

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of W&OD and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the recommendations in relation to the documents listed below.

1. Revised Local Policies for approval

- 153 – Equality Impact Assessment
- 464 – Industrial Injury Claim
- 1085 – Leave and Pay New Parents

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Details of the policies and changes made are outlined in the next section.

2. Policies yet to be presented for consideration

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of one local policy together with rationale can be found in the next section.

3. All Wales Policy Update

Committee is asked to approve the following All Wales documents:-

- 995 – All Wales Pregnancy Loss Policy (new)
- 1262 – All Wales Flexible Pensions Policy (new)

We have not received an updated quarterly schedule in the period.

4. Policies proposed for removal

The following policy is proposed for removal from the local policy framework as it is no longer required due to the creation of All Wales Policy Number 1262:-

- 124 - Retirement Policy

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks. The specific changes are detailed below:-

1. Policies for approval

153 – Equality Impact Assessment

- A desktop review was undertaken.
- Minor changes made to reference the new legislation.
- Condensed some information where overly prescriptive without altering the substance.
- Global staff consultation was undertaken in September 2024
- Shared with local partnership forums and the Local Negotiating Committee (LNC) in September 2024 and Staff Partnership Forum on 1 October 2024.
- A summary Equality Impact Assessment (EQIA) has also been updated.

464 – Industrial Injury Claim

- Desktop review undertaken.
- Minor changes made to include clarification around the requirement to ensure than an employee receives formal written confirmation if their application is not approved.
- Minor changes made to update references to policies.
- Panel established to consider applications which will be comprised of a Senior Manager, Workforce, OH and trade union representative as part of our social partnership working approach.
- Global staff consultation was not required due to the minor changes made.
- Shared with local partnership forums and LNC in September 2024 and Staff Partnership Forum on 1 October 2024.
- A summary Equality Impact Assessment (EQIA) has also been updated.

1085 – Leave and Pay New Parents

- Desktop review undertaken.
- Amendment made at page 8 to include the new requirement around the 18-month protection period in redundancy situations as there was no mention of this in the A4C T&C's.
- Global staff consultation was undertaken in September 2024.
- Shared with local partnership forums and LNC in September 2024 and Staff Partnership Forum on 1 October 2024.
- A summary Equality Impact Assessment (EQIA) has also been updated.

2. Policies yet to be presented for consideration – extension requests

Listed below is the one policy that is outstanding in terms of the timetable for review, together with rational and proposed new review date.

Recruitment with All Wales Policy Review Group	121 - Relocation Expenses	We are still waiting for the approved version of the All-Wales policy following	31/03/25
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		the recent consultation on the final draft. It is therefore more prudent to extend rather than review our local policy at this time.	
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3. All Wales Policies for approval

1270 - All Wales Pregnancy Loss Policy

- The new policy was agreed at the Welsh Partnership Forum on 17 July 2024 and applies to all employees.
- The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement. Hywel Dda was heavily involved in the drafting of this new policy.
- Global staff consultation undertaken in June 2024.
- Shared with local partnership forums week commencing 9 September 2024 and agreed for onward presentation to People Committee by the Staff Partnership Forum on 1 October 2024.
- The Equality Impact Assessment (EQIA) is attached.

1262 – All Wales Flexible Pensions Policy

- The new policy was agreed by the Welsh Partnership Forum Business Committee on behalf of the full Welsh Partnership Forum and the Medical and Dental Business Group and applies to all employees.
- This policy takes account of the new pension scheme rules on partial retirement.
- This policy becomes the standard policy for the NHS in Wales and cannot be amended unless through agreement by the Welsh Partnership Forum and the Medical and Dental Business Group. As a result of this new policy, we will be seeking the removal of our local Retirement Policy as outlined below.
- Global staff consultation undertaken in July 2024.
- Shared with local partnership forums and LNC in May 2024 and agreed for onward presentation to People Committee by the Staff Partnership Forum on 1 October 2024.
- The Equality Impact Assessment (EQIA) is attached.

4. Policies for removal

As a result of the new All Wales Flexible Pensions Policy being submitted for approval, there is no ongoing requirement for the Health Board to retain the following local policy.

124 – Retirement

Asesiad / Assessment

The revised local policy has been shared with the Local Partnership Forums and Staff Partnership Forum for comment. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Policy Office.

Extension of the one policy is needed to enable our policies to retain a current review date.

One policy will be removed from our local policy suite as a result of the replacement All Wales Policy. Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

RECEIVE ASSURANCE that the above local policies have been reviewed in line with Policy 190.

- Approve the following policies for publication:-

153 – Equality Impact Assessment
 464 – Industrial Injury Claim
 1085 – Leave and Pay New Parents

- Approve the All-Wales Policies for publication:-

1262 – All Wales Flexible Pensions Policy
 1270 – All Wales Pregnancy Loss Policy

- Extend the review date for 121- Relocation Expenses Policy as outlined above.

- Remove the following policy from our local policy suite:-

124 – Retirement Policy

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people Choose an item. Choose an item. Choose an item.

Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation, which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.

Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Equality Impact Assessments have been provided or updated as required.

Equality Impact Assessment Policy and Procedure

Policy information

Policy number: 153

Classification: Corporate

Supersedes: All previous versions

Version number: V4

Date of Equality Impact Assessment: 12.09.2024

Approval information

Approved by: PODCC

Date of approval:

Date made active:

Review date:

Summary of document:

The aim of this policy is to provide a framework to ensure that equality and human rights principles are identified and considered by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure that staff and Board members are clear about their respective responsibilities in relation to undertaking and scrutinising equality impact assessments to assist with the development, planning, delivery and review of policies and practices, which take into account the diverse needs of staff and service users.

Scope:

This policy applies to the way in which Hywel Dda University Health Board (HDdUHB) carries out its activities in relation to both staff and service users. It will therefore cover the full range of functions, activities and decisions relating to both staff and service users. The policy applies to all members of staff within HDdUHB. Board members have a responsibility to scrutinise equality impact assessments and ensure that due regard has been given to duties under the Equality Act 2010 when making decisions of a strategic nature.

To be read in conjunction with:

[HDdUHB Strategic Equality Plan 2024-2028](#) (opens in a new tab)

[Policy 133 - HDdUHB Equality and Diversity Policy](#) (opens in a new tab)

Equality and Human Rights Commission [Assessing Impact and the Equality Duty A Guide for Listed Public Authorities in Wales](#) (opens in a new tab)

Patient information:

[Patient Information Library](#)

Owning group:

Business, Partnerships and Inclusion Team Date signed off by owning group 17/10/2024.

Executive Director job title:

Director of Workforce and Organisational Development

Reviews and updates:

Version 1 – New Policy – June 2014

Version 2 - Full review

CPRG - 6.9.2017

W&OD – September 2017

Staff Partnership Forum – October 2017

Improving Experience Sub Committee – October 2017

Business Planning and Performance Assurance Committee – December 2017 – 19/12/2017

Version 3 - Full review undertaken and updated policy presented to People, Organisational Development and Culture Committee – October 2021 – 13/10/2021

Version 4 - Full review undertaken and updated policy presented to People, Organisational Development and Culture Committee - October 2024 – 29/10/2024

Keywords

Equality, Impact Assessment

Glossary of terms

EqlA - Equality Impact Assessment

HDdUHB – Hywel Dda University Health Board

*Throughout this document 'Programme of work' is used as a term to include the writing, reviewing or implementation of a policy, procedure, guideline, or in the development, review or transformation of how services are delivered.

Keypoints:

This policy outlines HDdUHB's commitment to ensuring that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes and that the diverse needs of staff and service users are fully considered. Links to sources of information to assist in carrying out Equality Impact Assessments such as templates and guidance documents are provided.

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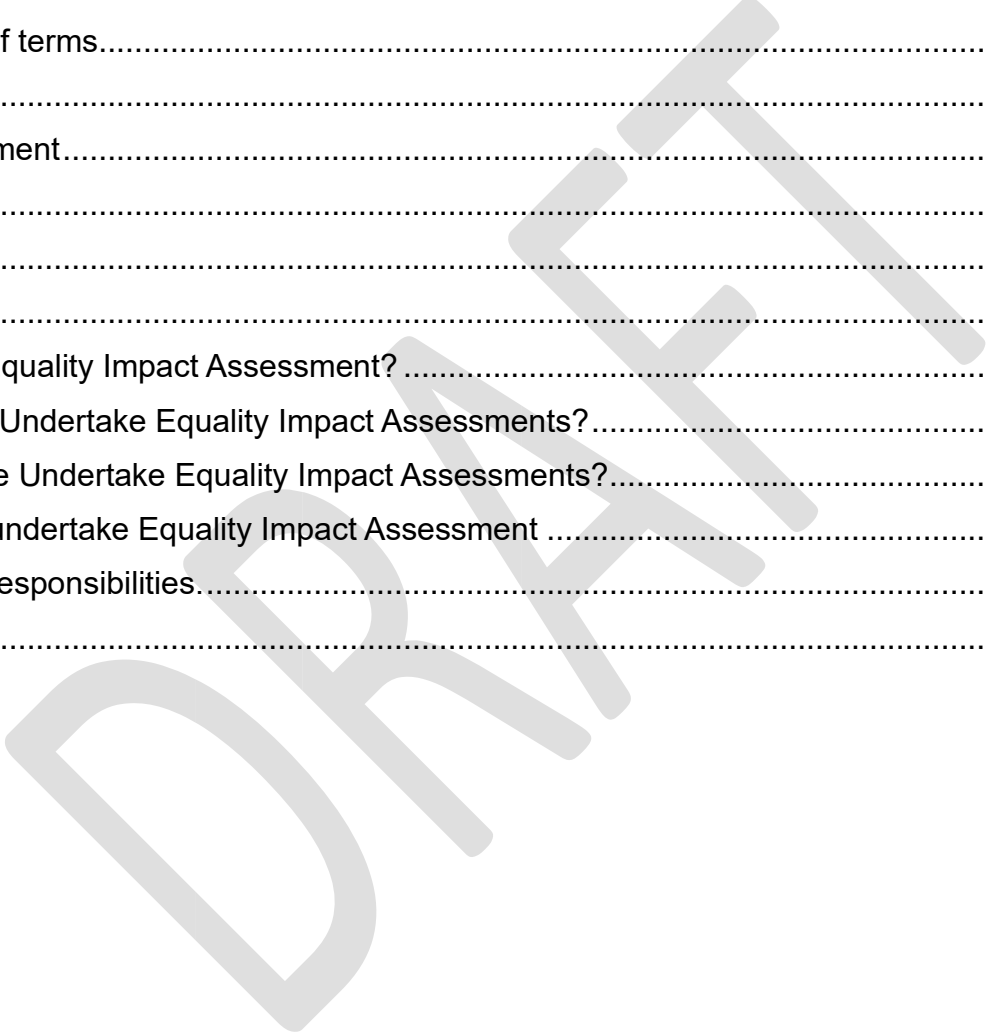
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Introduction

All public sector bodies in Wales have a legal duty to undertake equality impact assessments (EqIA) as a requirement of legislation under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. EqIAs provide a systematic method of ensuring that legal obligations are met and a practical means of examining what impact there may be for people with protected characteristics. The need to collect evidence to support decisions and undertake engagement and consultation means that EqIA is most effectively conducted as an integral part of developing a programme of work.

Approval of new or amended programmes of work, will only be given subject to the provision of relevant evidence that an equality impact assessment has been completed and reviewed by the Diversity and Inclusion team.

Summarised below are the key areas of legislation which impact on this policy:

The Equality Act 2010 provides protection from unfair treatment for people in relation to their protected characteristics which are defined as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race/ethnicity, religion or belief, sex and sexual orientation.

The Wales Act 2017 enabled Welsh Ministers to enact Part 1, section 1 of the Equality Act 2010 – the **Socio-economic Duty** - which came into force on 31st March 2021. It requires specified public bodies (including Health Boards), when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socioeconomic disadvantage.

As a requirement of the Armed Forces Act 2021, the **Armed Forces Covenant Duty** (or the **Covenant Legal Duty**) which came into force in November 2022, places a legal obligation on certain public bodies (including HDdUHB) to have “due regard” to the principles of the Covenant, and requires decisions about the development and delivery of services to be made with conscious consideration of the needs of the Armed Forces. “Due regard” in scope of the Duty means that HDdUHB will need to consciously consider the unique obligations and sacrifices made by the Armed Forces and that it is desirable to remove disadvantages faced by veterans and the Armed Forces community.

The Human Rights Act 1998 helps to define the relationship between the citizen and the state (public sector) and how public sector organisations like the NHS are required to observe and deliver basic human values. These are reflected in HDdUHB’s organisational values, developed by our staff, which help us to define and develop our organisational culture. Robust equality impact assessment will assist HDdUHB in its aim to deliver high quality, person-centred services and to be an employer of choice, attracting a diverse and talented workforce who make our values a reality.

The Welsh Language (Wales) Measure 2011 is legislation that makes provision for the Welsh Language Standards. The standards establish a legal framework to impose a duty on some organisations, such as Health Boards and other public bodies to comply with standards of conduct on the Welsh Language.

The duties which come from the standards mean that organisations should not treat the Welsh language less favourably than the English language, together with promoting and facilitating the use of the Welsh language (making it easier for people to use in their day-to-day-life).

Policy Statement

HDdUHB is committed to ensuring that an EqlA is undertaken whenever required, in order to develop and maintain equitable policies and practices for staff and service users, considering the effects that decisions, policies or services have on people under the provisions of the Equality Act 2010, Human Rights Act 1998, Welsh Language (Wales) Measure 2011 and the Armed Forces Covenant Duty. Undertaking an EqlA will ensure that the impact on different communities, individuals or groups are fully considered, and any potentially discriminatory effect may be mitigated prior to implementation. Assessing for impact also affords the opportunity to enhance any identified potential or actual positive impacts.

Scope

This policy applies to the way in which HDdUHB carries out its activities in relation to both staff and service users. It will therefore cover the full range of functions, activities and decisions relating to both staff and service users which can include:

- Strategies and strategic objectives, including corporate objectives
- Operational plans
- Service reviews or changes, service development and service transformation
- Policy development and review
- Patient Pathways
- Guidelines and protocols
- Capital bids
- Procurement and commissioning
- Budget/resource setting and allocation
- Information provided to staff, service users, carers and members of the public
- Ad hoc decisions where these may impact significantly on equality and/or human rights

The HDdUHB may also need to assess the impact on protected groups locally due to the implementation of a policy when it has been developed by another authority, for example Welsh Government following the issue of a national strategy, or all-Wales policies issued by NHS Employers. Although in most cases these decisions and policies will have been assessed for any impact by the issuing organisation, it is important that we ensure that they are also assessed in the context of HDdUHB and the local population that we serve.

Discussions around equality impact assessment must be embedded at the earliest point within a programme of work as defined above and be an integral part of the policy/decision making process, with decisions informed by the evidence gathered.

Aim

The aim of this policy is to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational

decision-making and policy development processes. It also aims to ensure that staff and Board members are clear about their respective responsibilities in relation to undertaking and scrutinising EqIA to assist with the development, planning, delivery and review of services, policies and practices to ensure they take into account the diverse needs of staff and service users.

Objectives

The aims of the policy will be achieved by:

- Embedding EqIA into the reporting process for Boards, Committees and other relevant decision making groups
- Building capacity and capability across the organisation to undertake robust equality impact assessments through:
 - the provision of appropriate templates and toolkits to enable high quality assessment and subsequent scrutiny to be carried out
 - the provision of specialist advice and guidance for staff who are undertaking EqIA

What is an Equality Impact Assessment?

Equality Impact Assessment (EqIA) is a structured process and a framework used to consider the effects of any decisions relating to policies or services on different communities, individuals or groups. It is a legal requirement and is not optional. It involves:

- Anticipating or identifying the impact of our work on individuals, communities or groups of service users/employees, focusing in particular on protected characteristics
- Making sure that any negative effects are eliminated or minimised
- Maximising opportunities for promoting positive effects

The Equality Act 2010 extends protection from discrimination to a person who may be **associated with** another person who has one of the protected characteristics. For example, if someone is an unpaid Carer for a disabled child or older person, then they will be able to claim disability discrimination by association. Similarly, if an employee is subjected to bullying and harassment because they are friends with a gay person, then they too are protected under the Act. These factors will therefore need to be taken into consideration when undertaking equality impact assessments.

Why Do We Undertake Equality Impact Assessments?

As well as being a **specific legal requirement**, there are a number of benefits to undertaking EqIAs, including:

- **Service improvement:**
 - focusing on meeting the needs of disadvantaged groups can result in improved services that benefit everyone.
 - contribute to effective targeting of resources to meet identified needs.

- **Reducing health inequalities:**
 - helping to identify whether we are excluding different groups from any of our current or proposed services, policies or practices and identifying and eliminating any direct or indirect discrimination including institutional discrimination.
 - assisting HDdUHB to consider policy adjustments, alternative policies or measures that might address any adverse impact.
 - identifying potential areas for improvement that enable staff and managers to make better informed decisions about policy, practice and service delivery.
- **Creating an accessible and inclusive environment for staff and service users and building a positive reputation for HDdUHB:**
 - helping HDdUHB to make better informed decisions about policy, practice and service delivery.
 - giving HDdUHB a better understanding of the needs and aspirations of our employees and the communities we serve.
 - increasing opportunities to promote inclusion and build a diverse, skilled workforce.

Equality Impact Assessment means adopting the principles of “...evidence-based policy development, not policy-based evidence gathering”. It must not be considered as an additional task to be undertaken after the policy or service change/review project has been developed, or as a means of justifying decisions that have already been made.

When Do We Undertake Equality Impact Assessments?

EqIA must be undertaken to support decisions relating to the way in which we review, plan or provide health care services, or when we develop new policies and strategies. The purpose of an equality impact assessment is to ensure equality considerations are taken into account and that any negative impacts can be mitigated. EqIA is a core component of Integrated Impact Assessment processes and must take place from the outset of any project or programme of work.,

How do we undertake Equality Impact Assessment

Equality Impact Assessment (EqIA) guidance and templates can be found on the Equality, Diversity and Inclusion intranet page: [Hywel Dda Strategic Partnerships Diversity and Inclusion - Home \(sharepoint.com\)](#) (opens in a new tab)

Additional support and guidance for those undertaking equality impact assessments is available from the Diversity and Inclusion Team who can be contacted by emailing: inclusion.hdd@wales.nhs.uk (opens in a new tab)

The EqIA process should not be undertaken by one person alone, and staff are advised to involve key colleagues responsible for a programme of work, along with those affected by the programme of work as appropriate.

The legal requirement to conduct EqIA applies the principles of relevance and proportionality. It may not be necessary to complete a full EqIA and this will be evident following the initial screening process. A full impact assessment will only be required if any of the following apply:

- The impact is found to be potentially discriminatory under equality or anti-discrimination legislation.
- Any protected characteristic groups or communities are identified as being potentially disadvantaged or negatively impacted by the policy or service change.
- The change is assessed to be of high significance, this could include service change, large-scale strategic plans and/or service redesign which could require major investment.

