**Pregnancy and Baby Loss Policy**

**Approved December 2024**

| **Heading** | **Content** |
| --- | --- |
| Authorship: | HR Manager, NHS Humber and North Yorkshire ICB  |
| Committee approved: | Insert |
| Approved date: | December 2024 |
| Integrated impact assessment: | September 2024 |
| Target audience: | ICB and its committees and sub-committees, ICB staff, agency and temporary staff, and third parties under contract |
| Policy number: | ICB78 |
| Version number: | 0.1 |

The online version is the only version that is maintained. Any printed copies should therefore be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

**Amendments**

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

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| --- | --- | --- | --- | --- | --- |
| **Version number** | **Issued by** | **Nature of amendment** | **Approving body** | **Approval date** | **Date published** |
| 0.1 | HY Manager | New policy | Executive Directors  | December 2024 | January 2025 |
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# Summary

This policy sets out how NHS Humber and North Yorkshire Integrated Care Board (the ICB) will support colleagues during a difficult time in their life. It sets out how the ICB will support those experiencing pregnancy or baby loss and provides advice on how line managers and wider colleagues can support both the person experiencing a loss, or the partner of someone who is.

This policy has been developed based on the [national Pregnancy and Baby Loss People Policy Framework](https://www.england.nhs.uk/publication/national-pregnancy-and-baby-loss-people-policy-framework/) developed in partnership with the [Miscarriage Association](https://www.miscarriageassociation.org.uk/).

## Key points

* A person who experiences pregnancy loss, or baby loss is offered up to 10 days paid leave.
* The partner of a person who experiences pregnancy or baby loss and employees who may have been expecting a child through surrogacy are offered up to 10 days paid leave.
* Leave is on a pro-rata basis.
* A ‘Fitness for Work’ statement from your GP is not required unless the absence goes over the 10 days as specified above.
* Paid leave does not contribute to ‘sickness triggers’ and should be recorded as 'Special Leave' in ESR. For periods of absence longer than the timeframe specified above, additional time off should then be recorded as 'Sickness Absence'.
* Paid time off will be provided for attending appointments for both a person who has experienced pregnancy or baby loss and partners of someone experiencing a loss if this extends outside the timeframe specified above
* Requests to work flexibly following a loss will be treated with understanding and sensitivity.

This policy applies to a loss up to and including week 23 of a pregnancy. If someone’s baby is stillborn after 24 weeks of pregnancy, or in the case of neonatal loss, they will be entitled to the same amount of maternity leave and pay as if a loss has not been experienced.

This policy also includes colleagues who may have been expecting a child through surrogacy as the ICB recognises the impact of a loss, regardless of the pregnancy journey to that point.

The key points highlighted above are provided as a quick reference guide only, please refer to the policy in full for more detail.

# Introduction

This policy provides support for people experiencing a difficult time in their life. It also outlines how line managers and colleagues can support someone who is affected, with kindness and understanding.

This policy includes (but is not limited to):

* **miscarriage**
loss of a pregnancy up to and including week 23 of a pregnancy.
* **termination**

a medical or surgical procedure to end pregnancy

* **ectopic pregnancy**
where a fertilised egg implants and grows outside the uterus, meaning the pregnancy is not viable
* **molar pregnancy**
where a non-viable fertilised egg implants in the uterus and the baby and placenta do not develop as they should

This policy does not cover stillbirth or neonatal loss. If someone’s baby is stillborn after 24 weeks of pregnancy, or in the case of neonatal loss, they will be entitled to the same amount of maternity leave and pay as if a loss has not been experienced. You can find more information in the Maternity, Maternity Support (Parental), Adoption and Parental Leave Policy.

If this applies to you, we are so sorry. Please contact the human resources (HR) team, a people professional or someone you feel comfortable talking to, so that we can provide you with the love and support you need.

# Purpose

This policy has been produced in line with the [National Pregnancy and Baby Loss People Policy Framework](https://www.england.nhs.uk/publication/national-pregnancy-and-baby-loss-people-policy-framework/) which has included input from trade unions through regional and national social partnership forums (SPFs).

