



HEALTH AND SAFETY POLICY (APPENDIX 'F')

NEW OR EXPECTANT MOTHERS POLICY

DOCUMENT INFORMATION	
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Ratifying committee/group:	Health, Safety and Risk Group
Date of ratification:	25 th July 2018
Date of Issue:	26 th July 2018
Review due by:	July 2021
Version:	V6

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1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees, including new or expectant mothers.
- 1.2 The Trust recognises that new or expectant mothers, as result of their condition, may face additional risks to their health, safety and welfare. As a result of this the Trust will fulfil the requirements of the Health and Safety at Work Act 1974 and, more specifically, the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Workplace (Health, Safety and Welfare) Regulations 1992 and will do all that is reasonably practicable to protect these employees.

2. Scope

- 2.1 This policy applies to every department within the Trust and to every new or expectant mother employed by South Central Ambulance Service NHS Foundation Trust including contract workers, temporary workers and bank staff.

3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the risks to the health and safety to new or expectant mothers within the Trust.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the identification of new or expectant mothers
 - the carrying out of risk assessments on new or expectant mothers
 - the regular review of these risk assessments
 - the management and control of the risks to new or expectant mothers whilst they are at work.

5. Roles and Responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to new or expectant mothers; and that there are suitable rest facilities available to staff who are pregnant or breastfeeding.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall responsibility for:
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks of new or expectant mothers.
 - ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for new or expectant mothers
 - ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Directors

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Director of Patient Care and Service Transformation

- 5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:
- ensuring that workplace health, safety and welfare procedures are constantly reviewed
 - ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
 - ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

5.5 Managers and Supervisors

5.5.1 Once they have been notified in writing that one of their staff is a new or expectant mother, managers and supervisors have the following responsibilities:

- to ensure that this policy is implemented effectively within their departments;
- to ensure that, upon receipt of written notification that one of their staff is a new or expectant mother, a suitable and sufficient risk assessment is carried out using the risk assessment proforma in appendix 3;
- to ensure that the risk assessment is reviewed on a regular basis; and when carrying out and reviewing the assessment, managers and supervisors should consider the guidance in sections 6 and 7 and appendix 2;
- to ensure that adequate controls are put in place and maintained to either eliminate, manage or control, so far as is reasonably practicable, the identified risks to new or expectant mothers;
- to monitor the workplace to ensure that safe conditions are maintained for new or expectant mothers;
- where necessary, to liaise with Human Resources, the Occupational Health Department and the Risk Team;
- to consider and, where necessary, put in place alternative working arrangements for the new or expectant mother such as:
 - to, where necessary, alter her working conditions or hours of work, if it is reasonable to do so and would avoid the risks, or
 - where necessary, identify and offer her suitable alternative work that is available, or
 - where necessary, suspend her from work. The Employment Rights Act 1996 requires that this suspension should be on full pay. For example, if the new and expectant Mother works nights and has a certificate from a registered medical practitioner or a registered midwife stating that it is necessary that they should not be at work for the period identified on the certificate then the Trust will, subject to section 67 of the 1966 Act, suspend her from work for as long as is necessary for her health and safety as required by regulation 17 of the Management of Health and Safety at Work Regulations 1992 (amended 1999).

5.6 Employees Responsibilities

5.6.1 It is the duty of the expectant or new mother to notify the Trust immediately by phone and in writing that she is pregnant or has given birth within the previous six months or is breastfeeding. The new or expectant mother can use the template letter in appendix 1 to do this. Please note, until the Trust receives this notification in writing they do not have to do anything.

5.6.2 The new or expectant mother also has the following responsibilities:

- to obtain confirmation that they are pregnant from their GP or midwife as soon as is reasonably practicable and provide this to their manager or supervisor;
- to share any certificate they receive from a registered medical practitioner or registered midwife which states that they should not be at work for the period on

the certificate with their manager or supervisor (this applies to staff who work nights);

- to inform their manager or supervisor of any changes in their circumstances which will require the risk assessment to be reviewed;
- to inform the Human Resources Department and Occupational Health Department that they are continuing to breastfeed for six months or more after the birth.

6. Definitions

- 6.1 The phrase 'new or expectant mother' means an employee who is either pregnant or has given birth within the previous six months or who is breastfeeding. 'Given birth' is defined as 'delivering a living child' or after 24 weeks pregnancy, 'a stillborn child.'