If no negative impacts are identified during the completion of an EqIA screening, and as long as justification has been documented as part of the EqIA screening process then progression to a full EqIA is not required. However, if one negative impact is identified during the EqIA screening process, then a full EqIA is required, the screening documented can be terminated at this point as greater detail will be captured when completing a full EqIA.

Roles and Responsibilities.

Board Members will have overall responsibility for ensuring that all reasonable steps are taken to prevent unlawful discrimination and the promotion of equality within HDdUHB. **Independent Members, the Chair, Vice Chair, Chief Executive and Executive Directors** (HDdUHB Board Members) will have overall responsibility for ensuring that a corporate and co-ordinated approach to equality impact assessment exists and scrutiny of EqIAs are embedded in the decision-making process at Board meetings. HDdUHB board members will also influence the culture of the organisation in how they set strategic direction, review performance and ensure good governance of the organisation by ensuring that:

- The effectiveness of the policy is evaluated through the receipt and consideration of regular reports directly or through appropriate delegated Committees.
- Proposals and reports presented to Board are scrutinised with due regard to Public Sector Equality Duties.

The Director of Workforce and Organisational Development will be responsible for building equality considerations into employment policies and procedures and promoting a supportive environment for staff. This will include:

- Ensuring employment policies and practice that are fair and equitable.
- Ensuring guidance and training which promotes equality, diversity and inclusion is available for all staff within HDdUHB.
- Ensuring that information gathered in the Annual Workforce Equality Report is appropriately analysed and can provide evidence to inform equality impact assessments as appropriate.
- Facilitating mechanisms for engaging effectively with staff, including Staff Networks, to inform equality impact assessments of HDdUHB policies and service developments.

Senior Clinical and non-clinical staff will be responsible through their work for overseeing the design, delivery, quality and effectiveness of the organisation's functions. This will include:

- Leading by example and adopting a pro-active approach to eliminating discrimination and advancing equality by ensuring that equality impact assessment is undertaken as and when appropriate to their service areas and programmes of work that they lead.
- Ensuring that staff are aware of and able to access, the appropriate procedures, advice and guidance for implementing this policy.
- Ensuring that staff have access to appropriate support/training to carry out their responsibilities under this policy.

Procurement and Commissioning staff will have a responsibility to build equality impact assessment into their procedures to ensure fair and equitable procurement practices.

The Diversity and Inclusion Team will be responsible for:

- Promoting, supporting and embedding the mainstreaming of equality impact assessment policy and practice across all HDdUHB functions and services.
- Providing specialist advice, support and guidance to staff undertaking equality impact assessments.
- Advising staff undertaking equality impact assessment on mechanisms to gain feedback from protected groups as appropriate in order to inform equality impact assessments.

Trade Unions and Staff Side Representatives will support engagement with staff to facilitate feedback to inform equality impact assessments and ensure the needs of protected groups within HDdUHB staff and within our communities are being considered.

Public and Patient Engagement Team and Patient Experience Team will be responsible for finding ways to effectively engage with patients and their carers as well as the wider population, including marginalised communities. Providing accessible mechanisms for dialogue and feedback will be essential to assist HDdUHB to find out more about the needs of patients and staff with protected characteristics to inform equality impact assessments.

All staff

Equality impact assessment is an organisational responsibility. All staff have responsibility to be aware of and implement the EqIA policy as relevant to their job role, and to actively participate in equality, diversity and inclusion training to support their implementation of the policy.

References

[Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011](#) (opens in a new tab)

[Welsh Language Measure 2011](#) (opens in a new tab)

[Human Rights Act 1998](#) (opens in a new tab)

[General Data Protection Regulations 2018](#) (opens in a new tab)

[Armed Forces Covenant Duty 2022](#) (opens in a new tab)

[The Socio-economic Duty Equality Act 2010](#) (opens in a new tab)

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling – Work force and OD
Service Area	Equality Impact Assessment

Title of Procedure, Project, Proposal, Policy being screened:	Equality Impact Assessment Policy and Procedure
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy presents an outline of the purpose of Equality Impact Assessment (EqIA) for all policies, procedures, guidelines, functions and decisions within Hywel Dda University Health Board (HDUHB) the responsibilities of authors/managers to carry out these assessments.

The policy is expected to have an overall positive effect in improving policy drafting and implementation, decision making and service provision across the organisation.

Aim

The aim of this policy is to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure that staff and Board members are clear about their respective responsibilities in relation to undertaking and scrutinising EqIA to assist with the development, planning, delivery and review of policies and practices which take into account the diverse needs of staff and service users.

Objectives

The aims of the policy will be achieved by:

Embedding EqIA into the reporting process for Boards, Committees and other relevant groups

Ensuring staff understand why EqIA should be undertaken

Ensuring staff have access to the appropriate templates and toolkits to enable high quality assessment and subsequent scrutiny to be carried out

Ensuring staff have access to advice and support when undertaking EqIA

Building capacity and capability across the organisation to undertake robust equality impact assessments.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The Policy is designed to enable HDUHB to consider the impact of policies, procedures and decisions on protected groups and individuals, to ensure fairness and equity in all its decisions, functions, procedures and processes, thereby aiding service improvement for protected groups and the general population. The policy will aid the UHB to meet the duties of the Wellbeing Future Generations (Wales) Act 2015 by contributing to evidence towards the five ways of working and the seven goals.

This is an update of an existing policy and no complaints regarding the policy have been received in relation to equality, diversity or human rights following initial implementation. This update also highlights the legal obligation for the Health Board to have “due regard” to the principles of the Armed Forces Covenant, which came into force in November 2022.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Age.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Disability.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Gender Reassignment.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Marriage/civil partnership.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Pregnancy and Maternity.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Race/ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Religion or Belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Sex.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Sexual Orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:					

Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Veteran/Armed forces status.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of Socio Economic status.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: At this moment in time no negative impact has been identified on the basis of the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	29.08.2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Contact details	01554899053
	Date	04/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	29.08.2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Industrial Injury Claim Procedure

Policy information

Policy number: 464

Classification: Employment

Supersedes: Version 2

Version number: 3

Date of Equality Impact Assessment: 26/9/2024

Approval information

Approved by: People, Organisational Development Culture Committee PODCC

Date of approval:

Date made active:

Review date:

Summary of document:

This guidance applies to eligible Hywel Dda UHB employees who are claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct.

Scope:

This procedure applies to eligible Hywel Dda University Health Board employees who are claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is **wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct.**

To be read in conjunction with:

[NHS Injury Allowance guidance | NHS Employers](#) (opens in a new tab)

[768 - All Wales Managing Attendance at work Policy](#) (opens in a new tab)

Owning group: Workforce & OD Team

Executive Director job title:

Director of Workforce & Organisational Development

Reviews and updates:

Version 1 New Procedure 19/10/2015

Version 2 Fully revised 05/11/2018

Version 3 Minimal changes

Keywords

Industrial injury claim

Glossary of terms

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Introduction and Scope

This procedure applies to Hywel Dda University Health Board (HDUHB) employees who are claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is **wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct**.

Aim

This document provides guidance for HDUHB employees on the process for submitting an industrial injury claim.

Objectives

The aim of this document will be achieved by the following objectives:

- To set out the process to claim injury allowance and/or normal pay linked to allowances and working patterns during sick leave being reported as due to workplace injury or disease.

Injury Allowance

Management will need to follow normal absence management procedures during any period of absence. Therefore this guidance should be read in conjunction with the [768 - All Wales Managing Attendance at work Policy](#) (opens in a new tab)

Employees who receive confirmation of a successful claim will subsequently be eligible to receive payments linked to working patterns or additional work commitments (e.g. unsocial hours payments etc) during sickness absence caused by the industrial injury. Employees with successful claims may also be eligible for Injury Allowance should they experience a reduction in salary during the sickness absence period (e.g. when they move from full sick pay entitlement to half sick pay).

Please note: Employees will only receive basic pay (ie not be paid any allowances or payments linked to working patterns or additional work commitments) during the sickness absence episode until the outcome of the claim is known, after which payments will be reimbursed retrospectively for successful claims. Employees who have exhausted full sick pay entitlement and remain on sickness absence may also move to half sick pay entitlement until the outcome of the claim is known after which Injury Allowance will be backdated retrospectively for successful claims.

Confirmation of a successful Injury Allowance claim does not represent a legal admission of liability for the injury/illness.

Employees who are absent from work due to sickness which is the result of a confirmed industrial injury may also be eligible to receive Injury Allowance once they have exhausted their full sick pay entitlement and reduce to half pay. Injury Allowance tops up pay to 85% of earnings for a maximum of 12 months during sickness absence. If agreed by the manager, any unused Injury Allowance can also be used to extend phased return to work plans as an alternative to using annual leave (see [768 - All Wales Managing Attendance at work Policy](#) (opens in a new tab)).

RESPONSIBILITIES

Employee Responsibilities

All incidents should be reported by the employee or appropriate person immediately, or as soon as practicably possible, following an incident using an electronic incident reporting form (DATIX web).

Individuals who subsequently wish to submit an Injury Allowance claim should do so by completing Part A of the Injury Allowance Claim Form ([Appendix 1](#)) at the earliest opportunity and pass to their line manager. Please note any incomplete applications may be returned pending further information which may delay the outcome.

Employees should continue to comply with their responsibilities under the [768 - All Wales Managing Attendance at work Policy](#) (opens in a new tab) during any period of absence.

Employees who have submitted a claim must continue to submit their timesheets with the allowances or payments linked to working patterns or additional work commitments that they would have worked had they not been absent due to sickness. However, the manager **should not** submit these allowances or payments on their payroll returns until they have written confirmation from Panel that the claim has been successful.

To support their claim, employees must provide all relevant information in line with normal absence management procedures. Employees should notify their line manager that they believe their absence to be work-related and complete the relevant accident reports (e.g. DATIX) at the earliest opportunity. They must also provide all relevant information, including medical evidence, that is in their possession or that can be reasonably obtained, to enable the employer to determine the claim. This could include:

- a statement (SBAR) giving details of the injury sustained or the disease contracted (that is, the condition) and how it is connected to their NHS employment (that is, what caused it)
- a copy of the accident report that they or a colleague completed.

They may also be asked to give permission for Occupational Health or GP records to be accessed or for a new OH referral to be made.

Employees may also wish to provide additional supporting and corroborating evidence to help determine eligibility, for example witness statements, DWP benefit statements, copies of any relevant letters and correspondence relating to any other medical advice received. Further information on corroborating evidence can be found in the Employers Guidance on Injury Allowance which can be accessed at www.nhsemployers.org in a new tab)

Manager Responsibilities

Management will need to follow normal absence management procedures during any period of absence.

The line manager must complete Part B of the application form and forward all relevant documentation (including Part A completed by the employee and their supporting evidence) to their Senior Manager (band 8a and above)

The Senior Manager will convene a Virtual Panel which will also include a representative from Workforce, Occupational Health and a trade union (independent of the case). The decision of the Panel regarding eligibility for Injury Allowance will be based on all available evidence and this may include:

- details of the injury sustained or the disease contracted (that is, the condition) by the employee
- how it is connected to their NHS employment (that is, what caused it).
- accident report(s) including Datix records.
- occupational health department notes and records
- job description, including details of the location of work, duties of employment and training records, etc.
- sick leave record
- a full statement of events from the employee explaining what injury/disease they are claiming for and the circumstances leading to the claim
- appropriate medical advice, for example, from occupational health service.
- witness statements and any other relevant documentation

Principles of Process

- The Panel will consider all the documented evidence and a decision will be made based on **the balance of probability** of whether the absence is **wholly or mainly due to NHS Employment**, which is defined as “**more likely than not**”, including any negligence or contributing factors.
- Applications **must** be completed in full to enable the Panel to determine the claim as applicants are not in attendance during consideration of an application i.e. this is a desktop consideration of the documentation provided. Any incomplete applications will therefore be returned for further information.
- The Panel will confirm the outcome of the claim (be it successful or unsuccessful) to the individual and copy to their line manager, in writing within 28 calendar days of the completed submission of the application, by completing Part C of the Claim form.
- Records of the outcome will be maintained and anonymously reported to the appropriate committees.

Appeal

If an employee disagrees with the outcome of a decision about Injury Allowance or the calculation/ payment of the allowance, they will have a right to appeal against the decision under this process. Please note as there is a provision for appeal under this process, no subsequent formal Requests for Resolution regarding this process will be accepted.

The panel will consist of a:

- Senior Manager from outside the employee’s directorate/ locality.
and
- Senior Workforce representative (not previously involved in the original decision).

Employees wishing to appeal must submit [Appendix 2](#) Part A within 7 days of receiving the original outcome to their line manager. The line manager should add any relevant additional information in Part B and then email it to their Senior Workforce contact.

On receipt of the request, the Senior Workforce representative will set up the appeal panel. The employee should make every attempt to be available on the day of the meeting to answer questions from

the panel and/or provide additional information where needed. If the employee and/or their representative are unavailable, their manager can be available on their behalf with the employee's consent or a second meeting will be arranged. If the staff member is unable to attend the rearranged meeting the panel will hold the meeting in their absence and make a decision based on the evidence they have at hand.

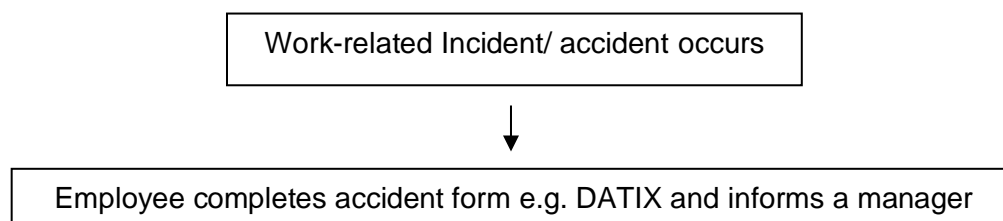
The panel will complete Part C with the outcome within 7 days of the meeting taking place which will be sent to the employee.

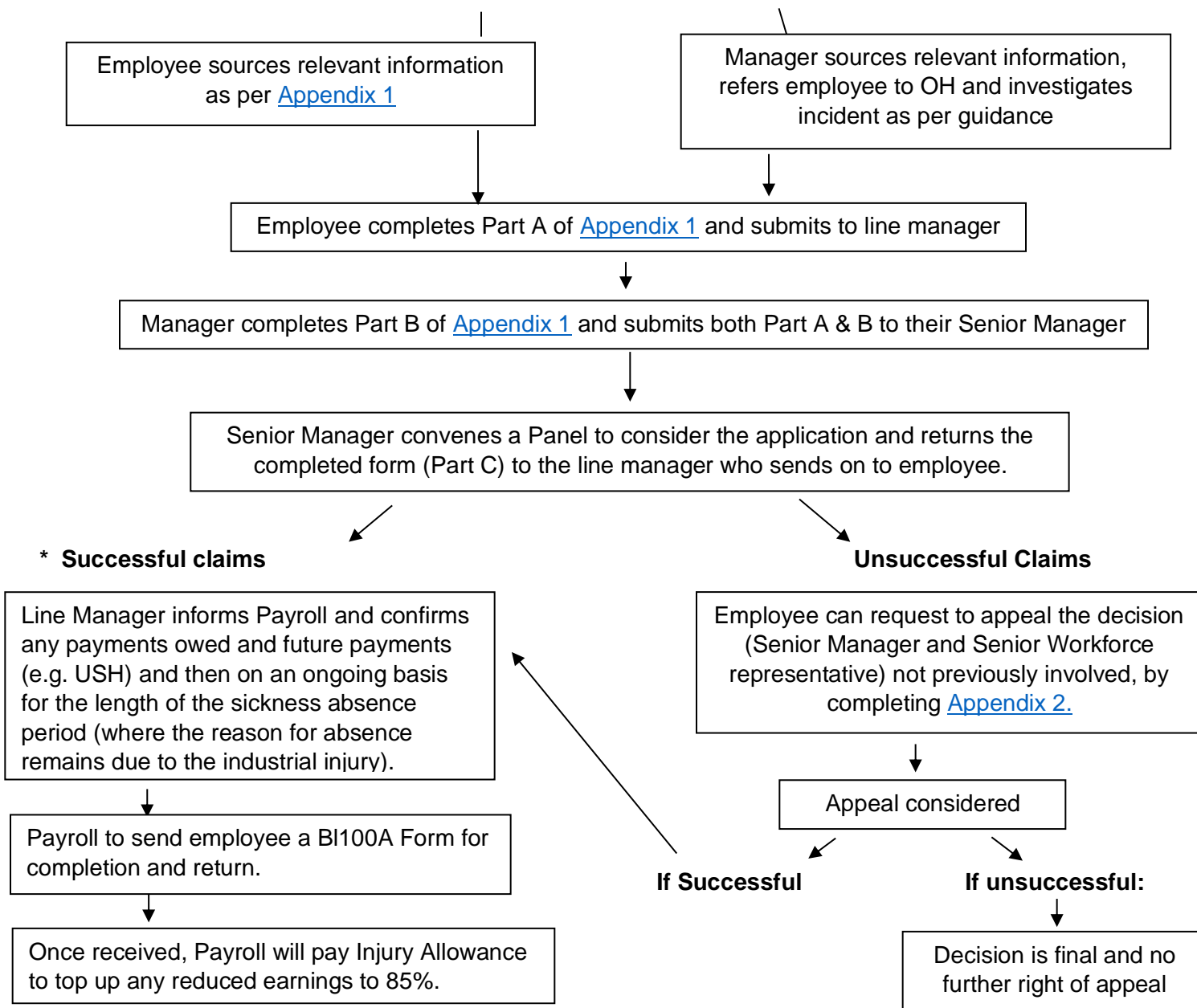
Please note the decision of this panel is final and there will be no further right of appeal under this process.

References / Further Information

For further information regarding the NHS Injury Allowance scheme and Frequently Asked Questions please refer to: [NHS Injury Allowance guidance | NHS Employers \(opens in a new tab\)](#)

Injury Allowance Claims Process Flowchart





* If a successful claim is received for an absence linked to a previous industrial injury, the line manager will be required to notify payroll that the employee has a **recurring** industrial injury, providing details of the original injury (obtained from the claim form). The manager will again be required to provide Payroll with information regarding any payments owed and payroll will ensure any **remaining/unused** Injury Allowance (to a total of 12 months) is used to top up any reduced earnings during the recurring sickness absence to 85%.

APPENDIX 1 – INJURY ALLOWANCE CLAIM FORM

[Injury allowance claim form](#)

APPENDIX 2 – REQUEST FOR REVIEW BY APPEAL PANEL

[Request for review by appeal panel](#)

Appendix 1 - Injury Allowance Claim Form

PART A – TO BE COMPLETED BY EMPLOYEE*

Please complete the application as fully as possible as any incomplete applications may be returned which will delay the decision process. Therefore if a question does not apply to your particular case, please record "Not Applicable" or "N/A" in the box as an alternative to leaving it blank.

