11<sup>th</sup> 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.
- 20.2 Where childbirth occurs before the 11<sup>th</sup> 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.
- 20.3 Where an employee's baby is born before the 11<sup>th</sup> week before the EWC, and the baby is in hospital, the employee would be entitled to split her Maternity Leave entitlement if they wish, 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.
- 20.4 In either circumstance of early childbirth, the employee (or family member) is to inform the line manager as soon as reasonably practicable. The line manager will then notify Human Resources, who can advise Payroll accordingly.

## **21 MISCARRIAGE AND STILL BIRTH**

- 21.1 Where an employee has a miscarriage before the 25<sup>th</sup> week of pregnancy then normal sick leave provisions will apply.
- 21.2 In the event of a still birth after the 24<sup>th</sup> week of pregnancy the employee will be entitled to the same amount of Maternity Leave and pay as if her baby was born alive.
- 21.3 The ICB recognises that this will be a difficult and traumatic time and would encourage any employee who may be affected by such circumstance to seek support from Occupational Health. This service is available to support both

ICB employees that have suffered a miscarriage and ICB employees that are family members of someone that has suffered a miscarriage.

## **22 SURROGACY**

- 22.1 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.
- 22.2 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 the adoption section for further guidance.

## **23 SICKNESS ABSENCE DURING PREGNANCY AND LEAVE**

- 23.1 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.
- 23.2 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 a self-certification for short term absence, as according to the Absence Management Policy (please refer to this in regards to sickness trigger points).
- 23.3 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.

## **24 ANTE-NATAL AND POST-NATAL CARE**

- 24.1 Pregnant employees have the right to reasonable paid time off for ante-natal care including relaxation classes and parent craft classes as long as reasonable notice is given and proof of all appointments is provided. Time off to attend classes has to be agreed with the employee's line manager prior to attendance at the class.

- 24.2 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.

## **25 CALCULATION OF PAY**

- 25.1 Maternity Pay is calculated on average earnings paid for two months prior to the qualifying week which is the 15<sup>th</sup> 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.

## **26 IMPLEMENTATION OF A PAY AWARD OR ANNUAL INCREMENT**

- 26.1 Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment.
- 26.2 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.
- 26.3 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.

## **27 PAY PROGRESSION FRAMEWORK**

- 27.1 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 Pay Progression Policy.

## **28 EMPLOYEES ON A FIXED-TERM OR TRAINING CONTRACT**

- 28.1 An employee who is entitled to full benefits under the NHS Scheme, i.e. who satisfies the conditions under section 17.1 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.



28.2 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.

28.3 Employees who do not satisfy the conditions under section 17.1 and whose contract ends after the 15<sup>th</sup> week prior to the EWC but before the 11<sup>th</sup> 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 ICB will be responsible for paying any SMP due. Under these circumstances, the employee must inform the ICB 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.

## **29 CONTRACTUAL RIGHTS**

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

## **30 ANNUAL LEAVE AND BANK HOLIDAYS**

30.1 Annual leave and Bank Holidays will continue to accrue during Maternity Leave, whether paid or unpaid.

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

30.3 In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered by the Senior Leadership Team. For example if the employee was due to return to work in February and had 6 weeks annual leave to take before 31<sup>st</sup> March this may be difficult to accommodate operationally. Employees should discuss this with their line manager.

30.4 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.

## **31 PENSION**

31.1 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). <http://www.nhsbsa.nhs.uk/pensions>

## **32 PROCEDURE**

### **33 HOW TO CLAIM MATERNITY LEAVE AND PAY**

- 33.1 Form M1 (Appendix 2) is to be completed no later than the end of the 15<sup>th</sup> week before the EWC and signed by the employee and their Line Manager or equivalent. The original form is to be sent to the Human Resources Team, who will then forward a copy to Payroll.
- 33.2 Maternity Leave can start on any day of the week. Any Annual Leave to be taken before the commencement of Maternity Leave is to be taken into account.
- 33.3 On receipt of form MAT B1 from a registered medical practitioner or a practising midwife, the original should be sent to Human Resources, who will arrange for the original to be forwarded to Payroll, 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.
- 33.4 The employee will receive written confirmation from Human Resources, within 28 days of receipt of Form M1 (Appendix 2), 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.
- 33.5 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.

## **34 RETURN TO WORK**

- 34.1 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.

- 34.2 If the employee wishes to return to work before the end of her full entitlement to leave, she must give at least 28 days' written notice (as per 32.4) of her date of return. The employee and manager must complete a HR6 payroll form as Notification of Return from Maternity from HR.
- 34.3 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 and in accordance with the Flexible Working Policy, and will be given fair and objective consideration.
- 34.4 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.