7. Arrangements for carrying out a risk assessment on a new or expectant mother

- 7.1 On receiving written notification from an employee that they are a new or expectant mother, their manager or supervisor will, using the proforma in appendix 3, carry out a risk assessment of the duties undertaken by that individual and will, so far as is reasonably practicable, put in place measures to eliminate, manage or control the identified risks.
- 7.2 When using this risk assessment proforma, if any of the hazards listed are not relevant to the new or expectant mother's circumstances then the manager or supervisor should state 'not applicable' in the existing controls column against that particular hazard.
- 7.3 For those hazards that are relevant, the manager or supervisor should state what controls are in place and then evaluate the level of risk to the new or expectant mother and then identify whether or not any further controls need to be put in place.
- 7.4 When carrying out the risk assessment on the new or expectant mother, the manager or supervisor can obtain support from a Human Resources Manager/Advisor, and/or the Occupational Health Department and/or the Risk Team.
- 7.5 Among other things, the risk assessment will consider the specific risks to new and expectant Mothers and whether or not they are at risk from the following:
- **Physical agents** - such as shock, vibration or other movements; manual handling of loads; noise; ionising and non-ionising radiation; temperature extremes; postures and movements that cause mental and/or physical fatigue; hyperbaric (high pressure) atmospheres.
 - **Biological agents** - such as bacteria, viruses and other micro-organisms known to cause adverse human health effects, especially those known to cause abortion or physical/neurological damage.
 - **Chemical agents** - such as mercury, lead, substances absorbed through the skin, cytotoxic drugs, carbon dioxide and chemicals labelled with the following risk phrases: possible risk of irreversible effects; may cause cancer; may cause heritable genetic damage; may cause harm to the unborn child; possible risk of harm to unborn child; may cause harm to breast fed babies.
 - **Individual circumstances:** such as any other relevant medical conditions or issues such as morning sickness, visits to the toilet, increased tiredness
 - **Process** – from the working activities that they carry out.

- **Environment** – any aspect of the environment that could cause risk.

7.6 Where the risk assessment identifies risks to new or expectant mothers and these risks cannot be avoided, the Trust will:

- Confirm that adequate control measures are in place, or;
- Alter the new or expectant mother’s working conditions or hours of work if it is reasonable to do so and would avoid the risks, or;
- Identify and offer her suitable alternative work that is available, or;
- Suspend her from work. The Employment Rights Act 1996 requires that this suspension should be on full pay.

7.7 This assessment may identify that other assessments are required for the new or expectant mother, such as a display screen equipment assessment and/or a control of substances hazardous to health assessment and/or a manual handling risk assessment, which the manager or supervisor will have to carry out or arrange for them to be carried out.

7.8 Whichever additional risk assessments are carried out, they will need to be attached and collated to the initial risk assessment; and all of the associated risk assessments will have to be reviewed regularly as the pregnancy progresses/develops.

7.9 Where necessary, in addition to any risk assessments, a personal emergency evacuation plan (PEEP) will be required for an expectant mother who, in the later stages of pregnancy, is experiencing mobility difficulties and would need assistance in the event of an emergency evacuation. A copy of this PEEP should be held and retained by the expectant mother’s manager or supervisor.

7.10 The documented risk assessment and any other associated risk assessments and the PEEP will be placed on the individual employee’s personal file kept by Human Resources.

8. General Advice

8.1 When re-deploying new and expectant mothers, suitable alternative duties need to be identified.

8.2 Line managers and supervisors should work closely with staff to identify any previous work skills and experience which may benefit the Trust.

8.3 General guidance is as follows:

Staff grade	Duties	Action
Ambulance Care Assistant	Front line duties	Remove from operational duties immediately and find alternative deployment

Emergency Care Assistant	Front line duties	Remove from operational duties immediately and find alternative deployment
Technician	Front line duties	Remove from operational duties immediately and find alternative deployment
Paramedic	Front line duties	Remove from operational duties immediately and find alternative deployment
Emergency Care Practitioner	Front line duties	Remove from operational duties immediately and find alternative deployment
EOC Staff	Working in the Clinical Coordination Centre (CCC)	Review shift patterns and consider alternative deployment
Supervisors/Managers	Front line duties	Remove from operational duties immediately and find alternative deployment
	Working in the Clinical Coordination Centre (CCC).	Review shift patterns and consider alternative deployment
Administration and support	Working in administration.	Review work load

This chart is a guide to assist with the risk assessment which should be completed for each new or expectant mother.