CONTACT DETAILS	
Name	
Job Title	
Payroll/ Employee Number	
Department/ Base	
Preferred contact address (work or home)	
Preferred Tel. Number	
Name and contact details for line manager	
Name and contact details for Trade union representative (if applicable)	

CLAIM DETAILS	
Date of incident/s	

Incident number/s (if applicable)	
Date sickness absence commenced	
Date returned to work from absence (if applicable)	
Is this absence related to a previous industrial injury?	Yes/ no
If yes , please include details for why you feel this episode of absence is linked to a previous confirmed industrial injury and provide details of the previous industrial injury.* Then skip to name and signature.	
If no , please include details of the injury sustained or disease contracted and an explanation for why you feel it is wholly or mainly due to your NHS Employment*	
If this incident is related to any manual handling duties, please indicate what equipment you utilised (if any) or any reasons for not using the appropriate equipment.	
Please include details of how the injury or disease affects your ability to work or carry out normal daily activities. Have these symptoms continued? If yes, for how long and has it been continuous or ad hoc?	

Was there a specific incident or trigger? If so, please give details such as time and date of onset as precisely as possible.	
Are there any other factors that have contributed to the injury sustained or disease contracted? If so provide details here	
Did you report this issue to your line manager? If so, please include their name and the date you reported it.	
What support were you offered? Was this support timely? Has it been on-going?	
If you did not report your concerns to your line manager, can you offer a reason for not doing so?	
<p>Are you aware of the following Policies & Services?</p> <p>Whistle Blowing (NHS Staff to Raise Concerns procedure) Yes/No</p> <p>Staff Psychological and Well Being Service Yes/No</p> <p>Occupational Health Yes/No</p> <p>Respect and Resolution Yes/No</p>	
Have you accessed any of the support mechanisms available to staff, such as the policies referenced above?	

<p>If yes, did you accept this support? What advice was provided?</p> <p>Did you feel that the support was adequate? What did you feel could have been done differently?</p>	
<p>If not, please indicate why?</p>	
<p>Did you discuss your situation with any other member of staff, including trade unions? If not, please indicate why. If so, please provide details.</p>	
<p>Please include any other information which you feel is relevant evidence to support your application</p>	
<p>Name</p>	
<p>Signature</p>	
<p>Date</p>	

*Please continue on a separate sheet if required.

Checklist of Documents to Attach to Part A of Claim Form

Please note some information may be available from your line manager. Please number each document and submit with the claim form

Number	Description	Tick
	A statement giving details of the injury sustained or the disease contracted (that is, the condition) and how it is connected to your NHS employment (that is, what caused it)	
	Copy of the accident report e.g. DATIX form (if available)	
	Witness statements	
	DWP benefit statements	
	Relevant medical advice e.g. GP/ Hospital	

Please forward the form along with supporting documentation to your line manager to complete Part B

PART B – TO BE COMPLETED BY LINE MANAGER*

Please complete the application as fully as possible as any incomplete applications may be returned which will delay the decision process. Therefore if a question does not apply to this particular case, please record “Not Applicable” or “N/A” in the box as an alternative to leaving it blank.

CONTACT DETAILS FOR LINE MANAGER	
Name	
Job Title	
Department/ Base	
Email Address	
Telephone number	
Workforce & OD contact	

CLAIM DETAILS (from line manager’s records)	
Date of incident/s	
Date sickness absence commenced	
Date returned to work from absence (if applicable)	
Is the employee advising this absence is related to a previous industrial injury?	Yes / No
If yes , please include details of the previous episode of absence including start date and end date of the original absence and your view on whether the new episode is likely to be related or not supported by relevant information/ evidence e.g. OH report. Then skip to name and signature.	
If no , please include details of the new injury sustained or disease contracted and your view on whether it is wholly or mainly due to their NHS	

Employment. Please support your view with relevant information/evidence e.g. OH report and continue with form	
Please include details of how the injury or disease affects the employee's ability to work and/or carry out normal daily activities	
Was there a specific incident or trigger? If so, please give details such as time and date of onset as precisely as possible.	
Are you aware of any other factors that have contributed to the injury sustained or disease contracted? If so please provide details here (without breaching confidentiality)	
Did the employee report the issue to you previously? If so, please include when and details of what was reported	
What support did you offer? Was this support timely? Has it been on-going?	
Was the support accepted to your knowledge? Provide details where applicable	
Please provide any other relevant information*	
Name	
Signature (Line Manager)	
Date	
Senior/General Manager Signature	
Date	

*Please continue on a separate sheet if required.

Checklist of Documents to attach to Part B of claim form

Please only submit new documentation not already provided in Part A. Please number the documents as follows:

Number	Description	Tick
	Internal investigation report including details of the injury sustained or the disease contracted by the employee and how it is connected to their NHS Employment (that is, what caused it)	
	Accident report e.g. DATIX form	
	Occupational Health Department advice/copies of GP certificates/other medical advice/reports received (please ensure that the employee has provided their consent for these to be shared)	
	Job description, including details of the location of work, duties of employment and training records, etc.	
	A full statement of events from the employee explaining what injury/disease they are claiming for and the circumstances leading to the claim	
	Documents that may be helpful by way of corroboration: (see section 3 of guidance notes and list here) e.g. witness statements	

PART C – TO BE COMPLETED BY THE SENIOR LINE MANAGER ON BEHALF OF THE PANEL

Injury Allowance claim successful	Yes/ No
If applicable, claim is linked to previous industrial injury	Yes/ No/ N/A

Reasons for decision:

Senior Line Manager	Workforce Advisor if applicable
Name:	Name:
Signature:	Signature:
Date:	Date:

*Please continue on a separate sheet if required.

Parts A ,B and C to be retained by the line manager, Part C to be sent to the employee.

For successful claims:

- The line manager will notify Payroll
- The line manager will notify Payroll of any monies owed (e.g. USH)
- Payroll will send the employee forms to complete to determine eligibility for Injury Allowance should they move to half sick pay during the sickness absence (where the reason for absence remains due to the confirmed industrial injury)

For unsuccessful claims

Employees can submit a request to Appeal the decision using Appendix 2.

The Appeal panel will consist of a Senior Manager (band 8a or above) from outside the employee’s directorate/locality and a Senior Workforce Representative not originally involved in the decision.

Appendix 2 – Request for Review by Appeal Panel (Appeal)

PART A – TO BE COMPLETED BY EMPLOYEE*

CONTACT DETAILS	
Name	
Job Title	
Payroll/ Employee Number	
Department/ Base	
Preferred email address	
Preferred Tel. Number	
Name and contact details for line manager	
Name and contact details for Trade union representative (if applicable)	

REASONS FOR REQUEST

Please indicate your reasons for requesting a review of the original decision including:

- Any new information not previously submitted that you wish for the new panel to consider
- Any concerns/ queries you would like to be addressed

-

Name:

Signature:

Date:

*Please continue on a separate sheet if required.

Checklist of New Documents to Attach to Part A of Claim Form

Please only include documents that have not previously been submitted. Please number each document and provide the description below:

Number	Description	Tick

Please forward the form along with any new supporting documentation to your line manager to complete Part B

PART B – TO BE COMPLETED BY LINE MANAGER*

CONTACT DETAILS FOR LINE MANAGER	
Name	
Job Title	
Department/ Base	
Email Address	
Telephone number	

ADDITIONAL INFORMATION*	
<p>Please include any additional relevant information as appropriate including:</p> <ul style="list-style-type: none">➤ Any new information not previously submitted that you wish for the panel to consider➤ Any relevant information relating to the concerns/ queries expressed by the employee in Part A	
Name:	
Signature:	
Date:	

*Please continue on a separate sheet if required.

Checklist of New Documents to Attach to Part B of Claim Form

Please only include documents that have not previously been submitted. Please number each document and provide the description below:

Number	Description	Tick

Please forward Parts A and B of the form and all supporting documentation to the Workforce Advisor.

PART C – TO BE COMPLETED BY THE INDEPENDENT

APPEAL PANEL* (APPEAL)

Injury Allowance claim successful	Yes/ No
If applicable, claim is linked to previous industrial injury	Yes/ No/ N/A

Reasons for decision:

Independent Senior Manager	Senior Workforce representative
Name:	Name:
Signature:	Signature:
Date:	Date:

*Please continue on a separate sheet if required.

Please provide a copy of the outcome to the employee, manager & Workforce Advisor within 7 days of the meeting taking place with a reminder of the following:

For successful claims:

- The Manager on the panel will notify Payroll
- The line manager will notify payroll of any monies owed (e.g. USH)
- Payroll will send the employee forms to complete to determine eligibility for Injury Allowance should they move to half sick pay during the sickness absence (where the reason for absence remains due to the confirmed industrial injury)

For unsuccessful claims

- The decision of this panel is final and there is no further right of appeal

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce &OD
Service Area	Workforce & OD

Title of Procedure, Project, Proposal, Policy being screened:	Industrial Injury Claim Procedure
--	-----------------------------------

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The procedure applies to Hywel Dda University Health Board (HDUHB) employees who are claiming that they have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct.

The aim of the procedure is to provide guidance for employees on the process for submitting an industrial injury claim and the process and responsibilities for decision making.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The Industrial Injury Allowance forms part of the Agenda for Change Terms and Condition of Employment as contained in the NHS Terms and Conditions of Service Handbook. The policy is found at Section 22.

This EqIA considers the application procedure only as this is locally agreed, whereas the policy is nationally agreed.

Application of the procedure is monitored both by Workforce and through reports to relevant committees.

This procedure applies equitably to all staff irrespective of any protected characteristics. If a protected characteristic is found to be a relevant contributory factor within the incident that leads to a claim then this will be considered during the decision making process, which is supported by Workforce advisors. It is considered that the procedure itself has neutral impact across all staff groups.

--

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](http://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to age as this is a procedure rather than policy.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: Application forms can be made available in easy read or alternative formats if required.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to gender reassignment as this is a procedure rather than policy.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to marriage/civil partnership as this is a procedure rather than policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to pregnancy and maternity as this is a procedure rather than policy.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: Application forms can be made available in additional languages if required.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to religion or belief as this is a procedure rather than policy.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to sex as this is a procedure rather than policy.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to sexual orientation as this is a procedure rather than policy.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	Xx
Justification of impact identified: There is no identifiable impact due to being a member of the Armed Forces and their families as this is a procedure rather than policy.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified: There is no identifiable impact due to socio economic reasons as this is a procedure rather than policy.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	x
Justification of impact identified: Application forms can be made available in Welsh if required.					

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	26/9/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	21.10.24
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wals.nhs.uk
	Date	07/10/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Leave and Pay for New and Existing Parents Policy

Policy information

Policy number: 1085

Classification: Employment

Supersedes:

127 Ordinary Parental Leave

128 – Maternity Policy

Version number: 4

Date of Equality Impact Assessment: 17.09.2024

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

The Health Board recognises the need for employees to be able to take time away from the workplace when they become parents. This policy provides the basis for a clear understanding of their statutory and employment entitlements and the type and period of leave, both paid and unpaid that can apply in relation to maternity, adoption, paternity leave, shared parental leave and ordinary parental leave.

Scope:

All Health Board employees, including Medical and Dental Staff.

To be read in conjunction with:

Agenda for Change Terms and Conditions

[438 - Shred Parental Leave Procedure](#) (opens in new tab)

[122 - All Wales Special Leave Policy](#) (opens in new tab)

Patient information:

[Patient Information Library](#)

Owning group:

People, Organisational Development and Culture Committee (PODCC)

Executive Director job title:
Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Policy

2.0 – amended version with corrected legal requirement dates

3.0 – amended appendix 1 minor

4.0 – amended minimal changes

The amended regulations came into effect on 8 March 2024 but will only apply to children who are due to be born or placed for adoption after 6 April 2024. The changes are: -

- An increase in the length of time available to take paternity leave following the birth or adoption of their child from 8 weeks to 52 weeks.

- A reduction in time that employees need to give notice of the birth of their child and intention to take paternity leave from 15 weeks before the 'Expected Week of Childbirth' (EWC) to 28 days. This also necessitated a change in Appendix 3 to reflect this.

- An increase in time to provide notification of paternity leave following the notification of the adoption of a child from 7 days to 28 days.

5.0 – amended minimal change relating to the 18 month protection for pregnant employees against redundancy.

Keywords

Maternity, Adoption, Paternity Leave, Ordinary Parental Leave, Parent, Children, Babies

Glossary of terms

IVF - In Vitro Fertilisation

OD – Organisational Development

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Introduction

This policy provides a summary of the pay and leave available for staff in relation to a suite of family friendly benefits.

Scope

This policy applies to all staff employed by the Health Board, including Medical and Dental staff.

This guidance document should be read in conjunction with the Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): [NHS Terms and Conditions of Service Handbook | NHS Employers](#) (opens in new tab)

Aim

The aim of this document is to:

- Provide the basis for a clear understanding of the benefits, entitlements and the nature and period of leave, paid and unpaid, that will apply in relation to Maternity, Adoption, Paternity Leave and Ordinary Parental Leave.

Objectives

The aim of this document will be achieved by the following objectives:

- Summarising the process for maternity leave, adoption leave, surrogacy entitlements, time off to attend ante-natal appointments
- Maternity and adoption leave and pay entitlements
- What happens if you do not return to work
- Lease cars
- Paternity leave entitlement
- Ordinary statutory paternity leave process
- Rights if fostering

Who is Eligible for Maternity Leave?

All pregnant employees irrespective of length of service or type of employment contract are entitled to take up to 52 weeks maternity leave.

Notification

All pregnant employees are required to notify the Health Board in writing of their intention to take maternity leave before the end of the fifteenth week before the expected week of child birth (or if this is not possible, as soon as is reasonably practicable thereafter).

The employee must advise:

- Of their intention to take maternity leave;
- The date they wish their maternity leave to start;
- Whether the employee intends to return to work with the same or another NHS employer for a minimum period of three months after their maternity leave has ended.

What Form do I need to Complete?

The employee is required to provide a MATB1 form from their midwife or GP giving the week the baby is expected to be born and complete an application for Maternity Leave form. A link to the form can be found here: [Appendix 1 - Application for Maternity Leave/Pay](#) (opens in new tab).

A breakdown of Maternity and Adoption Leave Entitlements can be found by following the above link.

Am I Entitled to Ante-natal Care?

All pregnant employees are entitled to paid time off to attend ante-natal clinic on the advice of a registered midwife, health visitor or doctor. Ante-natal care may include relaxation and parentcraft classes.

Employees must provide evidence (record card or certificate of pregnancy) of the ante-natal appointment(s) if requested. Where evidence is requested but not provided by the employee, time off without pay may be approved. The employee should provide as much notice as practicably possible.

Health and Safety considerations Pre and post Birth

Where an employee is pregnant or has recently given birth or is breastfeeding, the line manager must carry out a risk assessment of the working conditions as early as possible. If it is found, or a medical practitioner considers, that an employee or the child would be at risk were they to continue with their normal duties, the employer should provide suitable alternative work for which the employee will receive their normal rate of pay.

Am I Eligible for Adoption Leave?

Adoption leave, paid and unpaid will be available to employees wishing to adopt a child and who have primary care responsibilities for that child. Where a couple adopt jointly, the couple may choose which partner takes adoption leave. The partner of an individual who adopts, or the other member of a couple who are adopting jointly may be entitled to paternity leave and pay.

To qualify for adoption leave, an employee must be 'newly matched' with a child for adoption by an approved adoption agency. If there is an established relationship with the child, such as fostering prior to adoption, time off for official meetings only will be considered.

If you have adoption leave, you can also have paid time off work to attend 5 adoption appointments after you've been matched with a child.

Notification

All employees who wish to take adoption leave must write to their manager as soon as practicably possible but no later than 7 days of being notified by their adoption agency that they have been matched with a child for adoption, unless this is not reasonably practicable. Employees must inform their manager:

- When the child is expected to be placed with them;
- When they want their adoption leave to start;
- If they intend to return to work for a minimum of three months after adoption leave

A link to the form can be found here: [Appendix 2 - Adoption Leave Application Form](#) (opens in new tab).

What if I am on a Fixed-Term, Temporary or Training Contracts?

Employees subject to fixed-term, temporary or training contracts which expire after the eleventh week before the expected week of childbirth or the date of matching, or the 15th week before the baby's due

date if applying for surrogacy arrangement and satisfy the conditions in option 1a shall have their contracts extended so as to allow them to receive the 52 weeks which includes paid occupational and statutory maternity/adoption/shared parental pay, and the remaining 13 weeks of unpaid maternity/adoption/shared parental leave.

- If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth/adoption/shared parental leave had not occurred, the repayment provisions will not apply.
- Employees on fixed term contracts who do not meet the criteria set out below may still be entitled to receive Statutory Maternity/Adoption/Shared Parental Pay.
- Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment shall not constitute a break in service.

Surrogacy Entitlements

An employee who is carrying a baby as a surrogate will receive their entitlement in respect of maternity pay and leave. The entitlements will be based on their service in accordance with the maternity leave provisions.

There are 2 potential surrogacy scenarios:

- Where the birth parent is not genetically related to the baby (gestational or host IVF)
- Where one parent is genetically related (traditional surrogacy)

In both these circumstances new parents of a surrogate baby will be treated the same as those who have gone through the formal adoption process via an agency.

It is recognised that not all parents of a surrogate baby will go through the formal adoption process.

Adoption leave and pay is available to one of the parents of a child under a parental order provided that one of the intended parents is genetically related to the child and the child must live with the intended parents.

Notification

An employee using a surrogate to have a baby must inform the employer of the due date and when they want their leave to start in writing at least 15 weeks before the expected week of the child's birth. The employee must also provide a statutory declaration or written statement signed in the presence of a legal professional to confirm they have applied, or will be applying for a parental order in the 6 months after the child's birth.

Where a couple has a parental order in relation to a child or is applying for one, one of the parents can be eligible for adoption leave and pay and the other can be eligible for paternity leave and pay. The couple must elect which of them will take adoption leave.

A link to the forms can be found here: [Surrogacy Application Form](#) (opens in new tab).
[Application for Adoption Leave and Pay in Connection with Application for Surrogacy](#) (opens in new tab).

Time off to attend Ante-natal Appointments

Employees who intend to apply for a parental order and expect to become the child's legal parents in a surrogacy situation have the right to unpaid time off work to accompany the birth parent for no more than two ante natal appointments.

How will my Entitlements be Paid?

By prior agreement with the Health Board and payroll services, maternity pay may be paid in a different way, for example, a combination of full pay and half pay or a fixed amount spread equally over the maternity leave period.

What happens if I don't return to Work?