### **35 FAILURE TO RETURN TO WORK**

- 35.1 An employee who has notified the ICB 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.
- 35.2 In cases where the ICB considers that to enforce this provision would cause undue hardship or distress, the ICB has the discretion to waive the right of recovery.

### **36 HEALTH AND SAFETY**

- 36.1 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.
- 36.2 These provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding.

### **37 COMPULSORY PERIOD OF MATERNITY LEAVE**

- 37.1 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.

### **38 CHILDCARE VOUCHER SCHEME**

- 38.1 Employees who already access Childcare Vouchers have two options in relation to continuation of these. Employees are advised to consider stopping vouchers from weeks 17-25 as statutory and contractual maternity pay are calculated on earnings during this period. As the voucher providers require one month's notice in writing to cancel a voucher order, the employee will need to inform the providers by the 12th week of pregnancy. If the employee chooses to take Childcare Vouchers up to the date they go on maternity leave and start again on their return to work they should be aware that this option will affect the SMP calculations. Employees may wish to contact the HR team for further information.

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.

Employees that joined a childcare voucher scheme before 4 October 2018 can keep receiving vouchers as long as:

- your wages were adjusted on or before 4 October 2018
- you stay with the same employer and they continue to run the scheme
- you do not take an unpaid career break of longer than a year

More information regarding help with childcare can be found at <https://www.gov.uk/get-childcare> or <https://www.childcarechoices.gov.uk/>.

## **39 KEEPING IN TOUCH**

- 39.1 Before going on Maternity Leave employees are to discuss and agree with their Line Manager any voluntary arrangements for keeping in touch during their leave. It is to be noted that staff absent on Maternity Leave are to 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.
- 39.2 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.
- 39.3 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.

- 39.4 An employee may not work during the two weeks of compulsory Maternity Leave immediately after the birth of her baby.
- 39.5 Working for part of any day will count as a whole KIT day.
- 39.6 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 Workforce Information.
- 39.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 39.8 Employees who are breastfeeding will be risk assessed in accordance with Section 39.1 and facilities will be provided, where possible, in accordance with Section 39.2.
- 39.9 Please see Appendix 8 for KIT Record form and information.

#### **40 PROVISION FOR BREASTFEEDING MOTHERS**

- 40.1 If an employee is a breastfeeding mother returning to work, they are to inform their Line Manager as soon as possible so the necessary arrangements can be made.
- 40.2 Employees will be given reasonable time off to breast-feed or express milk if required. Ideally this should be at the same time of day that they would normally feed their baby at home, or have baby brought in by the partner or carer.
- 40.3 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. The ICB will support all mothers regarding their breastfeeding choice and the necessary arrangements will be discussed with the employee and line manager and agreed.

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

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## **MATERNITY SUPPORT (PATERNITY) LEAVE INCLUDING SHARED PARENTAL LEAVE**

### **41 POLICY STATEMENT**

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

### **42 PRINCIPLES**

- 42.1 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.
- 42.2 Training and support will be provided to all Line Managers in the implementation and application of this policy

### **43 ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE**

- 43.1 To qualify for up to two weeks ordinary Maternity Support (Paternity) Leave, with Occupational Maternity Support (Paternity) Pay, an employee must:
- have, or expect to have, responsibility for the child's upbringing;
  - 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;
  - 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.
- 43.2 Where an employee satisfies all of the conditions in 43.1 above, payment will be made at full salary, including regular payments and bonus, less any Statutory Maternity Support (Paternity) Pay (SPP), for up to two weeks.
- 43.3 An employee who satisfies the conditions in 43.1 above, except having worked continuously for 12 months for one or more NHS employers, will be entitled to SPP and leave provided that they:

- have 26 weeks continuous service with one or more NHS employers, ending with the 15<sup>th</sup> week before the baby is due, or the week in which notification of the adoptive match occurs;
  - will continue to be employed up to the date of birth or placement of a child;
  - have average weekly earnings at or above the Lower Earnings Limit.
- 43.4 SPP is the same as the standard rate for Statutory Maternity Pay or 90% of average weekly earnings if this is less than SPP.
- 43.5 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.
- 43.6 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.
- 43.7 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.
- 43.8 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.
- 43.9 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 are to seek HR advice regarding reasonable time off.
- 43.10 Annual leave will accrue during Ordinary Maternity Support (Paternity) Leave.



43.11 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.

#### **44 PROCEDURE**

#### **45 ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE**

45.1 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 5) and submitting it to their manager.

45.2 Form P1 (Appendix 5) 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.

45.3 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.