9. Suitable rest facilities for new or expectant Mothers

9.1 The Trust, in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992, will provide suitable rest facilities for staff who are pregnant or breastfeeding. These facilities should be suitably located (e.g. near to toilets) and, where necessary, should provide appropriate facilities for the new or expectant Mother to lie down.

10. Training

10.1 Managers and Supervisors who have to carry out risk assessments must obtain training in how to carry out a risk assessment from the Risk Team prior to undertaking any risk assessments as per this policy.

11. Equality and Diversity

11.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 5.

12. Monitoring

12.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of risk assessments completed as per legislation and policy in a financial year. b) Actions on the risk assessments completed as per risk assessment.	a) Report from HR on the number of assessments completed on new or expectant mothers in a financial year. b) Audit on 10% of the risk assessments completed on new or expectant mothers in a financial year.	a) Human Resources b) Risk Team.	Health, Safety and Risk Group.	Annually, as a minimum.

13. Consultation and Review

- 13.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.
- 13.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Health and safety and risk group	3/6/15 to 24/6/15	N
All managers and staff within the Trust	3/6/15 to 24/6/15	Y

14. Implementation (including raising awareness)

- 14.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters.
- 14.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

15. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Pregnant Workers Directive (92/85/EEC)
- Workplace (Health Safety and Welfare) Regulations 1992
- 'New and Expectant Mothers at Work – A Guide for Employers'
- Employment Rights Act 1996
- Equality Act 2010

- Agenda for Change Terms and Conditions

16. Associated documentation

- Health and safety policy and procedure
- Display screen equipment policy
- Minimal lifting policy
- Control of substances hazardous to health policy
- Lone working policy

17. Review Table

Version	Reason for change	Overview of change
V4	Review of policy.	<p>Adoption of new policy template.</p> <p>Changes to the duties and responsibilities of the: The Board, Executive Directors, The Director of Patient Care and Quality, Managers and Supervisors, Employees.</p> <p>Inclusion of a new section on the arrangements for carrying out a risk assessment on a new or expectant mother.</p> <p>Inclusion of template letter for new or expectant mothers to notify their manager or supervisor.</p> <p>Inclusion of new risk assessment form.</p>
V5	Inclusion of Equality Statement.	Inclusion of the Equality Statement as agreed at the Health, Safety and Risk Group meeting on the 28/1/2016.
V6	Review of policy	<p>Section 3: removal of 3.4 Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result.</p> <p>Section 5.4: Director of Patient Care changed to Director of Patient Care and Service Transformation.</p> <p>Section 5.4.1: Director of Patient Care and Quality changed to Director of Patient Care and Service Transformation.</p>

		<p>Section 8.3: Reference to Emergency Operations Centre changed to Clinical Coordination Centre (CCC).</p> <p>Section 16: Health and Safety Policy changed to Health and Safety Policy and Procedure.</p> <p>Section 21: All references to Director of Patient Care changed to Director of Patient Care and Service Transformation.</p> <p>References to Clinical Review Group changed to Patient Safety Group.</p> <p>References to Director of Operations changed to Chief Operating Officer.</p> <p>Director of Clinical Services changed to Director of Patient Care and Service Transformation.</p> <p>Director of IT changed to Associate Director of Information Management and Technology (IM&T).</p> <p>Information Governance Steering Group changed to Information Management and Technology (IM&T) Control Board.</p> <p>Section 22: Equality Impact Assessment chart amended so that reference to Positive and Negative impact and reasons are in bold type.</p> <p>Change of phone number.</p> <p>Disability, Sexual Orientation and Religion/ Belief put in bold type; and removal of reference to Trans people.</p> <p>Section 23: Change of phone number; and insertion of EQIA Action Plan.</p> <p>Section 24: Date of Equality Impact Assessment – new date added; and Name of Accountable Group Chair added.</p>
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18. Appendix 1: Written notification confirming new or expectant mother status

All staff who are expectant mothers should complete this as soon as they know that they are pregnant and/or if they are new mothers and returning to work; once completed they should send it to their manager/supervisor directly/immediately. A copy of this letter should also be sent to the Human Resources Department and the Risk Team.

Address (Insert your address here)

Insert date

Private and confidential

Dear [insert line manager's/supervisor's name]

RE: Written notification of being a new or expectant Mother (delete whichever is not applicable)

In accordance with regulation 18 of the Management of Health and Safety at Work Regulations 1992 (Amended 1999) I wish to inform you that I am pregnant and that my baby is due on the: /I wish to inform you that I am a new mother and will be returning to work on: . Please delete whichever is not applicable.