Where an employee indicates that they intend to return to work for the same or a different NHS employer and have received maternity pay on that basis but then does not return to work within 15 months of the beginning of their maternity leave period will be liable to refund the whole of their occupational maternity pay. In cases where the Health Board considers that to enforce this provision would cause undue hardship or distress, the Health Board will have the discretion to waive recovery of salary.

Increased protection against redundancy for pregnant employees

Employees taking certain types of parental leave now have protection from redundancy for at least 18 months. This protection means that if their role is made redundant their employer must give them first refusal of any other vacancies; however, they can still be made redundant if no appropriate vacancy is available. Previously, employees only had this protection during their period of maternity, adoption or shared parental leave.

Protection now begins on the day the employer is first notified of the employee's pregnancy and ends 18 months after the date of the child's birth. These protections also now extend to 18 months after the date of adoption for parents taking adoption leave or 18 months after the child's birth in cases where a parent is taking at least six weeks of shared parental leave.

Lease Cars

All terms and conditions remain in respect of Lease Cars. This includes subsidy, contributions, conditions of use and penalties. Employees should contact the Lease Cars Department to confirm details of their lease and possible changes affecting their tax and other leasing arrangements.

What Paternity Leave am I Entitled to?

An employee whose partner or civil partner gives birth to a child, or is the biological parent of the child, is entitled to two weeks' statutory paternity leave provided that they have 26 weeks' continuous service by the end of the 15th week before the expected week of childbirth.

Statutory paternity leave is also available to adoptive parents where a child is matched or newly placed with them for adoption.

To qualify for statutory paternity leave, the employee must also have, or expect to have, responsibility for the upbringing of the child and be making the request to help care for the child or to support the other parent.

When can I take Paternity Leave?

Statutory Paternity Leave must be taken in a single block of one or two weeks within 52 weeks of the birth or adoption of the child. If the child is born early, it must be taken from the time of the birth but within 52 weeks of the expected date of childbirth.

Statutory Paternity Leave can start either from the date the child is born or placed for adoption or from a chosen number of days or weeks after that date.

Leave may start on any day of the week following the child's birth.

Notification

Where an employee wishes to request statutory paternity leave in respect of a birth child, they must give their line manager 28 days written notice of the date on which the baby is due, the length of statutory paternity leave they wish to take and the date on which they wish the leave to commence.

In the case of an adopted child, the employee must give written notice of their intention to take statutory paternity leave no later than 28 days after the date on which notification of the match with the child was given by the adoption agency.

A link to the application form can be found here: [Appendix 3 - Application for Paternity/Additional Leave](#) (opens in new tab).

If an employee subsequently wishes to change the timing of the statutory paternity leave, they must give 28 day's written notice of the new dates. The employee must also, if so requested, complete and sign a self-certificate declaring that they are entitled to statutory paternity leave and statutory paternity pay.

Ordinary Statutory Paternity Pay

Pay during ordinary paternity leave will be at a standard rate or at a rate equivalent to 90% of the employee's average weekly earnings if this figure is less than the standard rate. However, employee's whose average weekly earnings are below the lower earnings limit for national insurance contributions will not be eligible for statutory paternity pay.

Statutory paternity pay is treated as earnings and is therefore subject to PAYE and national insurance deductions.

Statutory paternity pay can start from any day of the week in accordance with the date the employee starts their paternity leave.

What is Ordinary Parental Leave?

Employees are entitled to up to 18 weeks unpaid parental leave in respect of any individual child – an employee who is a parent of multiple birth children or several children of different ages under 18 will be entitled to 18 weeks in respect of each child. Parental leave must be taken no later than each child's 18th birthday.

How can Parental Leave be taken?

It may be taken in blocks of a week. Employees can take more than 1 week at a time up to a maximum of four weeks in any year. A part of a week counts as a week. In the case of a child with a disability,

parental leave may be taken in one day, or multiples of a day, subject to a maximum of four weeks in any year.

How much Parental Leave can be taken?

Employees may not take more than 4 weeks leave in respect of any individual child in any year. For these purposes, a year is the period of 12 months beginning when the employee first becomes entitled to parental leave in respect of the child in question and each successive period of 12 months beginning on the anniversary of that date.

Part time staff are entitled to a pro-rata equivalent of 18 weeks.

In other than exceptional circumstances, a minimum of 4 weeks' notice is required, so that service cover can be planned.

The employee must give proper notice of the period of leave that they propose to take. This notice must be given at least 21 days before the date on which the leave is to start and must specify the dates on which the period of leave is to begin and end.

How do I request Parental Leave?

Employees should submit a completed application form to their line manager. [Request for Parental Leave](#) (opens in new tab).

For applications in respect of parental leave for disabled children, additional evidence will be required e.g. Disability Living Allowance.

Line managers should consider the request and respond as soon as practicably possible, contacting Workforce & OD for advice as appropriate. Managers must keep a record of all requests for parental leave.

Line managers are responsible for recording the amount of parental leave taken by employees particularly where the leave is taken in blocks of one week or more rather than in its entirety.

What are my Rights during Parental Leave?

Qualifying employees will be entitled to up to 18 weeks parental leave to be taken up until the child's 18th Birthday. During parental leave, the employee will remain employed, although pay and most contractual benefits will be suspended. The right to accrue statutory holiday entitlement will however, remain in place.

What happens when I return from Parental Leave?

At the end of parental leave an employee is entitled to return to the same job provided that the leave was for a period of 4 weeks or less (and did not follow on immediately from a period of additional maternity or adoption leave).

If the period of parental leave was longer than 4 weeks (or followed on immediately from a period of additional maternity or adoption leave), then the employee will be entitled to return to the same job or, if that is not practicable, to a similar job that has the same or better status, terms and conditions as the previous job.

What are my Rights if I am Fostering?

There is no legal right to either paid or unpaid leave for fostering. Fostering can be for varying lengths of time, from very short term to long term fostering, as such the health board will adopt a flexible approach. Employees must discuss their intentions to foster with their line manager as soon as possible to ascertain any support required. For very short term fostering requests for time off will be considered through the Special Leave Policy, see link: [All Wales Special Leave Policy](#) (opens in new tab). For long term fostering the Work Break Scheme, see link: [Employment Break Scheme](#) (opens in new tab) can be considered. Further advice and guidance is available from the Workforce & OD Department.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Managers

It is the responsibility of the manager in liaison with the Workforce and OD Department to ensure employees are aware of their entitlements under this policy and that any applications are made correctly within appropriate timescales.

Workforce & Organisational Development Department

The Workforce representative will ensure that all applications are processed in an appropriate timescales.

All Staff

It is the responsibility of the employee to notify the health board that they wish to take Maternity, Adoption, Paternity or Ordinary Parental Leave and to complete the appropriate application and provide any documentary evidence as required.

Where can I get Further Advice?

In the first instance please speak to your line manager, alternatively you may contact:

Operational Workforce Team:

Carmarthenshire: 0300 303 6138

Pembrokeshire: 01437 773138

Ceredigion: 0300 4307988

Or email: WorkforceEnquiries.HDD@wales.nhs.uk (opens in a new tab)

Appendix 1 - [Application for Maternity Leave/Pay](#) (opens in new tab).

Appendix 2 - [Adoption Leave Application Form](#) (opens in new tab).

Appendix 3 - [Application for Paternity/Additional Leave](#) (opens in new tab).

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Director of Workforce & OD
Service Area	Workforce & OD

Title of Procedure, Project, Proposal, Policy being screened:	1085 – Leave and Pay for New and Existing Parents
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The policy outlines the rules and regulations governing periods of leave in relation to maternity, paternity, adoption and ordinary parental leave. It aims to ensure that employees are made aware of their entitlements surrounding maternity, adoption, paternity and ordinary parental leave provisions and any impact the rules and regulations may have on their pay and employment. It aims to ensure that the HB does not treat any employee less favourably because they are expecting or adopting a child or for any reason connected with maternity, paternity, adoption or ordinary parental leave.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Application of the policy is monitored in Workforce through checking of letters prior to issue to staff to confirm entitlement and also via any complaints received in year as to the incorrect application. Lessons learnt can arise from both aspects and changes made to the policy/process or further training is given.

This guidance document should be read in conjunction with the Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): NHS Terms and Conditions of Service Handbook | NHS Employers

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: Policy is age neutral.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: Policy covers all staff irrespective of whether they have a disability or not.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	X	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: All pregnant employees irrespective of length of service or type of employment contract are entitled to take up to 52 weeks maternity leave.				
All pregnant employees are entitled to paid time off to attend ante-natal clinic on the advice of a registered midwife, health visitor or doctor. Ante-natal care may include relaxation and parentcraft classes.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	X	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: An employee whose partner or civil partner gives birth to a child, or is the biological parent of the child, is entitled to two weeks' statutory paternity leave provided that they have 26 weeks' continuous service by the end of the 15th week before the expected week of childbirth.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	X	Negative Impact	<input type="checkbox"/>	No Impact

Justification of impact identified: All pregnant employees irrespective of length of service or type of employment contract are entitled to take up to 52 weeks maternity leave.

All pregnant employees are entitled to paid time off to attend ante-natal clinic on the advice of a registered midwife, health visitor or doctor. Ante-natal care may include relaxation and parentcraft classes.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified: Policy applies to all employees.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified: Policy applies to all employees.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	X	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified: All pregnant employees irrespective of length of service or type of employment contract are entitled to take up to 52 weeks maternity leave.

All pregnant employees are entitled to paid time off to attend ante-natal clinic on the advice of a registered midwife, health visitor or doctor. Ante-natal care may include relaxation and parentcraft classes.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified: Policy applies to all employees.

Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: Policy applies to all employees.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: Policy applies to all employees.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: Policy applies to all employees.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

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	Date	17/09/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

All-Wales Pensions Flexibilities Policy

Policy information

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To support employees to access flexible working later in their careers this policy has been developed to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.

Scope:

In order to ensure promotion and consistent application of flexible pension options, this policy has been developed in partnership, for use within all NHS Wales organisations and supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies at employer/organisation level.

To be read in conjunction with:

Patient information:

Include links to [Patient Information Library](#)

Owning group: Workforce & OD Team

Executive Director job title: Director of W&OD

Reviews and updates:

1 – Adoption of new All Wales policy

Keywords

Pension, flexible

Glossary of terms

[All-Wales Pensions Flexibilities Policy \(opens in a new tab\)](#)



Flexible Pensions Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Approved September 2024
Welsh Partnership Forum
Medical and Dental Business Group

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Section 1

Policy scope, principles and benefits

1. Introduction

The definition of retirement is changing and broadening. Many employees are considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace and employment, or that full time work should immediately be replaced with full time retirement.

Flexible working is just as valuable for staff approaching the end of their careers, and for retired staff who are returning to the NHS, as it is for those joining the NHS for the first time or returning from parental leave.

Flexible working is key to retention, employee engagement and supporting staff to live healthy working lives, and NHS Wales is committed to offering more flexible, varied roles and opportunities to their employees.

To support employees to access flexible working later in their careers this policy has been developed to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.

2. Policy statement

NHS Wales is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service, recognising that our staff are fundamental to our success, and that we need to attract new staff from a varied range of backgrounds. NHS Wales also understands that it is vital to retain the embodied investment in knowledge, skills and experience of staff over many years, which we commit to maintain both now and in the future.

Consistent with this commitment to ensuring all staff can access the benefits of flexible working, NHS Wales is committed to supporting and enabling staff to utilise the flexible pension provisions and benefits offered through membership of the NHS Pension Scheme.

3. Scope

To ensure promotion and consistent application of flexible pension options, this policy has been developed in partnership, for use within all NHS Wales organisations and supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies at employer/organisation level.

<i>This Policy:</i>
✓ <i>Will enable employees to understand the range of options available to access their pension and combine this with flexible working</i>
✓ <i>Will enable employers to understand, promote and discuss flexible pension options with staff.</i>
✓ <i>Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.</i>
✓ <i>Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.</i>
✓ <i>Forms part of the contract of employment for staff working in NHS Wales.</i>

The aim of this policy is to enable employees and employers to make informed choices regarding the appropriate use of the flexible pensions available. The approach advocated by Welsh Government, employers and trade union partners is that these flexibilities are of mutual benefit with the expectation that conversations and applications will be progressed and approved.

This means that the default position will be that a request to access one of the pension flexibilities options, that meets the requirements of the Pension Regulations, will be approved, and every possible avenue explored to facilitate this. Requests will only be declined where there are clear business reasons in policy and law that prevent approval.

NHS Wales will not discriminate, either directly or indirectly, on the grounds of any of the characteristics protected by the Equality Act 2010 or any other personal characteristic in the implementation of this policy. We aspire to a diverse workforce and recognise that compassionate leadership does not mean treating everyone the same but treating them fairly and considering detailed knowledge of each individual staff members' needs, circumstances and background.

4.Principles

Flexible pension options support the following principles:

To support:	Through:
Work-life balance	➤ employees working flexibly later in their careers helping to achieve a healthy work-life balance
Retaining experience	➤ enabling experienced employees to stay in the NHS for longer and pass their valuable skills and knowledge to colleagues.
Health and Wellbeing	➤ supporting the health and wellbeing of employees who are later in their careers.
Financial Wellbeing	➤ supporting the financial wellbeing of employees through offering retired staff,

	the option to re-join the NHS Pension Scheme after full or partial retirement thereby enabling employees to build up further pension.
Managing work later in careers	➤ providing employees with flexible working options as a bridge between taking their NHS Pension and receiving their State Pension benefits.
Managing pension growth	➤ controlling pension growth to support staff affected by the annual allowance.

5. Benefits

The NHS Pension Scheme offers several flexible pensions options. These options can support employers attract and retain experienced staff whilst supporting employees, through a range of options, to access pension benefits whilst continuing to work for NHS Wales.

NHS Pensions and NHS Employers both provide further information on the NHS Pension scheme and the wider scheme design and contractual considerations of flexible retirement. Their resources can be accessed by following these links:

[NHS Pensions](#)

[NHS Employers](#)

Flexible pensions options support employees to:

- work flexibly towards the end of their careers
- to achieve a healthy work-life balance
- stay working in the NHS for longer and pass their valuable skills and knowledge to colleagues.
- maintain their experience within NHS Wales supporting the delivery of high-quality patient care.

By enabling employees to retire flexibly, employers can:

- Support the health and wellbeing of employees who are approaching the end of their careers.
- Develop working arrangements which fit with lifestyles and desired attendance patterns. Such arrangements support ongoing retention of employees and their productivity, while reducing rates of stress, fatigue and burnout.
- Offer retired employees the option to re-join the NHS Pension Scheme after full to supporting financial wellbeing, as it allows employees to build up further pension and may help to bridge any gap between taking their NHS Pension and State Pension benefits.
- Through partial retirement support employees who may be affected by the annual allowance, as the ability to take all or part of their pension whilst continuing to work may help some employees to control their pension growth.

Section 2

Flexible pensions guide and options

6. Pensions considerations

6.1 The NHS Pension Scheme - overview

There are 2 NHS Pension schemes. There's the 1995 / 2008 Scheme and the 2015 Scheme. From 1 April 2022, all active members of the NHS Pension Scheme are members of the 2015 Scheme.

The NHS Pensions website has extensive information on the schemes and sets out the benefits of membership withing the two member guides:

- The [1995/2008 Member Guide](#)
- The [2015 Member Guide](#)

6.2 How do I know what Pension Scheme an individual is in?

The NHS Pension Scheme has had several changes since 1995, and members may have service in more than one scheme. The [Total Reward Statement](#), which can be accessed through ESR, provides information on an individual's NHS Pension Scheme membership.

An individual may have service in more than one scheme, particularly if they have been an NHS Pension Scheme member since before 1 April 2012, and if so, their service will be detailed in two separate parts in the Pension Statement e.g. there would be an Annual Benefit Statement for 2015 Scheme service and an Annual Benefit Statement for 1995 Scheme service.

6.3 Considering the impact of the McCloud remedy

The McCloud remedy has been put in place following a legal case ruling (McCloud) and is the process of removing age discrimination that was judged to have arisen in public service pension schemes, including the NHS Pension Scheme.

Employees who joined the NHS Pension Scheme on or before 31 March 2012 and who were still members of the scheme on 1 April 2015 are eligible for the McCloud remedy. If an individual is considering applying for one of the Flexible Pension options, it is important that they understand their position in respect of the McCloud remedy.

As part of the McCloud ruling, affected members have had their pensionable service for the McCloud remedy period - 1 April 2015 to 31 March 2022 - put back into the 1995/2008 Scheme.

If this affects the individual once, they will be contacted by NHSBSA in the 12 months after they have accessed all or part of their pension and asked to choose between keeping these benefits in the 1995/2008 Scheme or taking 2015 Scheme benefits for the remedy period instead.

When it comes to making this choice, the part of the Scheme that's better for them could be different depending on how long they continue to work after they've taken partial retirement. Their McCloud choice means there are other factors to consider when deciding what percentage of their pension to take at partial retirement, as it could affect their tax position, or their final salary link, if they have one. And if they later choose to take 2015 Scheme benefits for the remedy period, they may have lump sum overpayments to pay back.

Further information about the McCloud remedy is available on the [public services pensions remedy – McCloud](#) (NHSBSA) links to modelling tools to support the decision-making process.

6.4 Choosing when to retire

Each member of the NHS Pension Scheme has a normal pension age (NPA), at which they can retire and claim pension benefits. This age is defined by the scheme they are a member of (or additionally have preserved benefits in e.g. the 1995 scheme).

There is also a minimum pension age (MPA) which is the earliest age at which individuals are eligible to take their NHS pension.

Scheme	Normal pension age (NPA),	Minimum pension age (MPA)
1995	60 (55 for Special classes)	Age 50 if joined pre 06/04/2006 and not had a break of 5 years or more. Otherwise, age 55*
2008	65	55*
2015	State Pension Age	55*

* The minimum age that an individual can start taking their pension is changing from 55 to 57 from 6th April 2028.

The NHS Pension Scheme enables members to be flexible about the age at which they retire to suit their plans. This allows individuals to retire earlier or for the 2008 and 2015 schemes, later than their NPA.

If an individual is considering retirement:

- before their NPA, the pension they receive will be reduced because it is being taken earlier. This is because their pension will be paid for longer.
- later than their NPA, their pension benefits may increase by the application of late retirement factors. Late retirement enhancement is only available for membership of the 2008 scheme and 2015 scheme.

6.5 Early retirement

As noted, taking pension benefits before NPA will result in a reduction to the pension because it is being paid earlier. This is called an “actuarial reduction” and is based on the earlier age at which the individual is choosing to take their benefits compared with their NPA.

The term ‘actuarial reduction’ refers to the tables used to calculate the reduction to their benefits if they retire early. An individual incurs this reduction when their pension is paid earlier than normal and, therefore, potentially it will be in payment for longer. NHS Pensions have produced a factsheet which can be accessed [here](#), setting out the early retirement percentage reductions across the different schemes.