45.4 Where an employee has a miscarriage before the 25<sup>th</sup> week of pregnancy then normal sick leave provisions will apply.

#### **46. SHARED PARENTAL LEAVE (SPL)**

46.1 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)

#### **47. PRINCIPLES**

47.1 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.

47.2 You may be entitled to Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) if:

- Your baby is due on or after 5 April 2015
- You adopt a child on or after 5 April 2015

- 47.3 SPL and ShPP must be taken between the baby's birth and first birthday (or within 1 year of adoption).
- 47.4 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.
- 47.5 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.
- 47.6 **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.
- 47.7 Employees who take SPL are protected from less favorable treatment

## **48. ENTITLEMENT TO SHARED PARENTAL LEAVE**

- 48.1 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.
- 48.2 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.
- 48.3 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.
- 48.4 All notices for continuous periods of leave, from eligible employees will be accepted and all requests for discontinuous leave will be considered.

## **49. SHARED PARENTAL LEAVE ELIGIBILITY CRITERIA**

- 49.1 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 the ICB of their entitlement and have provided the necessary declarations and evidence.

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

49.3 **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

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

49.5 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

## **50. STATUTORY SHARED PARENTAL LEAVE PAY (ShPP)**

50.1 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).

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

- You qualify for Statutory Maternity Pay

50.3 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)

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

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

50.6 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).

50.7 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.

50.8 Values based on 2018. For the most up to date values please visit <https://www.gov.uk/>

## **51. STARTING SHARED PARENTAL LEAVE**

51.1 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)

51.2 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.

51.3 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.

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

51.5 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.

51.6 **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).

## 52. PROCEDURE

### 53. HOW TO CLAIM SHARED PARENTAL LEAVE

53.1 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

53.2 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

53.3 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.

53.4 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.

53.5 You must give at least 8 weeks' notice of any leave you wish to take.

- 53.6 If the child is born more than 8 weeks early, this notice period can be shorter.
- 53.7 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)
- 53.8 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

#### **54. VARYING LEAVE**

- 54.1 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.
- 54.2 Both parents must sign the notice to confirm that they are in agreement with the variation.

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

- 55.1 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
- 55.2 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.

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

- 56.1 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.)
- 56.2 These days are in addition to the 10 'keeping in touch' (or KIT) days already available to those on maternity or adoption leave.
- 56.3 Shared Parental Leave in Touch days are optional - both you and your employer must agree to them.

## **57. BLOCKS OF LEAVE**

- 57.1 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.
- 57.2 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.
- 57.3 You must give your employer at least 8 weeks' notice before you want to begin a block of leave.
- 57.4 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.
- 57.5 Notifying the ICB 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.

## **58. SPLITTING BLOCKS**

58.1 If your employer agrees, you can split blocks into shorter periods of at least a week.

58.2 **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.

## **59. EMPLOYMENT COMES TO AN END**

59.1 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.

## **60 KEEPING IN TOUCH**

60.1 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.

60.2 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.

60.3 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.



- 60.4 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.
- 60.5 Working for part of any day will count as a whole KIT day.
- 60.6 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.
- 60.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 60.8 In certain circumstances, the ICB 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 8 for KIT Record form and information.

## **61. ANNUAL LEAVE**

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

## **62 TERMS AND CONDITIONS**

- 62.1 During the period of SPL, the employee's contract of employment remains in force and entitlement to receive all contractual benefits, except for salary.
- 62.2 An employee on Shared 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 Pay Progression Policy.
- 62.3 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.

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

- 63.1 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.



**SECTION 3  
ADOPTION LEAVE**

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## **ADOPTION LEAVE**

### **64 POLICY STATEMENT**

64.1 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). Where the ICB employs both parents, one parent will be identified as the primary carer and will be entitled to leave under this policy, however the entitlement may be split jointly but must not exceed the total leave allowance. There is also entitlement to leave under the Maternity Support (Paternity) Leave policy.

### **65 PRINCIPLES**

65.1 Training and support will be provided to all Line Managers in the implementation and application of this policy

### **66 ENTITLEMENT TO ADOPTION LEAVE**

66.1 All employees will be entitled to 52 weeks Adoption Leave.

### **67 ENTITLEMENT TO OCCUPATIONAL ADOPTION PAY UNDER NHS SCHEME**

67.1 An employee working full or part-time is entitled to Adoption pay under the NHS scheme provided that 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 ICB on Form A1 (Appendix 7) 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 approved adoption agency as proof of entitlement to leave.