A people policy provides support, advice and guidance on what is expected from you, how you can expect to be treated and how you can access support.

If you are reading this policy because you have lost a pregnancy or baby, we are so sorry and we will do all we can to provide you with the support that you need.

We want to break the taboos that exist around pregnancy or baby loss and encourage mothers and parents to talk about what has happened, if they want to. Sadly, there still remains a silence in many parts of our society about this tragic and common issue.

# Definition/ explanation of terms

The following terms are used within this policy:

* **People Professionals**This policy uses the term ‘people professional’ to refer to people at every level across the NHS. This includes:
	+ the HR team
	+ organisational development (OD)
	+ workforce departments including recruitment, temporary staffing, learning and development teams

People professionals work alongside managers and trade unions to contribute to, and improve, the working experiences of NHS colleagues.

# Scope of the Policy

The policy applies to NHS Humber and North Yorkshire and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership. If you are an employee on a temporary or honorary contract, secondment, pool staff, contractors or student, or you are supporting someone who it, please discuss with a member of the HR Team.

This policy supports employees who have lost a pregnancy loss, or baby and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy or baby loss is a taboo subject and encourages colleagues to not have to suffer in silence if support would be helpful to them.

It aligns to the [NHS People Promise](https://www.england.nhs.uk/publication/our-nhs-people-promise/).

# Values and behaviours

This policy has been developed with the [ICB’s values and behaviours](https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2024/12/Our-values-and-behavioural-framework-17.07.2024.pdf) in mind and will be applied in a way which is compatible with these.



This policy aligns closely with the organisational value "We care" as it fosters a supportive, compassionate, and inclusive work environment for colleagues during one of the most challenging times in their lives.

Key aspects that reflect this alignment include:

* Compassionate Support: The policy offers up to 10 days of paid leave for employees and their partners experiencing pregnancy or baby loss, recognising the emotional and physical toll of such an event.
* Respect and Inclusivity: The policy extends to those experiencing loss through surrogacy, demonstrating inclusivity and sensitivity to diverse family journeys.
* Flexibility and Understanding: Requests for flexible working arrangements following a loss are treated with empathy, ensuring that affected colleagues can navigate their grief while maintaining their professional responsibilities.
* Open conversations: By encouraging open conversations and reducing societal silence around pregnancy and baby loss, the policy creates a culture of respect and psychological safety, which is vital for fostering high performance and well-being.

This approach highlights the ICBs commitment to care, not just in delivering health services but in supporting the health and well-being of the workforce.

# Duties, accountabilities and responsibilities

All colleagues are expected to treat anyone experiencing pregnancy or baby loss with kindness and understanding.

## 6.1 Chief Executive

This is the person with overall accountability and responsibility for this policy.

## 6.2 Director and Head of Service

Responsible for the administrative co-ordination of this policy. Directors and Heads of Service must ensure that members of staff are aware of this policy and any relevant processes to be followed.

## 6.3 Line managers

It is the manager’s responsibility to support the employee with kindness, compassion and flexibility. Each person is different and individuals may also need temporary work adjustments or other levels of support.

## 6.4 Employees

It is hoped that someone who has lost a pregnancy or baby feels able to reach out and talk to someone they trust, if they feel they need additional support or signposting. Appendix 2 includes additional links which may help you.

## 6.5 Human Resources (the HR team)

The HR team will support both individuals affected and line managers in ensuring this policy is followed and implemented equitably.

# Policy details

## 7.1 Understanding pregnancy or baby loss

We understand that losing a pregnancy or baby is a bereavement and it can affect the whole family. It may affect partners, children and many others.

We want to encourage mothers and parents to talk about their loss and to support each other. People often keep quiet and don’t talk about the fact that they have lost their pregnancy or baby. This can increase feelings of loneliness and isolation, when talking about what has happened can help us to process feelings of grief and loss.

The silence that surrounds pregnancy or baby loss can stop people from accessing the support that they need. That might be counselling, mental health support, or talking about it with friends and family.

Anyone affected by pregnancy loss or baby loss may also find their GP a helpful source of support, as they will be able to refer them to ‘talking therapies’ or other support services, and give them the time off they need to process both the physical and emotional effects of losing a pregnancy or baby.