Where an individual has membership in more than one NHS Pension scheme, then the actuarial reduction is applied to each specific period of membership in each scheme. For example, someone aged 58 (without Special Class Status) with a state pension age of 67 wishing to retire early would have any of their 1995 membership reduced by 2 years because they are retiring 2 years before age 60, however any membership they have in the 2015 scheme would be reduced by 9 years because their normal pension age (NPA) is the same as the state pension age i.e.67.

It is important to note that the pension paid to dependents will be based on their pension before actuarial reduction and further information is set out in their Total Reward Statement section on [Adult Dependant’s Pension](#).

6.6 Early retirement reduction buy out (ERRBO)

Early Retirement Reduction Buy Out (ERRBO) is part of the 2015 scheme. If an individual claims their 2015 pension before their Normal Pension Age (NPA), it will be reduced, however they can plan to buy out one, two or three years of any reduction before their NPA but no earlier than age 65. Through purchasing an ERRBO this would enable the individual or the employer if they agree, to pay extra contributions so they can buy out the reduction that would apply to their 2015 Scheme benefits if they retired before their NPA.

NHS Pensions have produced a [ERRBO Factsheet](#) which provides more information regarding the scheme and the costs of additional contributions which are payable to buy out 1,2 or 3 years of reduction.

6.7 Employer pension contributions recycling/alternative payment

In certain circumstances an individual’s pensionable pay may result in a pension growing to a level which exceeds the annual allowance.

The arrangements set out in Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth which enables individuals to manage their level of annual allowance.

However, individuals who are under the Normal Pension Age (NPA) are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way of managing any annual allowance liability/charge. Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established on an All-Wales basis to support such individuals through a

scheme where they can apply, on an annual basis, to receive an alternative payment in place of their employer pension contributions whilst they are opted out of the NHS Pension Scheme.

This provision is open to staff who can demonstrate that their level of earnings in the NHS (which may be a projection of earnings) will result in their being impacted by the annual allowance in any financial year and who are unable to manage their pension growth through accessing the partial retirement provisions or reduce their level of pensionable pay without an impact on their activity.

To approve an alternative payment, employers are required to take legal considerations into account and to evidence whether there is an objective justification based on the risk to service delivery posed by an individual reducing hours or being reluctant to take on additional work.

Further details on the criteria and considerations regarding employer pension contributions recycling are included in the ¹[Employer Pension Contributions - Model Alternative Payments Policy](#) process which employers administer in line with the provisions at a local level.

6.8 What is abatement?

The Scheme regulations say a pensioner cannot receive more in pension and re-employed salary than the salary earned before retirement. This is known as an earnings margin.

If this earnings margin is exceeded, the annual pension will be reduced. This is known as abatement.

In March 2020, the Department of Health and Social Care (DHSC) suspended abatement for members who have Special Class (SC) and Mental Health Officer (MHO) status and claim age retirement pension benefits before age 60.

On 1 April 2024, abatement will be removed for these members if they retire and return.

Abatement is also the term used to describe the reduction or removal of pension payments if pensionable earnings have increased to pre partial retirement level within the first 12 months of partial retirement.

When will abatement apply?

Retire and return

If the individual is under their Normal Pension Age (NPA), abatement will apply if they retire on one of the following grounds and return to NHS work before their NPA:

- ill health under the previous ill health retirement arrangements
- ill health Tier 1 or Tier 2 under the current ill health retirement arrangements
- early payment of deferred benefits due to ill health
- redundancy if you retired before 1 October 2011
- early retirement in the interests of the [efficiency of the service](#)

¹ This Model Policy was previously issued by NHS Wales Employers as a guide for employing organisations. It is not an All Wales Policy agreed with BMA. Please contact your Workforce Department for the local policy/position.

Their pension being reduced depends on:

- their earnings while re-employed
- when they left the Scheme
- when they claimed their pension benefits
- the type of pension benefits claimed.

Abatement rules stop once they reach their NPA of the Section or Scheme which they've claimed their pension benefits from.

Individuals will not be subject to abatement if:

- they were over their NPA when they retired
- they are receiving redundancy benefits and retired after 30 September 2011
- they are receiving Actuarially Reduced Early Retirement (ARER) benefits.

Partial retirement

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay).

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. Their pension payments will therefore be “abated”.

Individuals will not be subject to abatement if there has been no change to their terms of employment, e.g. they have not been appointed to a new role at a higher rate of pay, not increased their substantive contracted hours.

7. Flexible pensions – the options

Summary of Flexibilities			
Flexibility	What is it?	What is the benefit	Considerations
Partial retirement	You can take between 20% and 100% of your pension benefits, without having to leave your current job. You can also continue to build your pension benefits in the 2015 Scheme.	Partial retirement enables you to claim all or some of your pension, whilst continuing to work, but without having to take a break and leave your job.	Whilst you won't need to take a break or change jobs, you will need to work with your employer to change your terms (such as by adjusting your hours) so your “pensionable pay” is reduced by 10% for the first year.
Retire and return/re-join	Accessing your full pension, then returning to work after a short break and, if you wish, re-joining the 2015 NHS Pension	If you're not ready to stop work altogether and you don't want to reduce your pensionable earnings, you can access your pension and re-	If you decide to re-join the NHS, you can work as many hours as you choose and in most cases your pension payments won't be reduced or

Summary of Flexibilities

	Scheme to keep building your future pension benefits.	commence work in your current role after a 24-hour break.	stopped (known as 'abatement').
Step down	You may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment.	This option enables you to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain your skills and experience. You may wish to use this option where you wish to change role as you approach retirement, but you don't want to access your pension.	With this option you may be eligible to have your higher level of pensionable pay protected, which would mean that your final salary benefits are not affected when you do access your pension
Reduction in Hours/wind down	You may wish to reduce the number of hours or days that you work but remain in your current post	This option may support you to remain in work for a longer period before retirement through reducing the hours or days which you work. You may wish to use this option where you wish to reduce your hours as you approach retirement, but you don't wish to access your pension.	Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995/2008 scheme will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns.

7.1 Partial retirement

Partial retirement, sometimes referred to as draw down, enables active NHS Pension Scheme members who have reached minimum pension age to take all or part of their pension whilst continuing to work.

NHS Pensions have produced an [Employers Factsheet](#) and a [Members Factsheet](#) which should be read alongside this policy.

To be eligible for Partial Retirement an individual must:

- ✓ Have reached their minimum pension age.
- ✓ Be an active member of the Scheme (if they are not an active member, they would need to rejoin and be an active member for at least one month before taking Partial Retirement).

- ✓ Reduce their actual pensionable pay by at least 10% for the 12 months starting from the date they take Partial Retirement (for GP's, Dental Practitioners, Ophthalmic and non-GP Providers a 10% reduction in commitment is required).
- ✓ Make sure their 10% reduction in pensionable pay is calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement.
- ✓ Have a change in their terms and conditions of employment to reflect their reduction in pensionable pay.
- ✓ Expect their new level of pensionable pay to last at least 12 months from the point partial retirement is taken.
- ✓ Not have already claimed partial retirement on two occasions.

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay). There is no need for the individual to end their contract of employment or have a break in service to take their pension benefits. Annual leave entitlements, salary and additional earnings such as clinical excellence awards will continue based on the new working pattern/revised terms and conditions.

For most staff, this reduction can be achieved via a reduction in working hours.

However, if an employee does not want to reduce their working hours, employers may consider alternative ways of meeting this requirement including split contracts (separate employment contracts/assignments) which would enable the employee to opt out of the NHS Pension Scheme for one of the contracts in order to reduce their pensionable pay by at least 10% for at least 12 months or work (non-pensionable) overtime to maintain their working hours. Further guidance on these options is set out in 7.1.1 – 7.1.3.

After taking partial retirement, individuals will continue to build up further pension in the 2015 Scheme unless they choose to opt out of the NHS Pension Scheme.

7.1.1 Achieving the 10 per cent reduction in pensionable pay

If an individual is considering partial retirement, they will need to have a conversation with their manager to agree a change to their terms and conditions of employment to achieve the required 10 per cent reduction in pensionable pay.

The 10% reduction in pensionable pay will be calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement, ending on the day they take partial retirement.

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. During this period, they may still be able to do additional work that doesn't count towards their pension, such as "overtime" or bank work (if opted out for the bank contract). If a member receives a nationally agreed pay award in the 12 months after taking partial retirement, they would still be eligible for their pension as their terms of employment would not have changed.

Agreement needs to be reached on how to reduce the individual's pensionable pay before they proceed with their application for partial retirement.

Open conversations between the individual and manager are key to understanding the circumstances, needs and preferences. These will need to be considered and balanced alongside the aims and priorities of the manager and employer, to agree a solution which suits both parties.

There are many ways of reducing pensionable pay and the most effective method will depend on the individual circumstances of the employee and the employer. There is no one size fits all solution to reducing pensionable pay and, in some cases, bespoke arrangements will need to be agreed.

Whilst individuals may be happy to maintain the reduction in pensionable pay following the end of the 12 months, they may specifically wish to agree that the change to terms and conditions of employment/the reduction in their pensionable pay is only for the 12-month period, with an agreement that at the end of that period, their working/contractual arrangements will return to normal.

Employers must not insist on permanent changes when the employee does not wish for the 12-month reduction in pensionable pay to be a permanent change to their contract. Reverting to previous arrangements/pay should be the default unless it has been agreed otherwise. However, this does not happen automatically and will require the Employer to notify payroll of the change. The individual will need to advise the payroll/pensions if they wish to rejoin the pension scheme.

7.1.2 Reducing hours and working overtime

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, members could consider agreeing on a change of terms to reduce pensionable pay by 10% and working non-pensionable overtime for a 12-month period as part of a Flexible Pensions Agreement.

The NHS Pension Scheme regulations set out that overtime is non-pensionable. For members who have not taken partial retirement in the previous 12 months, overtime is defined as any period worked more than whole-time, according to the member's contract. This means that any hours worked beyond whole-time (by full-time or part-time staff) are non-pensionable, but hours worked up to whole time by part-time staff are pensionable.

However, for members who have taken partial retirement in the previous 12 months, any period worked more than their contract is overtime, regardless of whether or not this contract is full-time or part-time.

This means that if a member agrees to change their terms and reduce their pensionable pay to access partial retirement (for example, moving from full-time to 0.8 FTE), in the 12 months after they have taken partial retirement, they could do overtime to take them up to full-time equivalent. They would still be eligible for their partial retirement pension, as this overtime would not be pensionable, so it would not lead to an increase in their pensionable pay.

7.1.3 Combining partial retirement with an additional contract or bank agreement

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, individuals may choose to be engaged on an additional (split) contract or bank agreement in addition to their substantive (normal) contract and as part of a Flexible Pensions Agreement.

Employees who are employed on an additional contract or engaged on a bank worker agreement may opt out of the NHS Pension Scheme in respect of the additional contract or bank agreement, whilst continuing to be a member of the NHS Pension Scheme in respect of their substantive (main) contract of employment.

To ensure the required 10% reduction in pensionable earnings level is met, opting out of the scheme from an additional (split) contract or bank agreement will need to be requested from the first day of partial retirement and within the first month of the arrangement commencing by employees completing the NHS Pensions Scheme form SD502.

This flexibility would enable the individual to reduce their hours and pensionable pay under their substantive contract of employment (as required to access partial retirement), whilst working additional capacity on a non-pensionable (opted out) basis under the terms of an additional (split) contract or bank agreement.

If contract splitting is being considered, then:

- The proposed contracts should be structured so that they are capable of being separately performed. This means that the roles under each contract should be distinguishable, and not “continuous” with the other. So, an employee could stop one job, but continue with the other; and
- The terms in the respective contracts need to be clearly defined and be capable of allowing [proper maintenance of payroll records](#) distinguishing between the two.

An example of this approach would be where clinical duties performed under a core contract which is pensioned under the NHS Pension Scheme, and management or clinical leadership role/additional NHS duties/external NHS duties under a second contract where the individual opts out of the NHS Pension Scheme.

Splitting contracts does not automatically require re writing of Job Descriptions or separate Job Evaluation as this can be set out and managed through the flexible pensions process for the 12-month period.

In addition, splitting contracts does not automatically require the use of a Bank worker agreement. However, if a Bank engagement is being considered, then:

- Individuals need to ensure that they opt out of the NHS Pension Scheme for any Bank agreement, and
- The different contractual relationship of a bank worker agreement should be recognised.

Where it is not possible for employers to agree to change of terms and a reduction in pensionable pay, but the employee wishes to claim 100% of their 1995 Scheme pension, using retire and return/re-join would offer a very similar outcome and so should be considered.

7.1.4 Monitoring the 10 per cent reduction in pensionable pay

Employers

Employers need to be confident that the agreed contractual change to working arrangements will lead to a reduction in pensionable pay of at least 10 per cent for the 12-month period. Employers should have a mechanism in place to ensure that the individuals pensionable earnings meet the requirements of partial retirement for the 12-month period. During the first 12 months of partial retirement, employers and individuals have a joint responsibility to notify NHSBSA if the individual has a change to terms and conditions that results in pensionable pay increasing to more than 90 per cent of the pensionable pay before partial retirement. If this does occur, then abatement may apply in full and the pension benefits in payment may be stopped.

Where pay does increase to more than is allowed and abatement occurs, the pension will only start to be paid again, once pensionable pay is reduced by a minimum of 10 per cent of the pay that the original partial retirement was based on.

At the end of the 12-month period, unless agreed otherwise when the individual submitted their request or in advance of the 12-month point, the terms will revert to those in place prior to the partial retirement.

Workforce & OD teams should give clear instructions to their pension and payroll colleagues to ensure that the agreed changes to working arrangements or pensionable pay are accurately processed and updated on the employee's pension and payroll records.

Employees

Employees should not agree any further changes to their contract of employment which would increase pensionable pay above 90 per cent of pensionable pay before partial retirement was agreed during the 12-month period.

Annual pay awards and pay increases members receive as they move through their pay band or pay scales do not count towards this, but any pay increase resulting from a contractual change to terms and conditions will. For example, if they decide to apply for a different job with a higher salary, increase substantive hours or increase commitments.

It is important that employers make members aware of the changes that could lead to abatement and overpayments which would need to be recovered.

7.1.5 What should be considered when deciding how much pension to take?

If an individual is applying for partial retirement, they should consider a number of factors when deciding how much of their pension they wish to take. The NHS Pensions [Members Factsheet](#) has more information regarding the decision making process and this should be read alongside the guidance in this policy.

A [Partial Retirement Calculator](#) has been developed by NHS Pensions and is available on the NHS Pensions scheme website. This will allow the individual and the employer to see how taking different percentages of their pension at partial retirement affects the amount of pension benefits they will get overall.

It is recommended that individuals use this calculator to work out the amount of pension they want to take and the change in working arrangement that's best for them before applying for partial retirement. In the event this calculator doesn't provide the information needed, they can [contact NHSBSA](#) for specific information

It is important that individuals know the whole picture regarding the impact of taking their pension whilst continuing to receive income from employment, for example the income tax

considerations and therefore accessing independent financial advice should be considered when determining whether it would be the right option for them. NHS Employers have compiled a list of organisations which are able to give advice and guidance on pension tax issues which can be accessed via this [link](#). In addition, certain benefits will be impacted so it is important that employers share and communicate all relevant information to individuals and encourage them to take appropriate advice before making a final decision.

7.1.6 The impact of differing Normal Pension Ages (NPAs) when considering partial retirement.

If an individual takes their benefits before their normal pension age (NPA), their benefits will be reduced. As referenced in section 6, different NPAs apply in the 1995 scheme, 2008 scheme and 2015 scheme. This may affect their preferences around how much pension they may wish to take and when.

Members are not able to choose which scheme they take their benefits from. When a member chooses to take partial retirement, their chosen percentage is applied sequentially across all their benefits in the NHS Pension Scheme. This means that they would effectively take or use up their 1995/2008 Scheme benefits first, followed by their 2015 scheme benefits. Therefore, if they wish to take their 1995/2008 scheme benefits but not their 2015 scheme benefits (perhaps to avoid an early retirement reduction being applied to their 2015 scheme benefits) the individual and employer will need to indicate this on the application form provided by NWSSP Pensions Team.

NHS Pension Scheme members are not able to take their lump sum separately from their pension. Taking partial retirement involves claiming a proportion of their pension and any lump sum associated with that pension.

7.2 Retire and return/re-join

Retire and return is a way of retiring flexibly which works alongside the NHS Pension Scheme Regulations and can be used by employers as a tool to retain valuable and experienced staff and boost capacity. Individuals who have reached the minimum pension age may leave NHS employment, claim their pension benefits and later decide to return to NHS employment.

When employees retire and return, they must leave their employer, their existing contract of employment ends, and they must enter a new contract of employment with their employer.

Unless the individual requests otherwise (i.e. a longer break), the default position is that the only break in service required for retire and return is that prescribed by the pension rules (24 hours). All NHS Wales organisations will operate the break in contract on this basis, unless the individual requests a break of a different duration.

Illustration - to achieve the required break of 24 hours, an individual who finishes on 31st March with no annual leave outstanding must not return/re-join before 2nd April.

Individuals must be offered the right to return on the same contractual basis as they were pre-retirement. This means being engaged on a permanent contract and with the same terms and conditions, unless the individual requests a different working arrangement.

Individuals who have retired and returned prior to this policy being in place, and were appointed on a fixed term or locum contract, have the right to request for this contractual status to be reviewed in accordance with the terms of this policy.

Prior to taking retire and return, all annual leave should be taken to ensure that the last date of service and new date in service and as a result the pension payment is not impacted.

7.2.1 Specific retire and return considerations for medical & dental staff

- Retention of Clinical Excellence / Clinical Impact awards

National award holders, who begin receiving their pension after 1 April 2023, will retain their award. This is subject to the standard scheme rules around job changes where any changes to working arrangements are made as a consequence of retire and return.

As with any job change, award holders and employers should discuss job change plans with the [Advisory Committee on Clinical Impact Awards](#) (ACCIA) secretariat before the job change has been implemented to avoid losing the award or being required to re-apply early.

- Associate Specialists 2008 – the right to return to this grade

An Associate Specialist on the 2008 Contract who retires, and returns will have the right to be re-engaged on the same Associate Specialist terms if they wish.

7.2.2 Retire and re-join

From 1 April 2023, all staff who choose to retire and return can join the 2015 scheme – this applies to staff who've retired from the 1995, 2008 and 2015 Schemes, so long as they are under age 75.

Employees who retire and return are contractually enrolled into the 2015 scheme on the first day of their employment, in the same way as any other new starter and if they do not wish to pay pension, they must opt out within the first month.

7.2.3 Differences between retire and return and partial retirement

The key distinction between retire and return and partial retirement is that with retire and return, as an NHS Pension Scheme member the individual must leave NHS employment, take their pension and be re-employed on a new contract of employment at a later date. With partial retirement, NHS Pension Scheme members can take their pension without leaving their job or taking a break in service and so their existing contract of employment continues to be in place.