67.2 Where an employee has stated they will be returning to work and fails to do so, please refer to section 65.1.

### **68 ENTITLEMENTS UNDER THE SCHEME**

- 68.1 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.
- 68.2 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 SAP, 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, (whichever is the lower);
  - 13 weeks unpaid leave.
- 68.3 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, 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 (whichever is the lower);
  - 13 weeks unpaid leave.
- 68.4 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.

## **69 TIMING OF LEAVE**

- 69.1 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.
- 69.2 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.

- 69.3 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 adopter's manager must be kept informed.
- 69.4 If the placement is delayed but adoption leave has already commenced the employee should contact their line manager who will need to contact HR for advice as normally the employee would not be able to recommence their adoption leave at a later date. It is strongly advised that the employee identifies that the placement will commence prior to starting their adoption leave.
- 69.5 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.

## **70 CALCULATION OF PAY**

- 70.1 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.

## **71 IMPLEMENTATION OF A PAY AWARD OR ANNUAL INCREMENT**

- 71.1 Absence on Adoption Leave, whether paid or unpaid, counts as service towards the normal annual increment.
- 71.2 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.
- 71.3 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.

## **7.2 PAY PROGRESSION FRAMEWORK**

- 72.1 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 Pay Progression Policy.

### **73 EMPLOYEES ON A FIXED-TERM CONTRACT**

- 73.1 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 51.1, 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.
- 73.2 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.
- 73.3 An employee not satisfying the conditions in 51.1 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.

### **74 CONTRACTUAL RIGHTS**

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

### **75 ANNUAL LEAVE AND BANK HOLIDAYS**

- 75.1 Annual leave will continue to accrue during both paid and unpaid Adoption Leave.
- 75.2 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.
- 75.3 In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered.
- 75.4 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.
- 75.5 Bank Holidays are also accrued whilst on paid or unpaid Adoption Leave.

### **76 PENSION**

- 76.1 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>

## **77 MATERNITY SUPPORT (PATERNITY) LEAVE**

- 77.1 The partner of an individual who adopts, or 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 (Section 2 of this policy – Page 20)

## **78 ENTITLEMENT TO TIME OFF FOR PRE-ADOPTION ARRANGEMENTS**

- 78.1 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.

## **79 PROCEDURE**

- 79.1 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 7) should be completed for this purpose and the original sent to Human Resources Team, who will send a copy to Payroll.
- 79.2 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.
- 79.2 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.
- 79.3 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 Human Resources Team, who will send a copy on to Payroll.



79.4 The employee will receive written confirmation within 28 days of receipt of Form A1 of:

- their adoption 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.

## **80 RETURN TO WORK**

80.1 If an employee wishes to take full entitlement to leave, then no further notification of return to work need be given.

80.2 An employee wishing to return to work before the end of their full entitlement to leave must give at least 28 days' written notice of their date of return. The employee and manager must complete a HR7 payroll form as Notification of Return from Adoption Leave which can be found [here](#)

## **81 FAILURE TO RETURN TO WORK**

81.1 An employee who has notified the ICB 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.

81.2 In cases where the ICB considers that to enforce this provision would cause undue hardship or distress, the ICB has the discretion to waive the right of recovery,

## **82 CHILDCARE VOUCHER SCHEME**

82.1 Employees that joined a childcare voucher scheme before 4 October 2018 can keep getting vouchers as long as:

- your wages were adjusted on or before 4 October 2018
- you stay with the same employer and they continue to run the scheme
- you do not take an unpaid career break of longer than a year

More information regarding help with childcare can be found at <https://www.gov.uk/get-childcare> or <https://www.childcarechoices.gov.uk/>.

## **83 KEEPING IN TOUCH**

- 83.1 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.
- 83.2 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.
- 83.3 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 leave period.
- 83.4 Working for part of any day will count as a whole KIT day.
- 83.5 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 Human Resources.
- 83.6 Any work must be by agreement; neither the employer nor the employee can insist upon it.
- 83.7 In certain circumstances, the ICB may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.
- 83.8 Please see Appendix 8 for KIT Record form and information.

**SECTION 4  
PARENTAL LEAVE**

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## **84 POLICY STATEMENT**

- 84.1 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.
- 84.2 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.

## **85 PRINCIPLES**

- 85.1 Employees who have nominated caring responsibility for any child under the age of 18 are eligible for Parental Leave.
- 85.2 Training and support will be provided to all Line Managers in the implementation and application of this policy

## **86 ENTITLEMENT TO LEAVE**

- 86.1 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 any child under 18.
- 86.2 The entitlement is 18 weeks unpaid leave per child or adopted child, to be taken in periods of at least one week at a time. In the case of twins, each parent will be entitled to 18 weeks for each child.
- 86.3 Both parents are entitled to take parental leave; a maximum of four weeks per child can be taken by an employee in any one year.