We hope that this policy will help reduce the silence of losing a pregnancy or baby and encourage people to talk and seek support at what can be a really difficult time in their lives.

No two pregnancy journeys are the same. The support outlined in this policy applies to people experiencing a loss regardless of their pregnancy journey, for example, colleagues who were expecting a child via a surrogate (referred to by law as ‘intended parents’).

## 7.2 Talk to someone who can help

If you have lost a pregnancy or baby, it is important that you talk to your GP, midwife, or medical professional as soon as you possibly can. They will be able to provide you with the professional medical care that you need.

Please also tell someone at work so that you can access the support available to you. It is usually best to talk to your manager, but if you do not feel comfortable about this, find someone else you can talk to easily. This could be a friend, dedicated health and wellbeing champions, a staff network colleague, occupational health, nurse, trade union representative or someone else.

You may also wish to consider visiting the employee wellbeing page on the staff intranet to access details of the support available to you in work or discuss with a people professional.

## 7.3 What this policy offers

We would like to offer colleagues up to 10 days paid leave (for all staff experiencing a loss). Leave days are given on a pro-rata basis and pay is calculated on the basis of what the individual would have received had they been at work.

This includes, but is not limited to:

* miscarriage
* ectopic pregnancy
* molar pregnancy, and
* termination of pregnancy

This is not dependent upon gestation of pregnancy (how long someone has been pregnant for) if this is up to and including 23 weeks, or length of service with the organisation.

You can read more about each of the above terms in the introduction section of this policy.

A ‘Fitness for Work’ statement from your GP is not required, unless additional time off from work is needed. This paid time off will not be used for ‘sickness trigger’ purposes and should be recorded on ESR as 'Special Leave'.

In addition, colleagues are offered paid time-off for appointments linked to pregnancy or baby loss, for example, medical examinations, scans and tests and mental health related interventions, if this extends beyond the time outlined above.

We also promise that all requests to work flexibly following a loss will be treated with understanding and sensitivity. This may include home working for a period of time (where practical) or changing someone’s hours of work or shift pattern. For more information on flexible working, please refer to the [ICB's Flexible Working policy](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/).

## 7.4 Loss of a pregnancy or baby from 24 weeks

If someone’s baby is stillborn, or in the case of neonatal loss, they will be entitled to the same amount of maternity leave and pay as if the baby was alive. Please see the [Maternity, Maternity Support (Parental), Adoption and Parental Leave Policy.](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/employment/) If this applies to you, we are so sorry. Please contact the human resources (HR) team, a people professional or someone you feel comfortable talking to, so that we can provide you with the love and support you need.

## 7.5 [Supporting someone who has lost a pregnancy or baby](#_5.4_Employees)

If you are aware that someone has lost a pregnancy or baby, please remember to respect their privacy. Some people will want to talk openly about their loss, while others will not want to talk about it. Every person’s experience of loss is individual to them so be sensitive to their needs and any possible religious, cultural and societal differences. There are a number of national charities that provide support, guidance and information for people experiencing the loss of a pregnancy or baby, including how cultural beliefs may impact individuals. Appendix 2 provides some additional links to national charities that employees and line managers may find supportive.

The social stigma around pregnancy and baby loss means prejudice often exists, be there to listen and offer support without judgement.

Be sensitive to the needs of the individual and think about how a person might feel if there are to be pregnancy announcements at work. Let them know in advance by speaking to them privately so they can prepare themselves and their reaction.

If you feel someone needs support, please gently signpost them to someone who is able to help or raise the matter with your manager or the HR team. You can also find useful links and resources in appendix 2.

## 7.6 Supporting someone who lost a pregnancy or baby via surrogacy

No two pregnancy journeys are the same. The support outlined in this policy applies to colleagues who have experienced a loss via surrogacy.

Surrogacy is a term that describes where a person agrees to become pregnant and have a baby on behalf of another couple. The person who carries the baby is called the ‘surrogate’ and the couple expecting the baby are called ‘intended parents'.

There are many different reasons why someone may choose surrogacy. It can be more common in LGBT+ communities or as an option for those facing fertility challenges.