Another important difference is that members who retire and return must take all their benefits from the 1995 Scheme at once, whereas partial retirement provides additional flexibility for members to take some or all of their pension in one or two payments.

Partial retirement provides a more seamless approach and is designed to provide an effective means for employees to access their pension if they already know that they plan to continue working after taking their pension.

Retire and return has specific provisions and under the NHS Pension Scheme regulations, members must take a 24-hour break before returning to employment to take their pension from the 1995 scheme.

There is no requirement to ensure an employee takes a longer break in service to achieve a break in continuous service and under this policy NHS Wales organisations must not insist on a longer break in service.

Employers must offer the same terms and conditions of employment to individuals upon their return. Through offering the same terms and conditions, including pay, annual leave and sick pay, it is the aim of this policy to support and encourage experienced staff who want to claim their pension to continue working, if they wish, as well as attracting staff who have recently retired back to work.

7.3 Step down

An individual may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment. This option enables them to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain their skills and experience.

If an individual has reached minimum pension age and choose to step down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties, they may be able to apply for voluntary protection of the link to their higher level of pensionable pay if their pay reduces by 10% or more.

Voluntary protection of their previous pensionable pay level is part of the 1995 Scheme of the NHS Pension Scheme. This provision recognises that in the run up to retirement individuals may prefer, if possible, to remain in NHS employment, perhaps in a lesser capacity, while protecting, for the calculation of their final salary pension benefits, the previous salary level at which their benefits in the 1995 scheme were calculated.

Any 'step down' arrangement needs to be agreed between the individual and their employer and they will have to provide NHS Pensions with information that the step down has been agreed.

The provision is also intended for lasting, rather than trivial or short-term reductions in pay. It would normally be expected that the step down would occur with the same employer however, if a suitable role to 'step down' to cannot be provided by one employer, but can be arranged with another, this would be acceptable. In this case both employers will have to provide information that confirms a 'step down' arrangement has been agreed.

It is possible for an NHS Pension Scheme member to leave one employer and join another on a reduced rate of pay and to apply for voluntary protection of pensionable pay provided both employers agree to the step-down arrangement. The provision is not intended for situations where a member leaves one employer and joins another on a reduced rate of pay without an agreement between employers.

7.3.1 Eligibility criteria for voluntary protection of pensionable pay

To be eligible for voluntary protection of pay the individual must:

- have a final salary link to 1995 Scheme pension benefits

- have stepped down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties (as confirmed by their employer(s))
- have a reduction in pensionable pay of at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid (as verified by their employer(s))
- not have had any other reduction in pensionable pay in the 12-month period before they stepped down (as verified by their employer(s))
- have applied after 12 months, but within 15 months, of their pensionable pay being reduced
- have reached their minimum pension age in the 1995 Scheme
- have attained at least two years qualifying membership within the NHS Pension Scheme at the time they step down
- have not previously protected their pensionable pay under the voluntary protection of pay arrangements

7.3.2 Arrangements for 2008 Scheme and 2015 Scheme membership

The voluntary protection of pay arrangements is specifically for membership within the 1995 scheme of the NHS Pension Scheme.

The 1995 scheme uses best of the last three years when calculating an individual's pension, so the ability to protect the higher level of whole-time equivalent pay is important to retain the highest level of pay which is used to calculate their pension when they retire.

In the 2008 Scheme – Total Reckonable pay is the average of the best three consecutive years of pensionable pay in the last ten. Each year's pay in the last 10 years before retirement is increased by the cost of living to bring that pay figure up to what it would be worth on the day of leaving. The 2008 scheme therefore supports individuals "stepping down" in the last 10 years before retirement and so protection arrangements are not required.

In the 2015 Scheme – The amount of pension an individual earns each year is determined by what is known as the 'build up rate' which is shown as a fraction of their pensionable earnings. In the 2015 Scheme the build-up rate is 1/54th of pensionable pay. Therefore, they earn a pension of 1/54th of their pensionable earnings each year, or part year if they leave before the end of a financial year. Due to the way in which the 2015 scheme builds up each year any higher level of pension previously built up is secure in their overall pension record and any further pension which they build up is based on the stepped down role.

7.4 Reduction in hours/wind down

Individuals may wish to reduce the number of hours or days that they work but remain in their current post. This is called wind down.

Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995 or 2008 schemes will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns as noted in 7.3.2.

All employees working in NHS Wales are eligible to apply for flexible working through the [All Wales Flexible Working Policy](#).

This option may support individuals to remain in work for a longer period before retirement through reducing the hours or days which they work. They may wish to use this option where they wish to reduce their hours as they approach retirement but don't wish to access their pension.

8. Flexible Pensions Option Request Process

8.1 Making a request

Where an individual wishes to access one of the flexible pensions options in Section 7 of this Policy, they should complete Part A of the Flexible Pension Request Form (Appendix 1). It is recommended that they have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

If the manager refuses or is not receptive to an application at an informal discussion, they may still decide to proceed with a formal application. They may wish to seek advice and assistance from their workforce team or their trade union or a workplace colleague.

8.2 Responding to a request

Managers should be aware that there is a legal requirement to consider flexible working applications and inform their employees of the outcome within 2 months of the date the request and should take this into consideration to ensure they have an adequate time frame to give the request due consideration. Managers should also be aware that once agreed, there are steps that NWSSP Pension Team need to take prior to submission of any request to NHS Pension Scheme. Once submitted, NHS Pension scheme application timescales (at least 3 months) should also be factored in. Therefore, any discussions regarding the effective date of any change to contract, retirement etc. need to be cognisant of the work required by other agencies to progress and action the application.

Manager should arrange to discuss the application with the individual as soon as possible after receiving a request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes the individual is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impacts it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting. If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the individual or their colleagues would become lone workers).

Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

8.3 Considering a request

All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/ W&OD team. Once a decision is made the manager should inform the individual in writing using Part B of the request form.

8.4 Decision making

If it is decided to approve the application, or accept it with modifications, a discussion should take place to determine how and when the changes might best be implemented. The line manager is responsible for ensuring that Payroll are notified of any changes to pay, and specific contractual changes must be clarified with the individual in advance of the new arrangements commencing. To start the NHS Pensions application process, the individual is responsible for contacting the NWSSP Pension Team to request a link to a form specifically generated for the member of staff...

Managers must make all endeavours to accommodate the request in full or in part, or by providing an alternative. If, after a discussion with and consideration of all alternatives available, the manager feels that they are unable to support a flexible pensions request in a particular post, they must discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they will meet with individual to explain this and will provide written, objectively justified reasons for the decision and give a clear operational reason why the proposed arrangements were not practicable. The manager must provide details/evidence of the business grounds for refusing the request and how they apply in the individual's case. Within the context of a manager being required to make all endeavours to accommodate a request, where it is determined this is not possible this can only be justified by one or more of the reasons included in the following list:

- Significant burden of additional cost
- Detrimental effect on ability to meet patient/customer needs
- Inability to re-organise work among existing employees and/or engaging/recruiting other staff.
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods during which you propose to work
- Planned structural changes to the department

8.5 Escalation

This stage should be used if the line manager has not been able to reach agreement on a solution in the exploratory/application stage. The purpose is to check for other possible solutions including whether the form of flexible pensions which the individual is seeking could be accommodated in a different team, location or role. If a request for flexible pensions has not been accommodated, and the individual would no longer feel able to continue to work in that department because they would be unable to balance their work / life responsibilities, then managers are expected to support employees in identifying any alternative roles within the organisation which may be more supportive of their circumstances and in line with their request.

Should an individual fail to attend a meeting to discuss their application and one further rearranged meeting without explanation, the manager can consider the application withdrawn. In these circumstances, the manager must inform the individual that the application has been withdrawn and provide a reasonable opportunity to respond.

8.6 Appeal

Where a flexible pensions request has been refused, the individual may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Insufficient evidence has been provided to support the reason for refusal.
- Where the manager has incorrectly treated the application as withdrawn.
- Where new information is now available in relation to the request
- Where it is felt that the application was not handled in line with the policy
- Where there may be proposal that has not been fully considered or insufficient evidence has been provided in relation to a business reason for refusal.
- Where it is felt that the application was not dealt with in a reasonable manner or that the individual has been discriminated against.

An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

The individual should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeal will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working/pensions can be submitted.

9. Monitoring and review

Employers will keep a record of all formal applications for Flexible Pensions arrangements in place and a record of any rejections and appeals.

Organisations should ensure that data relating to applications for flexible pensions and outcomes of decisions are recorded and regularly reported through the usual partnership and governance structures.

This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and by department.

Appendix 1 – Flexible Pensions Request Form

Part A of the request form should be completed by the employee.

Part B of the form should be completed between the line manager following the review meeting.

When agreement has been reached the employee will be required to contact the [NWSSP Pension Team](#) to commence the Pension Scheme Application Process.

Part A: Request Details

Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	

Flexible Pension Option requested:

Using the detail from the relevant section of the Policy as a guide, please provide information to be considered in support of your request against the relevant option below.	
Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.	
Partial Retirement (reducing my pensionable pay by at least 10% for first 12 months) *	
Retire, start receiving my pension and recommence employment (Retire and Return) *	

Step down (to a role with less responsibility/lower band)	
Reduction in Hours/wind down	

Employee Signature	Date:

Part B: Outcome Section

Managers decision (please tick to state one of the outcomes below):

Successful application

Request for flexible pensions option has been reviewed and accepted.	
Request has been accepted subject to certain amendments as outlined below	
Partial Retirement Confirm the NWSSP - Partial Retirement Supplementary Form has been completed for submission	
All Options Confirm the relevant change notifications have been submitted to Payroll	

Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.

Unsuccessful application

Application has not been successful.	
Rationale for rejecting application: This can only be justified by one or more of the reasons included in the following list: <ul style="list-style-type: none">• Significant burden of additional cost• Detrimental effect on ability to meet patient/customer needs• Inability to re-organise work among existing employees and/or engaging/recruiting other staff.• Detrimental impact on quality• Detrimental impact on performance	

<ul style="list-style-type: none"> • Detrimental impact on the ability to meet service demands • Insufficient work for the periods during which you propose to work • Planned structural changes to the department 	
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New substantive employment arrangements – Flexible Pensions Agreement

Start date of change:	
Partial Retirement applications only: End date of change/ date due to revert to previous contractual terms. (this must be no earlier than 12 months from the date of partial retirement).	
Retire & Return applications only: Date due to return, following retirement (note there must be a 24-hour break following a retire and return application)	
Change in arrangements:	
Band:	
Hours:	
Salary and Incremental point:	
Any additional allowances to be continued/previously accrued (i.e. additional annual leave):	
Commencement of Bank Contract (if applicable)	

Signatures

<p>Manager Signature</p>	<p>Signature:</p> <p>Date:</p> <p>-- / - / ----</p>
<p>Employee Signature</p> <p>I confirm that this flexible pension option request has been discussed with me and I agree to the adjustments to my working arrangements</p>	<p>Signature:</p> <p>Date:</p> <p>-- / - / ---</p>

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce & Organisational Development
Service Area	Workforce

Title of Procedure, Project, Proposal, Policy being screened:	All Wales Flexible Pensions Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Consistent with its commitment to ensuring all staff are able to access the benefits of flexible working, NHS Wales is committed to supporting and enabling staff to utilise the flexible pension benefits offered by the NHS Pension Scheme.

The flexible pension options can benefit NHS Wales by:

- Supporting employees to work flexibly later in their careers can help them to achieve a healthy work-life balance and enable experienced staff to stay in the NHS for longer and pass their valuable skills and knowledge to colleagues.
- Retaining experienced staff is critical to ensure the delivery of high-quality patient care.
- By enabling employees to access their pension, employers can support the health and wellbeing of employees who are later on in their careers. This can help to improve sickness absence rates and productivity, while reducing rates of stress, fatigue and burnout.
- Offering retired staff the option to re-join the NHS Pension Scheme after full or partial retirement is a way of supporting the financial wellbeing of employees, as it allows staff to build up further pension for a more comfortable retirement and may help to bridge any gap between taking their NHS Pension and State Pension benefits.
- Partial retirement can be used by employers as a tool to support staff affected by annual allowance, as the ability to take all or part of their pension and continue working may help some staff to control their pension growth.

This policy will allow consistent application of flexibilities offered under the NHS Pension Scheme. The All Wales Flexible Working Policy can be used in support of application of some of the options available under this Policy.

In addition offerings and interventions available in support of employee wellbeing could be aligned to the use of this policy.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Data and analysis from 'Is Wales Fairer' published in November 2023 by the Equality and Human Rights Commission in Wales.

NHW Wales Employment Data categorised by age and protected characteristics from October 2023 was used to inform the process.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	X	Negative Impact		No Impact
Members of the NHS Pension Scheme can see in one place all the options available to them to access their pension.				
Pensions flexibility arrangements are available to NHS Pension scheme members who meet certain age criteria. The age at which individuals can access the options described within the policy depend in some circumstances on staff group, age at joining the scheme and which NHS Pension Scheme they are members of.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact	X	No Impact
There may be certain staff groups who don't have access to the pensions flexibility options because they can't access the language in the policy in a way that enables them to make effective choices in regard to their pension flexibility choices, these include:				
<ul style="list-style-type: none"> • BSL Users • Dyslexic • Neurodivergent • Those who use English as a second language • Those who can't read 				
Actions to mitigate against negative impacts:				
<ol style="list-style-type: none"> 1. Ensure the policy has easy to follow diagrams for each option 2. Create an easy-read version of the policy 3. Create an audio version of the policy 				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. 				

<ul style="list-style-type: none"> Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
This policy does not impact a person differently due to this protected characteristic.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
This policy does not impact a person differently due to this protected characteristic. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
This policy does not impact a person differently due to this protected characteristic. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
This policy does not impact a person differently due to this protected characteristic. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
This policy does not impact a person differently due to this protected characteristic. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
79% of Health Board staff are female and 21% male. There is a gender pay gap across the Health Board in favour of males and women are on average paid 21.1% less than men as a whole. The proportion of women working part-time in Hywel Dda remains higher (53.95%) than the proportion of men (28.05%). Factors such as career breaks, part-time					

work, or other gender-related considerations disproportionately impact females, and men as a whole are better provided for through their employment. Males will therefore be better provided for when accessing their pension and therefore have more options available to them as a result. As a result some men will find some of the options available under the policy more or less attractive than some females.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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This policy does not impact a person differently due to this protected characteristic. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.

Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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This policy does not impact a person differently due to this protected characteristic.

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	X	No Impact	<input type="checkbox"/>
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Staff who are less socio-economically well-equipped than others pay opt out of NHS Pension membership during times in their employment. They may also have less ability to take advantage of flexibilities that require a 10% reduction in pensionable pay. The Pension Recycling option only applies to members of the scheme who can prove they will be subject to a pension tax charge which in turn will only apply to higher earners. This will allow staff to opt out of the Pension Scheme and be paid their employer contributions separately. This option is not available for lower paid staff who opt out the NHS Pension Scheme for reasons of affordability.

The aim of the Pension Recycling Option within the policy is to seek to persuade senior staff to continue to work and provide their services to NHS patients as opposed to retiring and has been subject to separate legal scrutiny to ensure this is not discriminatory

There are currently no mitigations against these negative impacts, despite legal scrutiny.


Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Not applicable.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	30.9.24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	30.9.24
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	21/10/24
Diversity and Inclusion Team additional Comments:	<p>The all Wales EqlA which was completed by the All Wales Pensions Flexibility Policy Development Group and has representatives from NHS Wales, Trades Unions and NHS Wales Employers has been accepted for the purposes of this screening. No local impacts have been identified and all impacts listed in the all Wales EqlA have been accepted, along with any mitigations and, in the case of the socio-economic duty, where there are no mitigations.</p>  <p>2024_03_24%20EqlA%20-%20Pension%20</p>	

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate’s responsibility to update the EqlA and inform the D&I team.

NHS Wales Pregnancy Loss Support Policy

Policy information

Policy number: 1270

Classification: Employment

Supersedes: N/a

Version number: 1

Date of Equality Impact Assessment: 30/09/2024

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval: [Click or tap to enter a date.](#)

Date made active

Review date:

Summary of document:

Policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement

Scope:

Policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement

Scope:

The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

When an expectant employee suffers a pregnancy loss after 24 weeks, they will be entitled to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and

dental staff) and will subsequently still be eligible for the provisions set out in the Handbook at Section 15: Leave and Pay for New Parents; as well as the provisions within local organisational policies

To be read in conjunction with:

Patient information:

Owning group: Workforce & OD Team

Executive Director job title: Director of Workforce & OD

Reviews and updates:

Version 1 – new NHS Wales document adopted by HB

Keywords

Glossary of terms

[NHS WALES Pregnancy Loss policy dated July 2024 – English](#)
(opens in a new tab)

[NHS WALES Pregnancy Loss policy dated July 2024 – Welsh](#)
(opens in a new tab)

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce & Organisational Development
Service Area	Workforce

Title of Procedure, Project, Proposal, Policy being screened:	All Wales Pregnancy Loss Support Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of the policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened.

The scope of policy is defined and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

The policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns.

The policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Research from [The Lancet](#) shows that Black women are at a 43% higher risk of miscarriage than white women.