## **87 TIMESCALES FOR TAKING PARENTAL LEAVE**

- 87.1 Up to 18 weeks leave up until the child or adopted child's 18<sup>th</sup> birthday.
- 87.2 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.

## **88 REQUESTS FOR PARENTAL LEAVE**

- 88.1 All requests for parental leave must be made on form PAR 1 (Appendix 13), be signed by line manager and copied to Human Resources and Payroll for monitoring and recording and payment purposes.

## **89 PROCEDURE**

### **90 APPLYING FOR PARENTAL LEAVE**

90.1 When applying for parental leave the employee must, where possible, complete and hand in the form PAR 1 (Appendix 13) and:

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

### **91 POSTPONING PARENTAL LEAVE**

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

91.2 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 ICB's Grievance Procedure.

### **92 ARRANGEMENTS DURING PARENTAL LEAVE**

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

92.2 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.

### **93 RETURNING FROM PARENTAL LEAVE**

93.1 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.

93.2 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.

**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	<u>OPTION 1</u> <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>	<u>OPTION 2</u> <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	<u>OPTION 3</u> <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>	<u>OPTION 4</u> <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	<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>

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:		
		Postcode
E-mail Address:		
Contact Numbers:		
Home:	Work:	Mobile:
MATERNITY OPTIONS		
My expected date of confinement is:		
I intend to commence my Maternity Leave on:	Reason: annual leave/maternity leave	
MATB1	Yes / No	If not, please forward at least 28 days prior to commencement of Maternity Leave
Attached:		
I have read and understood the Maternity Policy and I wish to take the following Maternity Leave (please tick)		
Option	Detail	Tick
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 the ICB 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 the NHS 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.	



<b>Option 6</b>	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.	
<b>SIGNATURES</b>		
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		
<b>Signed (Employee):</b> _____	<b>Signed (Manager):</b> _____	
<b>Print Name:</b> _____	<b>Print Name:</b> _____	
<b>Date:</b> _____	<b>Date:</b> _____	
Please forward the original of this form to the Human Resources Team by the <b>15<sup>th</sup> week</b> before your expected week of childbirth		
<b>Office Use Only - Mat B1 Seen? Yes / No</b>	<b>Copy of form taken and sent to payroll (date and initials)</b>	

**Maternity Risk Assessment for Expectant / New Mother**  
**Appendix 3**

<b>Full Name</b>		<b>Assignment Number:</b>	
<b>Job Title:</b>		<b>Base:</b>	
<b>Line Manager:</b>		<b>Hours Worked:</b>	
<b>Expectant Mother to complete</b>		<b>New Mother to complete</b>	
<b>Number of Weeks Pregnant:</b>		<b>Date of birth date of baby:</b>	
<b>Expected Week of Confinement:</b>		<b>Date Returned/Returning to work:</b>	
<b>Please Tick 'Yes' or 'No' and enter comments in the space provided (Expectant and New Mothers to complete)</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>COSHH</b> Is the new / expectant mother likely to be exposed to any hazardous substances or biological agents? Are they up to date with her immunisation programme? Have specific COSHH assessments been carried out for them? Have COSHH assessments been carried out for this department?			
<b>MANUAL HANDLING</b> Is the new / expectant mother likely to undertake manual handling? Have specific assessment/s been carried out for them? Is any remedial action necessary? Has remedial action (if required) been carried out? Is lifting equipment available required?			
<b>VISUAL DISPLAY UNIT (VDU) EQUIPMENT</b> Does the new / expectant mother use VDU equipment? Has their workstation been assessed? Were any problems highlighted? If required, has remedial action been taken / initiated?			
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b> Is the new / expectant mother required to use / wear any PPE? Has training been provided on how to use / wear PPE correctly?			

<p>Are they aware of the reasons for using PPE? Do they find the PPE comfortable to wear / use? Has maternity uniform been ordered or obtained?</p>			
<p><b>MACHINERY EQUIPMENT</b> Is the new / expectant mother likely to use any machinery or equipment? Does any of the machinery or equipment used present a greater risk to her than any other worker? Have they been trained and informed regarding the use / hazards of the equipment?</p>			
<p><b>DRIVERS</b> Does the new / expectant mother drive a vehicle as an integral part of her job? Is the driving position adjustable for drive comfort?</p>			
<p><b>ENVIRONMENT</b> Does the department have sufficient welfare facilities? E.g. toilets, washing facilities, drinking water Is the temperature and ventilation generally comfortable? Is the lighting suitable and sufficient? Is there sufficient space for workers? Is the area kept clean and tidy? Are floors even and intact?</p>			
<p><b>OTHER</b> This section is to include any other risks not highlighted above e.g. violence and aggression, working hours, pace of work etc.</p>			

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Please ensure both signatures are obtained and forward a copy of the completed assessment form to the HR Team.