Colleagues who are surrogates or who are expecting via surrogacy who have sadly experienced a loss are covered by the support detailed in this policy.

You can find out more about surrogacy on the [Surrogacy UK website](https://surrogacyuk.org/).

## 7.7 Supporting a partner of someone who has lost a pregnancy or baby

If you are the partner of someone who has lost a pregnancy or baby, we are really sorry, and we will do all we can to provide you with the support you need.

We understand that this is a bereavement for you also. We offer 10 days paid leave and paid time off to support you and your partner who may need to attend appointments linked to pregnancy or baby loss.

We also want to encourage you to talk about your loss. It is usually best to talk to your manager, but if you do not feel comfortable about this, find someone else you can talk to easily. This could be a friend, a health and wellbeing lead, a staff network colleague, occupational health, nurse, trades union representative or someone else.

Please do remember we are here to support you and we will do all we can to help you during this difficult time in your life. If there is anything further we can do to help you, please reach out. We are here for you.

## 7.8 [Guidance for line managers supporting someone experiencing pregnancy or baby loss](#_5.3_Line_managers)

It is important that we support colleagues compassionately through such a difficult time, whether that is the person directly experiencing the loss, the partner of someone who is or someone experiencing a loss through surrogacy.

Every person and every pregnancy journey is unique. Please take the time to understand how your colleague is affected. For example, disabled colleagues or those with a long-term health condition might experience impacts that non-disabled colleagues do not. This could include additional physical or psychological impacts of a loss, such as a flare in their health condition. Changes in medication or hormone levels can also impact disabled colleagues differently.

Occupational health can provide additional guidance and information on how to support a disabled colleague based on their individual circumstances. More support may also be found through the links to national charities in appendix 2.

Please ensure you read the additional guidance for line managers information found in [appendix 3](#_Appendix_3:_Additional) when supporting a colleague who has experienced a loss.

# Consultation

This policy has been produced in line with the [National Pregnancy and Baby Loss People Policy Framework](https://www.england.nhs.uk/long-read/national-pregnancy-and-baby-loss-people-policy-framework/).

The People Policy Framework has been developed with input from trade unions through the Regional Social Partnership Forums (RSPFs) and is supported and recommended by the national Workforce Issues Group of the NHS Social Partnership Forum (SPF).

Additionally, the following groups were consulted with during the development of this policy:

* the ICB Inclusion Network
* the ICB Staff Wellbeing and Engagement Group
* the ICB Social Partnership Forum (SPF)

# Training

Advice can be sought from the HR team on the implementation and interpretation of this policy. The ICB is committed to delivering training and awareness sessions for employees and managers where required.

# Monitoring compliance

The implementation of this policy will be monitored on an annual basis by the ICB and reported to the Senior Leadership Team.

# Arrangements for review

This policy will be reviewed every four years from the date of ratification or in line with any changes to the [national Pregnancy and Baby Loss People Policy Framework](https://www.england.nhs.uk/long-read/national-pregnancy-and-baby-loss-people-policy-framework/).

# Dissemination

This policy will be added to the ICB website and staff intranet where relevant and disseminated as appropriate to staff via the staff bulletin and during staff briefing.

# Associated documentation

The following documents should be referred to alongside this policy:

* Maternity, Maternity Support (Parental), Adoption and Parental Leave Policy
* Attendance Management Policy
* Flexible Working Policy
* Other Leave Policy

# References

You can [read the national Pregnancy and Baby Loss People Policy Framework online](https://www.england.nhs.uk/publication/national-pregnancy-and-baby-loss-people-policy-framework/).

[NHS People Promise](https://www.england.nhs.uk/publication/our-nhs-people-promise/).

# Appendices

The following appendices accompany this policy:

* [Appendix 1 - Anti-fraud, bribery and corruption](#_Appendix_1:_Anti-fraud,)
* [Appendix 2 - Additional Links which may help you](#_Appendix_2:_Additional)
* [Appendix 3 - Additional guidance for line managers](#_Appendix_3:_Additional)
* [Appendix 4 – Equality and health impact assessment](#_Appendix_4:_Equality)

# Impact Assessments

## 15.1 Equality

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that an integrated impact assessment (IIA) is carried out on a new policy that is likely to impact on patients, carers, communities, or staff.