[Ethnicity affects pregnancy healthcare, research suggests - BBC News](#)

[RCOG calls for urgent research into miscarriage rates | RCOG](#)

[Miscarriage: Musings of a Muslim Mother | Tommy's \(tommys.org\)](#)

[Study Finds Disability Could Be a Miscarriage Risk Factor | SureScan \(surescan-womenshealth.co.uk\)](#)

[Terminating a Pregnancy for Medical Reasons \(TFMR\) | Tommy's \(tommys.org\)](#)

[Miscarriage Occurrence and Prevention Efforts by Disability Status and Type in the United States - PMC \(nih.gov\)](#)

[Pregnancy Loss and Gender | Psychology Today United Kingdom](#)

[Men and Miscarriage: A Systematic Review and Thematic Synthesis - Helen M. Williams, Annie Topping, Arri Coomarasamy, Laura L. Jones, 2020 \(sagepub.com\)](#)

[Couples and Miscarriage: The Influence of Gender and Reproductive Factors on the Impact of Miscarriage - ScienceDirect](#)

[Gender Differences in the Development of Posttraumatic Stress Symptoms Following Pregnancy Loss: Social Support and Causal Attributes | Psychological Studies \(springer.com\)](#)

[GENDER DIFFERENCES IN COPING FOLLOWING LOSS OF A CHILD THROUGH MISCARRIAGE OR STILLBIRTH: A PILOT STUDY - MCGREAL - 1997 - Stress Medicine - Wiley Online Library](#)

[LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](#)

[Full article: Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey \(tandfonline.com\)](#)

[Sexual Orientation Disparities in Pregnancy and Infant Outcomes - PMC \(nih.gov\)](#)

[LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](#)

[Sexual orientation-related disparities in perinatal mental health among a prospective cohort study - ScienceDirect](#)

[Risk of miscarriage linked strongly to mother's age and pregnancy history - BMJ Group](#)

[Female Age and Miscarriage - Spontaneous Abortion \(advancedfertility.com\)](#)

[Early Pregnancy Loss | ACOG](#)

[Paternal age and maternal age are risk factors for miscarriage; results of a multicentre European study | Human Reproduction | Oxford Academic \(oup.com\)](#)

[Miscarriage Statistics and Rates in the UK | | Tommy's \(tommys.org\)](#)

[Risks of Pregnancy Over Age 30 - Stanford Medicine Children's Health \(stanfordchildrens.org\)](#)

[Religious beliefs affect grieving after pregnancy loss - PubMed \(nih.gov\)](#)

[Zainab's story - talking about faith - The Miscarriage Association](#)

[Parents' religious/spiritual beliefs, practices, changes and needs after pregnancy or neonatal loss—A Danish cross-sectional study: Death Studies: Vol 46 , No 6 - Get Access \(tandfonline.com\)](#)

[Miscarriage, Religious Participation, and Mental Health - Petts - 2018 - Journal for the Scientific Study of Religion - Wiley Online Library](#)

[PREGNANCY LOSS: A DISTURBING SILENCE AND THEOLOGICAL WILDERNESS | Modern Believing \(liverpooluniversitypress.co.uk\)](#)

[Griffioen - Toward a Philosophical Theology of Pregnancy Loss \(philarchive.org\)](#)

[Women's Experiences of Utilizing Religious and Spiritual Beliefs as Coping Resources After Miscarriage \(qub.ac.uk\)](#)

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Age			
Is it likely to affect older and younger people in different ways or affect one age group and not another?			
Positive Impact	X	Negative Impact	No Impact
<p>This policy could be a positive benefit for staff over the age of 30. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.</p> <p>Risk of miscarriage linked strongly to mother's age and pregnancy history - BMJ Group</p> <p>Female Age and Miscarriage - Spontaneous Abortion (advancedfertility.com)</p> <p>Early Pregnancy Loss ACOG</p> <p>Paternal age and maternal age are risk factors for miscarriage: results of a multicentre European study Human Reproduction Oxford Academic (oup.com)</p> <p>Miscarriage Statistics and Rates in the UK Tommy's (tommys.org)</p> <p>Risks of Pregnancy Over Age 30 - Stanford Medicine Children's Health (stanfordchildrens.org)</p>			
Disability			
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?			
Positive Impact	X	Negative Impact	No Impact
<p>This policy could be a positive benefit for those with disabilities due to the research cited on risk factors. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.</p> <p>Public Health England - Health inequalities: Pregnancy and birth.</p> <p>Redshaw M , Malouf R , Gao H , <i>et al</i></p> <p>Women with disability: the experience of maternity care during pregnancy, labour and birth and the postnatal period. BMC Pregnancy Childbirth 2013;13:174.doi:10.1186/1471-2393-13-174</p> <p>Study Finds Disability Could Be a Miscarriage Risk Factor SureScan (surescan-womenshealth.co.uk)</p> <p>Terminating a Pregnancy for Medical Reasons (TFMR) Tommy's (tommys.org)</p> <p>Miscarriage Occurrence and Prevention Efforts by Disability Status and Type in the United States - PMC (nih.gov)</p>			
Gender Reassignment			
Is it likely to affect those who either:			
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 			
Positive Impact	X	Negative Impact	No Impact

This policy could be a positive benefit due to the research cited. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.

[LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](#)

[Full article: Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey \(tandfonline.com\)](#)

[Sexual Orientation Disparities in Pregnancy and Infant Outcomes - PMC \(nih.gov\)](#)

[LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library](#)

[Sexual orientation-related disparities in perinatal mental health among a prospective cohort study - ScienceDirect](#)

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	X
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This policy ensures that those who have suffered a loss will get paid time off. This could mean that they will not suffer financially, meaning their partners are not likely going to suffer pressure to earn more/ work more hour etc.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	X	Negative Impact		No Impact	
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The essence of the policy is to support staff following a pregnancy loss, giving them the support required and ensuring colleagues and managers are supportive.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	X	Negative Impact		No Impact	
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This policy could be a positive benefit due to the research cited on the higher risk of miscarriage associated with race/ethnicity.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	X	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

This policy could be a positive benefit due to the research cited on grief. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.

[Religious beliefs affect grieving after pregnancy loss - PubMed \(nih.gov\)](#)
[Zainab's story - talking about faith - The Miscarriage Association](#)
[Parents' religious/spiritual beliefs, practices, changes and needs after pregnancy or neonatal loss—A Danish cross-sectional study: Death Studies: Vol 46 , No 6 - Get Access \(tandfonline.com\)](#)
[Miscarriage, Religious Participation, and Mental Health - Petts - 2018 - Journal for the Scientific Study of Religion - Wiley Online Library](#)
[PREGNANCY LOSS: A DISTURBING SILENCE AND THEOLOGICAL WILDERNESS | Modern Believing \(liverpooluniversitypress.co.uk\)](#)
[Griffioen - Toward a Philosophical Theology of Pregnancy Loss \(philarchive.org\)](#)
[Women's Experiences of Utilizing Religious and Spiritual Beliefs as Coping Resources After Miscarriage \(qub.ac.uk\)](#)

Sex
 Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	X	Negative Impact		No Impact	
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This policy could be a positive benefit due to the research cited on the gender differences associated with coping following a loss due to miscarriage. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.

[Gender Differences in the Development of Posttraumatic Stress Symptoms Following Pregnancy Loss: Social Support and Causal Attributes | Psychological Studies \(springer.com\)](#)
[GENDER DIFFERENCES IN COPING FOLLOWING LOSS OF A CHILD THROUGH MISCARRIAGE OR STILLBIRTH: A PILOT STUDY - MCGREAL - 1997 - Stress Medicine - Wiley Online Library](#)

Sexual Orientation
 Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	X	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

This policy could be a positive benefit due to the research cited in relation to the impact on mental health. The links included have been taken from the All-Wales policy, the Health Board are happy to accept them as justification.

[GENDER DIFFERENCES IN COPING FOLLOWING LOSS OF A CHILD THROUGH MISCARRIAGE OR STILLBIRTH: A PILOT STUDY - MCGREAL - 1997 - Stress Medicine - Wiley Online Library](#)

Armed Forces Community
 Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	X
-----------------	--	-----------------	--	-----------	---

This policy does not impact a person differently due to being or having been a member of the armed forces. If any negative impacts are identified in the future we will ask NHS Employers to consider this impact and review the policy if any changes are subsequently required.

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	X	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

This policy may be beneficial in relation to the socio-economic duty specifically to those on low incomes with the paid leave that this policy affords staff.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	X
-----------------	--	-----------------	--	-----------	---

This policy does not impact people's right to use the language of their choice.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	30.9.24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	30.9.24
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	21/10/24
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.



NHS Wales
Pregnancy Loss Support Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



NHS Wales

Pregnancy Loss Support Policy

1.0 Background

1.1 The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

1.2 It supports pregnant employees and employed partners through pregnancy loss 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 loss is a taboo subject, and that people have to suffer in silence.

1.3 If an employee is reading this document, it is likely they are either going through or supporting somebody through this very difficult period so please do reach out to your local workforce department or a manager to talk with in order to ensure that you receive appropriate support.

2.0 Scope

2.1 The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

2.2 This policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns. If you are not an employee but have experienced pregnancy loss, we encourage you to speak with your normal point of contact in our organisation [our Pregnancy and Baby Loss Champion] or a member of the HR Department. They will be able to discuss with you what support is available.

2.3 This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

2.4 When an expectant employee suffers a pregnancy loss after 24 weeks, they will still be entitled to statutory maternity leave and SMP if their baby is born early; is stillborn after the start of their 24th week of pregnancy or dies after being born. This is in addition to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and dental staff); as well as the provisions within local organisational policies.

2.5 If an employee is affected by pregnancy loss but is not the carrier of the pregnancy, the partner of the employee carrying the pregnancy or the intended parent in a surrogacy or adoption arrangement, they should speak with their line manager or the HR Department about how they can be supported.

2.6 The NHS Organisation recognises the distress, both physical and emotional, that may result from pregnancy loss and the impact this may have on individual employees regardless of when or how the loss occurs. This policy has been prepared to provide paid time off and support in relation to pregnancy loss. However, it is appreciated that no situations will be identical, and that pregnancy loss can result in grief unlike other types of grief. Employees are therefore encouraged to discuss with their line manager or a member of the HR Department what support they may need.

2.7 [An employee may prefer to speak with our Pregnancy and Baby Loss Champion in the first instance, while keeping in mind that their line manager or the HR Department may need to be involved in subsequent discussions.]

Note: - An employer may wish to appoint a Pregnancy and Baby Loss Champion. This individual would be trained in pregnancy and baby loss and perhaps have some experience of this type of loss themselves. Appointment of a Pregnancy and Baby Loss Champion would enable employees experiencing pregnancy loss to speak with someone outside of their reporting line and HR who would be well-equipped to listen to their questions or concerns. If an employer appoints a Pregnancy and Baby Loss Champion, appropriate references should be included in this policy.

3.0 Experiencing Pregnancy Loss at Work

3.1 If a pregnancy loss starts while at work, employees are encouraged to speak with their line manager or a trusted colleague. They can then arrange for your preferred contact to be notified and find a suitable place for you to remain while any medical care is organised, or arrangements are made for you to travel home.

3.2 It is recognised how traumatic the experience may be, both physically and emotionally. Consequently, the NHS Organisation wants to ensure that no employee feels that they have to go through the experience on their own or continue with their work. The employee's line manager or colleague should agree with you on how your absence will be communicated to others, if needed.

3.3 The preferred contacts of an employee experiencing pregnancy loss will be allowed to leave work at short notice to provide support.

4.0 Pregnancy Loss Paid Leave

4.1 Those affected by a pregnancy loss, regardless of the reason (See Appendix 1 for further information), before week 24 are entitled to a maximum of ten working days' full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours. It is appreciated that some employees may not want to take leave straight away, or at all. If an employee

does want to take leave under this policy, they are asked to take it within 26 weeks of the pregnancy loss.

4.2 If the NHS Organisation employs the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

4.3 If an employee suffers more than one pregnancy loss in a calendar year, they will be entitled to receive the maximum amount of paid leave, per loss.

4.4 In order to apply for leave following a pregnancy loss, the employee should contact their line manager in the first instance who will advise them on any local arrangements. An employee may self-certify any leave taken in accordance with this policy. They will not be required to provide a Fit Note or letter from a healthcare professional. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they have discussed and verbally agreed the leave.

4.5 It is recognised that it will not always be possible to request pregnancy loss leave in advance. However, an employee is encouraged to speak with their line manager or a member of the HR Department as soon as possible if they are considering taking pregnancy loss leave in accordance with this policy.

5.0 Additional Leave

5.1 Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

5.2 The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the Managing Attendance at Work Policy and / or the Flexible Working Policy or by taking unpaid leave. Leave taken under this policy will not count for monitoring purposes under the Managing Attendance at Work policy. Where appropriate, and with the consent of the employee, consideration will also be given to an occupational referral or temporary redeployment.

5.3 The NHS Organisation recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aim to facilitate flexible working requests for these employees, wherever possible. Further guidance around Flexible Working can be found in the All-Wales Flexible Working Policy.

5.4 We recognise that returning to work after pregnancy loss may be challenging and the preferred support will vary from employee to employee. With this in mind, we encourage employees to speak with their line manager about how they can support a return to work. If an employee has any suggestions for steps that can be taken as to support you during this time, they should discuss these with their line manager.

6.0 Paid Time Off for Medical Appointments

6.1 Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

6.2 Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact of time away from work, in these circumstances.

7.0 General Support

7.1 The NHS Organisation aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

7.2 Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with, e.g.

- A trusted manager or colleague;
- The Staff Psychological Wellbeing Service;
- A member of the Occupational Health Team;
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See Appendix 2);
- Member of Workforce & OD Team; or
- A Trade Union representative

8.0 Responsibilities

8.1 Everyone is expected to be sensitive to the impact of pregnancy loss and to consider their colleagues with kindness and understanding.

8.2 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.

8.3 Employees who have experienced pregnancy loss are actively encouraged to reach out and talk to someone they trust at the earliest opportunity, if they feel they need additional support or signposting.

9.0 Talking about a loss

9.1 It is entirely the employee's decision whether or how much to talk about their loss. The organisation will endeavour to provide an open and welcoming environment in which an employee can do so.

9.2 Equally, it is appreciated that there may be circumstances in which an employee may want to limit the number of individuals who know about their pregnancy loss, to the extent this is possible in the circumstances. If an employee chooses to discuss their pregnancy loss with their line manager, they are encouraged to speak with them about how they would like any related absences from work to be communicated to colleagues.

9.3 Any information you provide to us about your health will be processed in accordance with our Data Protection Policy. We recognise that this data is sensitive and will handle it in a confidential manner.

Pregnancy loss includes but is not limited to:

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss www.liverpoolwomensnhs.uk

External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

♥ [ARC](#)

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

Telephone: 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

♥ [Cruse Bereavement Care](#)

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

Telephone: 0808 808 1677

Email: helpline@cruse.org.uk

Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

♥ [London Friend LGBT Bereavement Helpline](#)

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

Telephone: 0207 7837 3337 Tues 19:30 to 21:30

Webpage: www.londonfriend.org.uk

♥ [Miscarriage Association](#)

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

Telephone: 01924 200799

Website: www.miscarriageassociation.org.uk

♥ [NHS Bereavement Helpline](#)

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

Telephone: 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

♥ [Petals - The Baby Loss Charity](#)

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors

are experts in this field and have years of experience between them of counselling people after all types of baby loss.

Telephone: 0300 688 0068

Email: counselling@petalscharity.org

Website: Petalscharity.org

♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Welcomes calls from anyone affected by a stillbirth of a baby.

Telephone: 020 7436 5881

Email: helpline@uk-sands.org

Website: www.sands.org.uk

♥ [The Ectopic Pregnancy Trust](#)

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

Telephone: 020 7733 2653

Website: www.ectopic.org.uk

♥ [Tommys](#)

Tommys believe that every baby lost is one too many. Tommys exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for [Tommys Baby Loss Support Information](#)

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

Telephone: **0800 014 7800** (Monday to Friday, 09:00 to 17:00).

Email: midwife@tommys.org

Website: www.tommys.org

♥ [The Samaritans](#)

24-hour helpline support every day of the year for anyone in distress, including those who are bereaved.

Telephone: 08457 90 90 90

Website: www.samaritans.org

♥ [Canopi \(nhs.wales\)](#)



GIG Cymru
Polisi Cefnogi Colli Beichiogrwydd

Fforwm Partneriaeth Cymru

Welsh Partnership Forum

GIG Cymru yn
Cwethio mevn Partneriaeth

NHS Wales
Working in Partnership



GIG Cymru

Polisi Cefnogi Colli Beichiogrwydd

1.0 Cefndir

1.1 Nod y polisi hwn yw darparu'r cymorth sydd ei angen ar gyflogeion yn ystod y cyfnod anodd hwn yn eu bywyd, a helpu rheolwyr a chydweithwyr i wybod sut i gefnogi pobl yr effeithir arnynt, gyda charedigrwydd, dealltwriaeth a heb farn.

1.2 Mae'n cefnogi cyflogeion beichiog a phartneriaid cyflogedig drwy golli beichiogrwydd ac yn eu hannog i deimlo'n hyderus i siarad â'u rheolwr, eu cydweithwyr a'u ffrindiau yn y gwaith am yr hyn sydd wedi digwydd. Mae'n herio agweddau bod colli beichiogrwydd yn bwnc tabŵ, a bod yn rhaid i bobl ddioddef yn dawel.

1.3 Os yw gweithiwr yn darllen y ddogfen hon, mae'n debygol ei fod naill ai'n mynd drwy'r cyfnod anodd iawn hwn neu'n cefnogi rhywun mewn sefyllfa debyg, felly cysylltwch â'ch adran gweithlu leol neu reolwr i siarad â nhw er mwyn sicrhau eich bod yn cael cymorth priodol.

2.0 Cwmpas

2.1 Mae cwmpas y polisi wedi'i ddiffinio yn Atodiad 1 ac mae'n cynnwys, ond nid yw'n gyfyngedig i: gamesgoriad, beichiogrwydd anembryonig, beichiogrwydd ectopig, beichiogrwydd molar, colli embryonau wrth drosglwyddo a therfynu beichiogrwydd.

2.2 Mae'r polisi hwn yn berthnasol i weithwyr yn unig. Nid yw'n berthnasol i weithwyr asiantaeth, ymgynghorwyr, contractwyr hunangyflogedig, gwirfoddolwyr nac interniaid. Os nad ydych yn gyflogai ond wedi profi colled beichiogrwydd, rydym yn eich annog i siarad â'ch pwynt cyswllt arferol yn ein sefydliad [ein Hyrwyddwr Beichiogrwydd a Cholled Babanod] neu aelod o'r Adran Adnoddau Dynol. Byddant yn gallu trafod pa gymorth sydd ar gael i chi.

2.3 Mae'r polisi hwn yn berthnasol i bob gweithiwr sy'n dioddef colled beichiogrwydd, ar unrhyw adeg cyn 24 wythnos, p'un a yw wedi digwydd yn uniongyrchol iddynt hwy, eu partner, mam fenthyg neu'r rhieni mabwysiadol mewn lleoliad mabwysiadu cymeradwy. Mae hefyd yn berthnasol waeth beth fo rhyw y gweithiwr, y math o gontract cyflogaeth, hyd gwasanaeth, rôl neu sylfaen.

2.4 Pan fydd gweithiwr sy'n disgwyl yn dioddef colled beichiogrwydd ar ôl 24 wythnos, bydd yn dal i fod â hawl i absenoldeb mamolaeth statudol ac SMP os caiff ei faban ei eni'n gynnar; yn farw-anedig ar ôl dechrau ei 24ain wythnos o feichiogrwydd neu'n marw ar ôl cael ei eni. Mae hyn yn ychwanegol at y darpariaethau yn Adran 23: Absenoldeb Profedigaeth Plentyn o Lawlyfr Telerau ac Amodau Gwasanaeth y GIG (bydd y darpariaethau sy'n cyfateb i'r rhai a gynhwysir yn adran 23 yn berthnasol i staff meddygol a deintyddol); yn ogystal â'r darpariaethau o fewn polisiâu sefydliadol lleol.

2.5 Os yw colled beichiogrwydd yn effeithio ar gyflogai ond nad yw'n cario'r beichiogrwydd, partner y gweithiwr sy'n cario'r beichiogrwydd neu'r rhiant arfaethedig mewn trefniant benthyg croth neu fabwysiadu, dylai siarad â'i reolwr llinell neu'r Adran Adnoddau Dynol ynghylch sut gellir ei cefnogi.