**SIGNATURES**

<b>Signed (Employee):</b>	<b>Signed (Manager):</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Date:</b> _____	<b>Date:</b> _____

<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 SPP, 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 SPP 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 SPP 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 SPP)</li> </ul>	

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 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
<b>SIGNATURES</b>	
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	
<b>Signed (Employee):</b>	<b>Signed (Manager):</b>
_____	_____
<b>Print Name:</b>	<b>Print Name:</b>
_____	_____
<b>Date:</b>	<b>Date:</b>
_____	_____
Please forward the original of this form to the Human Resources Team at least <b>28 days</b> 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.	
<b>Office Use Only - Mat B1 / Matching Certificate seen? Yes / No</b>	
<b>Statutory forms completed? Yes / No    Copy of forms taken and sent to payroll (date and initials)</b>	

**Adoption Leave Options / Entitlements**

**Appendix 6**

	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	<p><u>OPTION 1</u></p> <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>	<p><u>OPTION 2</u></p> <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	<p><u>OPTION 3</u></p> <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>	<p><u>OPTION 4</u></p> <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	<p><u>OPTION 5</u></p> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>	<p><u>OPTION 6</u></p> <ul style="list-style-type: none"> <li>• 52 weeks Unpaid Leave</li> </ul>



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:	_____	
		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
Option 1	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 the ICB 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 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.	
Option 3	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.	
Option 4	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.	
Option 5	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.	
Option 6	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)

### 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.

<b>When the KIT occasion occurs</b>	<b>How much will be paid</b>
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.

### Keep in Touch Record

After carefully reading the guidelines on the previous page, please record any hours worked as Keep in Touch whilst on Maternity, Adoption or Shared Parental Leave in the table below. Payment for hours worked will be paid when the employee returns to work.

<b>Employee Name:</b>	<b>Base:</b>
<b>Assignment Number:</b>	<b>Type of leave: Maternity / Adoption / Shared Parental (delete as appropriate.)</b>

Date	Week number of leave	Start time	Finish time	Total hours worked (excluding breaks)	Please indicate: time in lieu or payment

<b>Employee Signature:</b>	<b>Date:</b>
<b>Manager Signature:</b>	<b>Date:</b>

Once signed by both employee and Manager, please forward a copy to:- Human Resources Team, Health Consortium, Health House, Grange Park Lane, Willerby, HU10 6DT

**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
✓	✓	✓

MOTHER'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: _____

BIRTH DATE DETAILS (must be completed)	
Child's Expected Date of Birth	_____
Actual date of child's birth (if born)	_____
STATUTORY MATERNITY LEAVE 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	_____
SMP DETAILS (must be completed)	
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
✓	✓	✗

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>
<p><b>The following points apply in all circumstances where a mother is entitled to maternity leave:</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, 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> <p><b>The following points only apply if ShPP DETAILS Section 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 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> </ul>

- I intend to care for my child in the weeks I receive ShPP
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA

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

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

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

- 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
- 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)
- 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
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- I consent to the amount of ShPP which the mother 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 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>	
<p>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.</p>	
<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	✓

PERSONAL INFORMATION (must be completed)			
Partner's Full Name:			
Mother's Forename:		Mother's Surname:	
Mother's Address (including postcode):			
Mother'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 mother started, or intends to start, maternity leave (if applicable)	
Date mothers maternity leave ended, or will come to an end (if applicable)	
Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends	
Date mother started, or intends to start, SMP or MA (if applicable)	
Date mothers SMP or MA ended, or will come to an end (if applicable)	
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
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)	

SPL DETAILS (must be completed)
<p>The total number of weeks of SPL created depends on the mothers leave and pay entitlements:</p> <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</li> </ul>

<p>weeks less any weeks maternity leave taken</p> <ul style="list-style-type: none"> <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>	
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:	<p>From: (Date)</p> <p>To: (Date)</p>
Total number of weeks of SPL the mother intends to take (if applicable)	

ShPP DETAILS (To be completed ONLY if claiming ShPP)	
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:	<p>From: (Date)</p> <p>To: (Date)</p>
Total number of weeks of ShPP the mother intends to take:	

Partner's declaration (must be completed)
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**The following points apply in all circumstances:**