I understand that as I have now informed you in writing of my circumstances, you will make arrangements to carry out a personal and specific risk assessment on my circumstances and current job role.

I also understand that you will make arrangements to put measures in place, so far as is reasonably practicable, to ensure my health and safety; and you will review this assessment regularly as my pregnancy progresses or my circumstances change to take into account any possible risks that may occur during the different stages of my pregnancy.

I look forward to hearing from you in the very near future.

Yours sincerely

Please print name:

Please print job title:

Please print usual work location:

19. Appendix 2: Guidance for Managers and Supervisors

Physical effects of pregnancy on work performance

The following notes are provided for managers and supervisors to increase awareness of the physical changes and work limitations that expectant Mothers may experience during pregnancy.

Nausea and sometimes vomiting may lead to deterioration in work performance during the first trimester (first 12 weeks following conception). Fatigue is also a common problem during the early and later stages of pregnancy. This may in turn exacerbate any other issues present such as difficulties in commuting to and from work.

In the second trimester (13 to 28 weeks after conception) many pregnant women experience musculoskeletal problems due to their stomach becoming distended. The onset and aggravation of lower back pain and stiffness are commonly attributed to changes in activity patterns or work postures; and physical changes such as weight gain increase the strain in a given posture.

Towards the end of this trimester more physical difficulties may be experienced, e.g. reduction in effective arm reach, and the expectant Mother's chair may not be able to be pulled into the desk as close as usual. Changes in the body's centre of mass can result in balance becoming less stable which can increase the potential for falls. Dizziness and fainting may also occur, particularly in hot environments or due to prolonged standing.

In the third trimester (after 29 weeks from conception) the problems of the second trimester continue. Fatigue is more pronounced and is often worsened by insomnia. There may also be a variety of aches and pains due to stretching of abdominal and pelvic muscles and ligaments. Constipation, haemorrhoids, varicose veins and bladder problems may also cause discomfort. Each of these alone may not present a significant problem, but when a number are present it is likely that they will affect the women's work capacity. Generally, it is not feasible for a pregnant woman to continue work beyond 34 weeks after conception (i.e. six weeks before the expected date of the birth). They should only be permitted to be working if they provide medical certification of fitness to continue to work including a description of the duties which they are fit to carry out safely.

20. Appendix 3: New or expectant mothers risk assessment form

South Central Ambulance Service NHS Foundation Trust New or Expectant Mothers Risk Assessment Form							
Risk assessment on (name of member of staff):				Current Job Title:			
Brief description of current duties:							
Expected date of confinement:				Current Gestation:		(weeks)	
Person (s) carrying out the assessment:				Department/Area/Directorate:			
Risk assessment number:			Date of assessment:			Date of review of assessment:	
Ref	Hazards (List all of the identified hazards) Do the duties of the new or expectant mother expose them to:	Existing Controls (List all of the measures currently in place to control exposure to the hazards) If the answer to any of the questions in the hazards column is no, then please state 'Not applicable' in this column and no further action is required on that particular hazard. If the answer is 'Yes' to any of the hazards, then please state the controls in place.	Initial risk score (SxL =)	Further controls required- Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	Final risk score (SxL=)
1.	Physical Agents						
1.1	Is there any exposure to shocks, vibration or movement?						
1.2	Is there any manual handling involved which might introduce a risk of injury? E.g. Lifting and carrying						

	<p>Undertaking hazardous lifting operations can potentially pose a risk of injury and therefore should be avoided.</p> <p>If hazardous lifting operations cannot be avoided then they must be fully assessed separately and suitable controls to protect the new or expectant mother must be put in place; and the assessment should be regularly reviewed and monitored as the pregnancy progresses.</p>						
1.3	Will there be any exposure to ionising radiation (x-rays, etc.)?						
1.4	Is there any exposure to non-ionising radiation, such as electromagnetic radiation?						
1.5	Is there any exposure to extremes of temperature?						
1.6	Does the movement of posture involved in the work pose a risk? (e.g. prolonged sitting or standing, working in confined spaces).						
1.7	Does your work involve repetitive bending and stretching?						
1.8	Are there slippery, wet conditions, which could pose a risk?						
1.9	Is there a risk of physical violence?						