2.6 Mae Sefydliad y GIG yn cydnabod y trallod, yn gorfforol ac yn emosiynol, a all ddeillio o golli beichiogrwydd a'r effaith y gallai hyn ei gael ar weithwyr unigol ni waeth pryd neu sut y mae'r golled yn digwydd. Paratowyd y polisi hwn i ddarparu amser i ffwrdd â thâl a chymorth mewn perthynas â cholli beichiogrwydd. Fodd bynnag, gwerthfawrogir na fydd unrhyw sefyllfaoedd yn union yr un fath, ac y gall colli beichiogrwydd arwain at alar yn wahanol i fathau eraill o alar. Anogir gweithwyr felly i drafod gyda'u rheolwr llinell neu aelod o'r Adran Adnoddau Dynol pa gymorth y gallent fod ei angen.

2.7 [Efallai y byddai'n well gan gyflogai siarad â'n Hyrwyddwr Beichiogrwydd a Cholled Babanod yn y lle cyntaf, gan gadw mewn cof y gallai fod angen cynnwys ei reolwr llinell neu'r Adran Adnoddau Dynol mewn trafodaethau dilynol.]

Sylwer: - Efallai y bydd cyflogwr yn dymuno penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod. Byddai'r unigolyn hwn yn cael ei hyfforddi mewn beichiogrwydd a cholli baban ac efallai bod ganddo rywfaint o brofiad o'r math hwn o golled ei hun. Byddai penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod yn galluogi gweithwyr sy'n profi colled beichiogrwydd i siarad â rhywun y tu allan i'w llinell adrodd ac AD a fyddai'n ddigon parod i wrando ar eu cwestiynau neu eu pryderon. Os bydd cyflogwr yn penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod, dylid cynnwys cyfeiriadau priodol yn y polisi hwn.

3.0 Profi Colled Beichiogrwydd yn y Gwaith

3.1 Os bydd colled beichiogrwydd yn dechrau tra yn y gwaith, anogir cyflogeion i siarad â'u rheolwr llinell neu gydweithiwr y maent yn ymddiried ynddo. Yna gallant drefnu i'ch cyswllt dewisol gael ei hysbysu a dod o hyd i le addas i chi aros tra bod unrhyw ofal meddygol yn cael ei drefnu, neu y gwneir trefniadau i chi deithio adref.

3.2 Cydnabyddir pa mor drawmatig y gall y profiad fod, yn gorfforol ac yn emosiynol. O ganlyniad, mae Sefydliad y GIG am sicrhau nad oes unrhyw weithiwr yn teimlo bod yn rhaid iddo fynd drwy'r profiad ar ei ben ei hun na pharhau â'i waith. Dylai rheolwr llinell y gweithwyr neu gydweithiwr gytuno â chi ar sut y bydd eich absenoldeb yn cael ei gyfleu i eraill, os oes angen.

3.3 Caniateir i gysylltiadau dewisol gweithiwr sy'n profi colled beichiogrwydd adael y gwaith ar fyr budd i roi cymorth.

4.0 Absenoldeb â Thâl - Colli Beichiogrwydd

4.1 Mae gan y rhai yr effeithir arnynt gan golled beichiogrwydd, waeth beth fo'r rheswm (Gweler Atodiad 1 am ragor o wybodaeth), cyn wythnos 24 hawl i uchafswm o ddeg diwrnod gwaith o dâl llawn (pro-rata ar gyfer staff rhan-amser). Yn dibynnu ar ddymuniadau ac anghenion y gweithiwr, gellir cymryd y gwyliau fel diwrnodau/oriau

olynol neu ad hoc. Gwerthfawrogir efallai na fydd rhai gweithwyr eisiau cymryd gwyliau yn syth, neu o gwbl. Os yw gweithiwr am gymryd gwyliau o dan y polisi hwn, gofynnir iddynt ei gymryd o fewn 26 wythnos i golli'r beichiogrwydd.

4.2 Os yw Sefydliad y GIG yn cyflogi'r gweithiwr yr effeithir arno gan golli beichiogrwydd a'i bartner, bydd gan y ddau hawl i wneud cais am absenoldeb colli beichiogrwydd yn eu rhinwedd eu hunain.

4.3 Os bydd gweithiwr yn dioddef mwy nag un golled beichiogrwydd mewn blwyddyn galendr, bydd ganddo hawl i gael yr uchafswm o wyliau â thâl, fesul colled.

4.4 Er mwyn gwneud cais am absenoldeb yn dilyn colled beichiogrwydd, dylai'r gweithiwr gysylltu â'i reolwr llinell yn y lle cyntaf a fydd yn ei gynghori ar unrhyw drefniadau lleol. Gall gweithiwr hunan-ardystio unrhyw wyliau a gymerir yn unol â'r polisi hwn. Ni fydd yn ofynnol iddo ddarparu Nodyn Ffitrwydd na llythyr gan weithiwr gofal iechyd proffesiynol. Gall y gweithiwr a'i reolwr gwblhau'r broses gais yn ôl-weithredol, ar ôl dychwelyd i'r gwaith, cyn belled â'u bod wedi trafod a chytuno ar lafar ar yr absenoldeb.

4.5 Cydnabyddir na fydd bob amser yn bosibl gwneud cais am absenoldeb colli beichiogrwydd ymlaen llaw. Fodd bynnag, anogir gweithiwr i siarad â'i reolwr llinell neu aelod o'r Adran Adnoddau Dynol cyn gynted â phosibl os yw'n ystyried cymryd absenoldeb colli beichiogrwydd yn unol â'r polisi hwn.

5.0 Gwyliau Ychwanegol

5.1 Nid oes terfyn amser i adferiad emosiynol a chorfforol o golli beichiogrwydd. Gallai galaru barhau'n hirach na'r digwyddiad profedigaeth cychwynnol.

5.2 Mae'n bosibl felly y bydd angen cyfnod pellach o absenoldeb o'r gwaith ar y gweithiwr yn dilyn y cyfnod o absenoldeb â thâl. Gallai'r Polisi Rheoli Presenoldeb yn y Gwaith a/neu'r Polisi Gweithio Hyblyg hwyluso'r absenoldeb ychwanegol gan y gweithiwr neu drwy gymryd gwyliau di-dâl. Ni fydd absenoldeb a gymerir o dan y polisi hwn yn cyfrif at ddibenion monitro o dan y polisi Rheoli Presenoldeb yn y Gwaith. Lle bo'n briodol, a chyda chaniatâd y gweithiwr, rhoddir ystyriaeth hefyd i atgyfeiriad galwedigaethol neu adleoli dros dro.

5.3 Mae Sefydliad y GIG yn cydnabod bod hyblygrwydd yn aml yn bwysig i weithwyr sy'n dioddef colled beichiogrwydd. Dylai rheolwyr, felly, anelu at hwyluso ceisiadau gweithio hyblyg ar gyfer y gweithwyr hyn, lle bynnag y bo modd. Ceir rhagor o ganllawiau ynghylch Gweithio Hyblyg ym Mholisi Gweithio Hyblyg Cymru Gyfan.

5.4 Rydym yn cydnabod y gall dychwelyd i'r gwaith ar ôl colli beichiogrwydd fod yn heriol a bydd y cymorth a ffeirir yn amrywio o un gweithiwr i'r llall. Gyda hyn mewn golwg, rydym yn annog gweithiwr i siarad â'u rheolwr llinell am sut y gallant gefnogi dychwelyd i'r gwaith. Os oes gan weithiwr unrhyw awgrymiadau am gamau y gellir eu cymryd i'ch cefnogi yn ystod y cyfnod hwn, dylai drafod y rhain gyda'i reolwr llinell.

6.0 Amser i ffwrdd â Thâl ar gyfer Apwyntiadau Meddygol

6.1 Bydd hawl gan weithwyr i gael amser i ffwrdd â thâl ychwanegol i fynd i apwyntiadau beichiogrwydd cysylltiedig â cholled, neu i fynd gyda'u partner, pe na baent yn dod o fewn y cyfnod y cytunwyd arno o absenoldeb beichiogrwydd â thâl (10 diwrnod gwaith â thâl, staff rhan-amser pro-rata). Bydd hyn yn cynnwys ond heb fod yn gyfyngedig i archwiliadau meddygol, sganiau a phrofion, ac apwyntiadau sy'n ymwneud ag iechyd meddwl.

6.2 Dylai rheolwyr gydnabod na fyddai bob amser yn bosibl i weithwyr drefnu'r apwyntiadau hyn o amgylch gofynion eu gwaith, oherwydd natur colli beichiogrwydd. Felly, dylent gefnogi gweithwyr i reoli effaith amser i ffwrdd o'r gwaith, o dan yr amgylchiadau hyn.

7.0 Cefnogaeth Gyffredinol

7.1 Nod Sefydliad y GIG yw hwyluso amgylchedd gwaith agored a dealladwy. Anogir gweithwyr felly i hysbysu eu rheolwr eu bod yn dioddef colled beichiogrwydd yn gynnar. Bydd hyn yn helpu i sicrhau eu bod yn cael y cymorth angenrheidiol, mewn modd amserol.

7.2 Os nad yw gweithiwr yn teimlo'n gyfforddus i drafod y mater gyda'i reolwr llinell uniongyrchol i ddechrau, efallai y byddai'n ddefnyddiol cael sgwrs gyfrinachol gyda, e.e.

- Rheolwr neu gydweithiwr y gellir ymddiried ynddo;
- Gwasanaeth Llesiant Seicolegol y Staff;
- Aelod o'r Tîm Iechyd Galwedigaethol;
- Swyddog Profedigaeth Mamolaeth y Bwrdd Iechyd;
- Y Gwasanaeth Caplaniaeth;
- Elusen neu sefydliadau cymorth profedigaeth allanol (Gweler Atodiad 2);
- Aelod o'r Tîm Gweithlu a Datblygu Sefydliadol; neu
- Cynrychiolydd Undeb Llafur

8.0 Cyfrifoldebau

8.1 Disgwylir i bawb fod yn sensitif i effaith colli beichiogrwydd ac ystyried eu cydweithwyr gyda charedigrwydd a dealltwriaeth.

8.2 Cyfrifoldeb y rheolwr yw cefnogi'r gweithiwr gyda charedigrwydd, tosturi a hyblygrwydd. Mae pob person yn wahanol, ac efallai y bydd angen addasiadau gwaith dros dro, neu lefelau eraill o gymorth, ar unigolion hefyd.

8.3 Mae gweithwyr sydd wedi profi colled beichiogrwydd yn cael eu hannog i estyn allan a siarad â rhywun y maent yn ymddiried ynddo cyn gynted â phosibl, os ydynt yn teimlo bod angen cymorth ychwanegol arnynt neu eu cyfeirio.

9.0 Sôn am golled

9.1 Penderfyniad y gweithiwr yn gyfan gwbl yw p'un ai i siarad am ei golled neu faint i'w siarad. Bydd y sefydliad yn ymdrechu i ddarparu amgylchedd agored a chroesawgar lle gall gweithiwr wneud hynny.

9.2 Yn yr un modd, gwerthfawrogir y gall fod amgylchiadau lle gallai gweithiwr fod eisiau cyfyngu ar nifer yr unigolion sy'n gwybod am eu colled beichiogrwydd, i'r graddau y mae hyn yn bosibl dan yr amgylchiadau. Os bydd gweithiwr yn dewis trafod colli beichiogrwydd gyda'i reolwr llinell, fe'i hanogir i siarad ag ef am sut yr hoffai i gydweithwyr gael gwybod am unrhyw absenoldebau cysylltiedig o'r gwaith.

9.3 Bydd unrhyw wybodaeth a roddwch i ni am eich iechyd yn cael ei phrosesu yn unol â'n Polisi Diogelu Data. Rydym yn cydnabod bod y data hwn yn sensitif a byddwn yn ei drin mewn modd cyfrinachol.

Mae colled beichiogrwydd yn cynnwys ond heb fod yn gyfyngedig i:

- **Camesgor:** colli beichiogrwydd yn ddigymell hyd at 24 wythnos o'r beichiogrwydd. [Gwybodaeth y GIG ar Gamesgor](#)
- **Terfynu:** gweithdrefn feddygol neu lawfeddygol i ddod â beichiogrwydd i ben. [Gwybodaeth GIG ar Derfynu](#)
- **Beichiogrwydd Ectopig:** pan fydd wy wedi'i ffrwythloni yn mewtblannu ac yn tyfu y tu allan i'r groth. [Gwybodaeth y GIG ar Feichiogrwydd Ectopig](#)
- **Beichiogrwydd Anembryonig:** pan fydd celloedd babi yn peidio â datblygu'n gynnar, a'r embryo bach yn cael ei adamsugno. Fodd bynnag, mae'r sach beichiogrwydd, lle dylai'r babi ddatblygu, yn parhau i dyfu. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Beichiogrwydd Molar:** math prin o feichiogrwydd lle mae wy wedi'i ffrwythloni nad yw'n hyfyw yn mewtblannu yn y groth a bydd yn methu â chyrraedd tymor llawn. [Gwybodaeth GIG ar Feichiogrwydd-Molar](#)
- **Colled wrth drosglwyddo embryo** – pan na fydd yr embryo yn trosglwyddo yn ystod triniaeth ffrwythlondeb ac yn arwain at ddim beichiogrwydd. Dysgwch fwy am golled wrth drosglwyddo embryo www.liverpoolwomensnhs.uk

Elusennau a Sefydliadau Cymorth Profedigaeth Allanol

Mae llawer o elusennau yn y DU sy'n darparu cymorth, cefnogaeth a gwybodaeth i'r rhai sy'n dioddef colli beichiogrwydd. Mae'r canlynol yn rhai o'r elusennau mwyaf a lle bo'n berthnasol, lleol:

♥ [ARC](#)

Mae'n elusen sy'n cynnig gwybodaeth a chymorth anweithredol i rieni cyn, yn ystod ac ar ôl sgrinio cyn-geini; pan ddywedir wrthynt fod gan eu babi anomaledd; pan fyddant yn gwneud penderfyniadau anodd ynghylch parhau â beichiogrwydd neu ddod â beichiogrwydd i ben, a phan fyddant yn ymdopi â materion cymhleth a phoenus ar ôl gwneud penderfyniad, gan gynnwys profedigaeth.

Rhif ffôn: 0207 713 7486. Mae llinellau cymorth yn cael eu hateb gan staff hyfforddedig o ddydd Llun i ddydd Gwener, 10.00 tan 17:30pm.

♥ [Gofal Galar Cruse](#)

Mae gwirfoddolwyr profedigaeth hyfforddedig, sy'n cynnig cymorth emosiynol i unrhyw un y mae profedigaeth yn effeithio arnynt, yn staffio llinell gymorth genedlaethol rhadffôn Gofal Profedigaeth Cruse.

Rhif ffôn: 0808 808 1677

E-bost: helpline@cruse.org.uk

Mae llinellau cymorth ar agor o ddydd Llun i ddydd Gwener rhwng 09.30 a 17.00 (ac eithrio gwyliau banc), gydag oriau estynedig ar nosweithiau Mawrth, Mercher a lau, pan fyddant ar agor tan 20:00.

♥ [London Friend LGBT Bereavement Helpline](#)

Cefnogaeth i bobl hoyw, lesbiaidd, deurywiol a thrawsrywiol sy'n disgwyl neu'n profi profedigaeth.

Rhif ffôn: 0207 7837 3337 Dydd Mawrth 19:30 i 21:30

Tudalen we: www.londonfriend.org.uk

♥ [Miscarriage Association](#)

Yn darparu cyngor a chefnogaeth i'r rhai sydd wedi profi camesgoriad, beichiogrwydd molar neu feichiogrwydd ectopig.

Rhif ffôn: 01924 200799

Gwefan: www.miscarriageassociation.org.uk

♥ [Llinell Gymorth Profedigaeth y GIG](#)

Nyrs gymwys sy'n gallu rhoi arweiniad a chymorth i unigolion sy'n dioddef colled beichiogrwydd sy'n rhedeg Llinell Gymorth Profedigaeth y GIG.

Rhif ffôn: 0800 2600 400 – Llinell gymorth ar agor bob dydd 08:00 i 20:00.

♥ [Petals - Yr Elusen Colled Babanod](#)

Mae Petals yn darparu gwasanaeth cwnsela rhad ac am ddim i gefnogi menywod, dynion a chyplau trwy'r dinistr o golli babanod. Mae eu rhaglen gwnsela yn diwallu anghenion y rhai sydd wedi dioddef cymhlethdodau beichiogrwydd, colli beichiogrwydd neu farwolaeth babi. Mae eu cynghorwyr yn arbenigwyr yn y maes hwn ac mae ganddynt flynyddoedd o brofiad rhyngddynt o gwnsela pobl ar ôl pob math o golli babi.

Rhif ffôn: 0300 688 0068

E-bost: counselling@petalscharity.org

Gwefan: Petalscharity.org

♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Yn croesawu galwadau gan unrhyw un yr effeithir arno gan farw-enedigaeth babi.

Ffôn: 020 7436 5881

E-bost: helpline@uk-sands.org

Gwefan: www.sands.org.uk

♥ [Yr Ymddiriedolaeth Beichiogrwydd Ectopig](#)

Elusen genedlaethol gofrestredig a sefydlwyd i ddiwallu anghenion pobl sydd wedi profi beichiogrwydd ectopig a'r gweithwyr gofal iechyd proffesiynol sy'n gofalu amdanynt.

Rhif ffôn: 020 7733 2653

Gwefan: www.ectopic.org.uk

♥ [Tommys](#)

Mae Tommys yn credu bod pob babi a gollir yn un yn ormod. Mae Tommy's yn bodoli i gefnogi, gofalu am a hyrwyddo pobl, ni waeth ble y gallent fod ar eu taith beichiogrwydd. Maent yn darparu cyngor arbenigol, dan arweiniad bydwagedd i rieni cyn, yn ystod ac ar ôl beichiogrwydd, gan weithio gyda'i gilydd tuag at feichiogrwydd mwy diogel ac iachach. Cliciwch yma am [Wybodaeth Cymorth Colli Babanod Tommys](#)

Os hoffech siarad ag un o fydwagedd Tommys am eich beichiogrwydd, neu os oes angen cymorth a chynghor arnoch ar ôl colli beichiogrwydd, gallwch gysylltu â'r tîm yn uniongyrchol.

Ffôn: 0800 014 7800 (Dydd Llun i ddydd Gwener, 09:00 i 17:00).

E-bost: midwife@tommys.org

Gwefan: www.tommys.org

♥ [Y Samariaid](#)

Cefnogaeth llinell gymorth 24 awr bob dydd o'r flwyddyn i unrhyw un sydd mewn trallod, gan gynnwys y rhai sydd mewn profedigaeth.

Rhif ffôn: 08457 90 90 90

<http://www.samaritans.org>

♥ [Canopi \(qiq.cymru\)](#)