- I am giving notice that I am entitled to and intend to take SPL
- 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
- 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
- I will remain employed with this employer until any period of SPL that I intend to take
- 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)
- 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
- 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
- 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
- I (or my partner) have given a period of SPL notice
- 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 giving notice that I am entitled to and intend to take ShPP
- 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
- I intend to care for my child in the weeks I receive ShPP
- 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)
- I will remain employed with this employer until before the date of my first period of ShPP

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

Signature of partner

Date partner signed

**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**

Signature of mother	
Date mother signed	



**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	SAP Statutory Adoption Pay
ShPP Statutory Shared Parental 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	

<b>end date given above, unless my notice is revoked or there is no entitlement.</b>	
<b>Signature of adopter</b>	
<b>Date signed</b>	

**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>			
Adopter's Full Name:		Assignment Number:	
Partner's Forename:		Partner's Surname:	
Partner's Address (including postcode):			
Partner's National Insurance Number:			

<b>BIRTH DATE DETAILS (must be completed)</b>	
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 placement and before I take any SPL)	
<b>STATUTORY ADOPTION LEAVE AND SAP DETAILS (must be completed)</b>	
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	
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	
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>SPL DETAILS (must be completed)</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)	
Total number of weeks of SPL I (the adopter) intend 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>	
<b><u>The following points apply in all circumstances:</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 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>	
<b><u>The following points only apply if Section E 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 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 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, if I am entitled to it, I will be on SPL in those weeks</li> </ul>	

- 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> </ul>



<ul style="list-style-type: none"> <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)	

ShPP DETAILS (To be completed ONLY if claiming ShPP)	
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:	

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

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

- I am giving notice that I am entitled to and intend to take SPL
- 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 have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- 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)
- 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.
- 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
- I (or my partner) have given a period of SPL notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- 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 the adopter was notified of having been matched for adoption with the child
- 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

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

Signature of partner	
Date partner signed	

**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>	

**VCSPL1 - Application for Variation or Cancellation of Shared Parental Leave**  
**Appendix 11**

<b>PERSONAL INFORMATION</b>	
<b>Full Name</b>	<b>Assignment Number:</b>
<b>Partner's Full Name</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>Date Original SPL application was submitted</b>	
<b>Date/s of any additional booking notices submitted</b>	(if applicable)
<b>Date/s of any variations to booking notices submitted</b>	(if applicable)
I have already taken _____ weeks Shared Parental Leave (if applicable)	
I have already taken _____ weeks Statutory Shared Parental Pay (ShPP) (if applicable)	

<b>VARIATION to Shared Parental Leave</b>
<u>CURRENT</u> SPL is booked as follows:
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)
<u>REVISED</u> dates that I wish to take as SPL and ShPP as follows:
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</b>

<b>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:	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Applicant Signature:</b>	<b>Date:</b>
<b>Partner's Signature:</b>	<b>Date:</b>

<b>To be completed by Manager</b>
I authorise this application for the Variation / Cancellation of Shared Parental Leave Yes / No (please delete)
<b>OR</b>
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.
<b>Manager Signature:</b>

**Date:**

**Job Title:**



Once signed by both employee and Manager, please forward a copy to:- Human Resources Team, Health Consortium, Health House, Grange Park Lane, Willerby, HU10 6DT



PERSONAL INFORMATION	
Full Name	Assignment Number:
Job Title:	Base:
Department:	Team:
Line Manager:	Hours (per week)
Date of Appointment with NHS:	Worked:
Address for Correspondence:	Date Joined this Organisation:
	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 14

Please refer to the EIA Guidelines located in Y:\HULLICB\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

<b>HR / Corporate Policy Equality Impact Analysis:</b>	
<b>Policy / Project / Function:</b>	Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy
<b>Date of Analysis:</b>	September 2018
<b>Completed by: (Name and Department)</b>	Stacey Oglesby, HR Manager
<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>Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?</b>	Changes to Childcare vouchers from 4 October 2018, childcare voucher schemes will close to new applicants but there is provision to get Tax-Free Childcare instead.
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	<ul style="list-style-type: none"> <li>• Absence Management Policy</li> <li>• Special / Other Leave Policy</li> <li>• Flexible Working Policy</li> <li>• Grievance Policy</li> <li>• Disciplinary Procedure</li> <li>• Pay Progression Policy</li> <li>• Equality and Diversity Policy</li> </ul>
<b>Who will the policy, project or function affect?</b>	Employees
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	Consultation has taken place both locally and nationally with Trade Unions and staff <ul style="list-style-type: none"> <li>• SLT</li> <li>• ICB Employees</li> </ul>