The IIA toolkit can be accessed here: [IIA Toolkit](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/)

Potential adverse impact on any protected group identified through the IIA will be monitored as part of the routine work to monitor compliance with the policy.

Once completed include a statement summarising the outcome of the equality impact assessment.

## 15.2 Bribery Act 2010

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document, further details can be found in appendix 1.

## 15.3 General Data Protection Regulations (GDPR)

The UK General Data Protection Regulation (GDPR) / Data Protection Act 2018 includes the requirement to complete a data protection impact assessment for any processing that is likely to result in a high risk to individuals. Consideration should be given to any impact the policy may have on individual privacy. Please consult the NHS Humber and North Yorkshire ICB data protection impact assessment policy. If you are commissioning a project or undertaking work that requires the processing of personal data, you must complete a data protection impact assessment.

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 data protection and confidentiality policy and related policies and procedures.

# Appendix 1: Anti-fraud, bribery and corruption

**Bribery Act (2010)**

The ICB follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption.

Under the Bribery Act (2010) there are four criminal offences:

* Bribing or offering to bribe another person (Section 1)
* Requesting, agreeing to receive or accepting a bribe (Section 2)
* Bribing, or offering to bribe, a foreign public official (Section 6)
* Failing to prevent bribery (Section 7)

# Appendix 2: Additional links which may help you

There are a number of national charities that provide support, guidance and information for people experiencing the loss of a pregnancy or baby:

* [Miscarriage Association website](https://www.miscarriageassociation.org.uk/)
* [National Bereavement Care Pathway](https://nbcpathway.org.uk/)
* [Tommy's website](https://www.tommys.org/baby-loss-support)
* [Saying Goodbye website](https://www.sayinggoodbye.org/)
* [Petals website](https://www.petalscharity.org/)
* [Sands website](https://sands.org.uk/)
* [Bliss website](https://www.bliss.org.uk/)
* [Cradle website](https://cradlecharity.org/)

The following national charities provide support, guidance and information on abortion services and choices available to people after receiving antenatal results:

* [Abortion Talk website](https://www.abortiontalk.com/)
* [Antenatal Results and Choices (ARC) website](https://www.arc-uk.org/)

Information on pregnancy and baby loss during surrogacy can be found in the [national surrogacy guidelines](https://www.gov.uk/government/publications/having-a-child-through-surrogacy/care-in-surrogacy-guidance-for-the-care-of-surrogates-and-intended-parents-in-surrogate-births-in-england-and-wales).

You might also find the [NHS Terms and Conditions of Service Handbook (Sections 15 and 23)](https://www.nhsemployers.org/publications/tchandbook) useful as reference.

# Appendix 3: Additional guidance for line managers

Pregnancy or baby loss may happen at work, and of course you may not be aware that a member of your team is pregnant. Remember, that someone is not obliged to tell their manager of their pregnancy until 15 weeks before their estimated due date, or as soon as is reasonably practicable after then (approximately 6 months pregnant).

If someone suspects that they are starting to lose their pregnancy or baby, they may have bleeding, severe abdominal pain and may feel faint or collapse. They will most likely be very distressed, panicky, embarrassed and frightened.

You can help by ensuring they have very quick access to privacy. You may also need to help them by calling their partner or friend to assist them in getting home or to hospital or to occupational health (if they are based on-site). In severe cases you may need to call an ambulance.

If someone at work suddenly learns that their partner, relative or close friend is starting to lose their pregnancy or baby, they may need to leave work at short notice to provide practical and emotional support. This will also apply to someone expecting through surrogacy. Please facilitate this and be as compassionate as you can be.

Once someone has gone home or to hospital, you will need to consider carefully how you will explain the sudden absence to other staff in order to respect their privacy, especially as they might not want others to know the details. You may choose to simply say “they are not at work,” and not engage in deeper conversation.