	<ul style="list-style-type: none"> <li>• SPF Sub group</li> <li>• SPF</li> <li>• Governing Body (approval)</li> </ul>
<p><b>Promoting Inclusivity and Hull ICB's Equality Objectives.</b></p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> <li>1. Ensure patients and public have improved access to information and minimise communications barriers</li> <li>2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job</li> <li>3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve</li> <li>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</li> <li>5. To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements</li> </ol>	<p>The policy provides a framework for the provision of maternity, adoption, Maternity Support (Paternity) and parental leave and pay entitlements within the organisation. The application of the policy should contribute towards eliminating discrimination</p>

<b>Equality Data</b>	
<b>Is any Equality Data available relating to the use or implementation of this policy,</b>	Yes <input data-bbox="1267 1989 1366 2056" type="checkbox"/>

<p><b>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> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates  2: Complaints by groups who share / represent protected characteristics  4: Grievances or decisions upheld and dismissed by protected characteristic group  5: Insight gained through engagement</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). If you answered No, what information will you use to assess impact?</p> <p><b>Please note that due to the small number of staff employed by the ICB, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</b></p>
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### Equality Impact Analysis: Local Profile Data

#### Local Profile/Demography of the Groups affected at July 2018

<b>General</b>	Total number of employees in the ICB is 79
<b>Age</b>	58.2% of staff are aged 30-55 34.2% of staff are aged over 55 7.6% of staff are under 30
<b>Race</b>	94.4% of staff employed in the ICB declared themselves White 5.6% selected undefined
<b>Sex</b>	72% of staff employed are female 28% of staff employed are male
<b>Gender reassignment</b>	No information as yet
<b>Disability</b>	46.8% of staff employed declared themselves as having no disability % of staff did not declare or selected undefined 3.8% of staff declared a disability
<b>Sexual Orientation</b>	48.1% of staff described themselves as heterosexual 51.9% did not wish to respond / undefined
<b>Religion, faith and belief</b>	Christianity is the largest religious group declared by staff in the ICB 32.9% 55.7% were undefined or did not wish to declare 7.6% of staff declared themselves as Atheist 3.8% of staff declared themselves as ‘Other’, Buddhist or Islam

<b>Marriage and civil partnership</b>	65.8% of employees are married 20.3% of staff are single 10.1% of employees are widowed/ divorced/legally separated 2.5% of staff are in a civil partnership 1.3% of employees have selected undefined
<b>Pregnancy and maternity</b>	No information yet as the ICB has not been established long enough to build meaningful data

<b>Assessing Impact</b>				
<b>Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups? (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)</b>				
<b>Protected Characteristic:</b>	<b>Neutral Impact:</b>	<b>Positive Impact:</b>	<b>Negative Impact:</b>	<b>Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i><sup>1</sup> exists (see footnote below – seek further advice in this case)</b>
<b>It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy.</b>				
<b>Gender</b>		✓		Maternity Support (Paternity)/Maternity Support leave can be taken by either male or female staff. This policy also has a potential positive impact on the males and partners of any gender who wish adopt
<b>Age</b>	✓			This has been considered and has a neutral impact.

1. <sup>1</sup> The action is proportionate to the legitimate aims of the organisation (please seek further advice)

<b>Race / ethnicity / nationality</b>	✓			This has been considered and has a neutral impact.
<b>Disability</b>				This has been considered and has a neutral impact. Any disabled employee who was pregnant or adopting would have had any reasonable adjustments made.
<b>Religion or Belief</b>	✓			This has been considered and has a neutral impact.
<b>Sexual Orientation</b>		✓		The policy is explicit in applying to same sex couples, and recognising that there exists a diversity of family units..
<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 for pregnant women. Positive impact on sickness absence relating to pregnancy and policy aims to eliminate discrimination due to maternity status post-partum. Also positive impact for additional maternity leave and parental leave.
<b>Transgender / Gender reassignment</b>	✓			This has been considered and has a neutral impact.
<b>Marriage or civil partnership</b>	✓			This has been considered and has a neutral impact. The

				policy does not discriminate based on the marriage or civil partnership status of the employee.
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**Action Planning:**

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?**

<b>Identified Risk:</b>	<b>Recommended Actions:</b>	<b>Responsible Lead:</b>	<b>Completion Date:</b>	<b>Review Date:</b>
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The ICBs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language	Communications Team	Ongoing	October 2019


**Sign-off**

**All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs**

**I agree with this assessment / action plan**

**If disagree, state action/s required, reasons and details of who is to carry them out with timescales:**



<b>Signed:</b> 	
On behalf of Mike Napier	
<b>Date: 26.10.2018</b>	