Absence should be recorded on ESR as ‘Special Leave’ not ‘Sickness Absence’. For periods of absence longer than 10 days, the employee will need to obtain a ‘Fitness for Work’ statement from their GP. Don’t forget leave needs to be pro-rata for part-time colleagues. This paid time off is not to be used for ‘sickness trigger’ purposes.

Whilst they are off, ensure you keep in contact with them, but use your discretion and be sensitive to how much contact they want.

When the employee and / or partner is ready to return to work, you should meet with them on a one-to-one basis to see how best you can support them going forward. This may include doing a risk assessment and/or referring them to occupational health support.

Be sensitive on the anniversary of the pregnancy or baby loss, and you may wish to put a private note in your diary to remind you to ‘look out’ for them. It is probably best not to make a big deal of it, but you may wish to consider discreetly asking them if they are ok. You may also wish to pay attention to them on Mother’s Day or Father’s Day, as this could be a particularly difficult day for them.

This policy does not cover stillbirth or neonatal loss from 24 weeks of pregnancy, as this is covered in a separate maternity leave policy. However, if someone has lost a baby or child, whether they are the parent or the primary carer, they are entitled to 2 weeks paid leave (regardless of the age of the child). Please see Sections 15 and 23 of the NHS Terms and Conditions of Service Handbook (see link in Appendix 2).

If you feel you need additional advice at any time, please do not hesitate to contact the HR team. They will provide you with the support you need.

Policy developed in collaboration with the [Miscarriage Association](https://www.miscarriageassociation.org.uk/)

# Appendix 4: Equality impact assessment

# Equality impact assessment (EqIA)

This impact assessment should be completed for all human resources (HR) and corporate policies, projects or functions that apply to colleagues at NHS Humber and North Yorkshire Integrated Care Board (ICB).

There are five sections of this assessment and all should be completed:

1. [HR / corporate impact analysis](#_HR_/_corporate)
2. [Equality data](#_Equality_data)
3. [Impact assessment](#_Impact_assessment)
4. [Action planning](#_Action_planning)
5. [Sign-off](#_Sign-off)

## HR / corporate policy impact analysis

| **Key questions** | **Information provided** |
| --- | --- |
| Policy / project / function: | Pregnancy and Baby Loss Policy |
| Date of analysis: | January 2025 |
| Completed by:(name, department, place) | Emma Scholey, HR Manager  |
| Aims and intended effects of this policy, project or function: | This policy sets out how NHS Humber and North Yorkshire Integrated Care Board (the ICB) will support colleagues during a difficult time in their life. It sets out how the ICB will support colleagues experiencing pregnancy or baby loss and provides advice on how line managers and wider colleagues can support both the person experiencing a loss, or the partner of someone who is.This policy provides support for people experiencing a difficult time in their life. It also outlines how line managers and colleagues can support someone who is affected, with kindness and understanding.This policy includes (but is not limited to):* **miscarriage**loss of a pregnancy before 24 weeks
* **termination**

a medical or surgical procedure to end pregnancy* **ectopic pregnancy** where a fertilised egg implants and grows outside the uterus, meaning the pregnancy is not viable
* **molar pregnancy** where a non-viable fertilised egg implants in the uterus and the baby and placenta do not develop as they should
 |
| Details of any significant changes to previous policy likely to have an impact on colleagues / other groups: | New policy  |
| List of any other policies that are related to or referred to as part of this analysis: | * Maternity, Maternity Support (Parental), Adoption and Parental Leave Policy
* Attendance Management Policy
* Flexible Working Policy
* Other Leave Policy
 |
| Who the policy, project or function will affect: | Employees of NHS Humber and North Yorkshire ICB |
| Engagement / consultation that has been done or is planned for this policy and this EqIA: | Shared with the following groups:* Staff Wellbeing Group
* Inclusion Network
* Social Partnership Forum (SPF)
 |

## Equality data

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share one or more of the nine protected characteristics as detailed in the [Equality Act (2010)](https://www.gov.uk/guidance/equality-act-2010-guidance).

Examples of equality date could include:

* recruitment data (eg number of applications compared to our population profile, number of appointments)
* complaints made by groups who share / represent one or more protected characteristic
* grievances, decisions upheld or dismissals by protected group
* findings of the NHS Staff Survey
* data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

This list is not exhaustive.

| **Key questions** | **Information provided** |
| --- | --- |
| Is any equality data available relating to the use of this policy / project / function: | No |
| **If yes**List the equality used to assess the impact of this policy / project / function: |  |
| **If no**List the data you will use to assess the impact of this policy / project / function: | * ESR absence data
* Staff survey responses
 |

## Impact assessment

Details of any potential impact of this policy / project or function on people from different protected characteristic groups should be included below.

This should be based on analysis of:

* the [equality data](#_Equality_data) listed
* insights gathered through engagement
* your knowledge of the substance of this policy

| **Protected characteristic** | **No impact?** | **Positive impact?** | **Negative impact?** | **Evidence of impact and, if applicable, justification where are ‘genuine determining reason’ exists (see footnote)** |
| --- | --- | --- | --- | --- |
| **Age**This refers to people of all ages. | Yes  | No | No | The policy outlines guidance and support to employees and managers regardless of age. |
| **Disability**People who have physical disabilities and / or impairments, learning disabilities, learning differences (for example, someone who is neurodiverse), people with mental health conditions, sensory loss and long-term chronic conditions (such as diabetes, HIV) or hidden, invisible or variable conditions | No | Yes  | No | Disabled colleagues or those with a long-term health condition might experience impacts that non-disabled colleagues do not. Therefore, this policy seeks to address this imbalance and provide insight for employees and managers |
| **Gender reassignment**Refers to someone who is proposing to, is going through or has gone through a process to live in a gender that is different to the one assigned at birth. For example, Trans (transgender) people, non-binary people or gender fluid / gender queer people. | Yes | No | No | This characteristic is not a determining factor and therefore a member of staff experiencing pregnancy or baby loss would receive support |
| **Marriage or civil partnership**Refers to legally recognised partnerships (applies to employment only). | Yes  | No | No | The policy outlines guidance and support to employees and managers regardless of their marital status |
| **Pregnancy and maternity**Refers to the pregnancy period and the first year after birth. | No | Yes  | No | This policy seeks to better support employees through pregnancy and baby loss by enabling them to access appropriate support.  |
| **Race**Refers to people of different races which can include colour, nationality, ethnic or national origins and different ethnic backgrounds, for example, Gypsy Romany and Traveller peoples. | No | Yes  | No | The policy highlights how cultural differences may impact individuals experiencing pregnancy and baby loss and provides links to national charities where cultural sensitivity is explored more. |
| **Religion or belief**Includes all religious and philosophical beliefs including having no religious belief. | No | Yes  | No | The policy asks employees to be sensitive to individual religious beliefs that may impact on someone who has experienced pregnancy or baby loss. |
| **Sex**This refers to biological sex eg male / female / intersex. | No | Yes | No | This policy will impact positively on all members of staff. |
| **Sexual orientation**Refers to who a person is attracted to, for example gay, lesbian, bisexual, asexual and heterosexual (straight). | Yes  | No | No | The policy outlines guidance and support to employees and managers regardless of their sexual orientation. |
| **Socio-economic deprivation**Refers to the different financial situations people may be experiencing, for example, working poverty and cost of living impacts for people from different backgrounds (not Band exclusive). | Yes  | No | No | The policy will enable members of staff (regardless of their income) to access support which is relevant for them in the workplace |
| **Working carers**Refers to anyone who cares, unpaid, for a friend or family member who due to their illness, disability, mental health condition or an addiction cannot cope without their support.Working carers can be considered protected under the Equality Act (2010) by association. | Yes  | No | No | This policy will enable staff who have experienced pregnancy and baby loss to access support from their employer. The support can then be tailored to their needs |

‘Genuine determining reason’ means an action is proportionate to the legitimate aims of the organisation (please seek further advice).

## Action planning

As a result of the analysis of the impact of this policy / project or function on people from different protected characteristic groups, this section should detail the mitigating actions to be taken to reduce any identified impacts and those responsible for ensuring these actions are taken.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identified risk** | **Recommended actions** | **Responsible lead** | **Completion date** | **Review date** |
| N/A |  |  |  |  |
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