1.10	<p>Are you exposed to nauseating smells? Exposure to nauseating smells such as pungent cooking/chemical odours may increase 'morning sickness.'</p>						
1.11	<p>Are you required to wear personal protective equipment?</p>						
1.12	<p>Is there is a risk when evacuating the building during a fire evacuation?</p> <p>This should be reviewed regularly as the pregnancy develops.</p> <p>Where necessary, a personal emergency evacuation plan (PEEP) will be required for an expectant mother who, in the later stages of pregnancy, is experiencing mobility difficulties and would need assistance in the event of an emergency evacuation.</p>						
2.	Biological Agents						
2.1	<p>Could you be exposed to blood borne viruses?</p>						
2.2	<p>Could you be exposed to Rubella?</p>						

2.3	Could you be exposed to Chicken pox?						
2.4	Could you be exposed to Tuberculosis (TB)?						
3.	Chemical Agents						
3.1	Are you exposed to lead?						
3.2	Are you exposed to mercury?						
3.3	Are you exposed to cytotoxics?						
3.4	Are you exposed to sterilising agents?						
3.5	Are you exposed to pesticides?						
3.6	Are you exposed to carbon monoxide?						
3.7	Are you exposed to solvents?						
3.8	Are you exposed to anaesthetic gases?						
4.	Psychological						
4.1	Do you work long hours without a break?						
4.2	Is there a requirement to do shift work?						
4.3	Are you exposed to stressful situations?						

4.4	Are you exposed to violent or aggressive situations?						
5.	Working conditions						
5.1	Do you work with display screen equipment?						
5.2	<p>If yes, has a display screen equipment (DSE) risk assessment been carried out?</p> <p>A DSE assessment should already have been carried out, if it has, then because of the change in circumstances this should be reviewed and regularly reviewed as the pregnancy progresses.</p> <p>If a DSE assessment has not been carried out, then this will have to be addressed and reviewed regularly as the pregnancy develops.</p> <p>Sitting for long periods of time at display screen equipment should be reduced; therefore, more frequent breaks/changes in activity should be introduced, especially as the pregnancy develops.</p> <p>Ensure there is adequate space in and around the workstation for the pregnant employee as their pregnancy develops.</p>						

5.3	Does your job require you to drive?						
5.4	Do you sometimes work alone? If yes, lone working should be considered as part of this assessment; and suitable controls should be introduced to ensure the safety of the pregnant lone worker.						
5.5	Are you exposed to cigarette smoke? As all Trust premises are designated as 'no smoking' buildings then there should not be a risk to the pregnant employee.						
5.6	Are you required to work at heights?						
5.7	Are adequate facilities available to you? Is there a rest room? Somewhere where you can lie down if you need to?						
6.	Miscellaneous Explore with the new or expectant mother any other hazards that they may be subject to.						

6.1	<p>If the answer to all of the above questions is No, are there any other identified risks in the current employment role which may be hazardous to the new or expectant Mother?</p> <p>If yes, please define:</p>					
6.2	<p>If the answer to any of the questions is Yes, then action must be taken to control the risk. The decisions must be taken in consultation with the member of staff concerned.</p> <p>The manager or supervisor carrying out this assessment should:</p> <ul style="list-style-type: none"> • Confirm adequate control measures are in place. • Alter working conditions or hours of work. • Identify and offer suitable alternative work. • Suspend from work on full pay (Employment Rights Act 1996). <p>(Delete as appropriate)</p> <p>They should also provide details of action taken and state what actions have been taken on this risk assessment form.</p>					

Personnel involved in the assessment:							
Member of staff				Line Manager/Supervisor			
Name:				Name:			
Signature:				Signature:			
Date:				Date:			
Human Resources Department				Occupational Health Advisor			
Name:				Name:			
Signature:				Signature:			
Date:				Date:			
Date of review:				Date of review:			

21. Appendix 4: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operating Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associate Director of Information Management and Technology (IM&T)	Information Management and Technology (IM&T) Control Board	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operating Officer	As appropriate	Quality and Safety Committee	Committee decision

Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision
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22. Appendix 5: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: New or expectant mothers policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
To assist the Trust with the protection of all staff, but in particular new or expectant mothers.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place: <ul style="list-style-type: none">• for the effective implementation of this policy throughout the Trust• for the identification of new or expectant mothers within the Trust• for the carrying out of suitable and sufficient risk assessments on new or expectant mothers; and the regular review of these assessments• to ensure that all appropriate controls, so far as is reasonably practicable, are put in place to reduce the risks to staff who are new or expectant mothers.
3. Who will be the main beneficiaries of the strategy/function/policy?
New or expectant mothers.
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none">a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	✓	N/A	There is a potential positive impact on staff who are new or expectant mothers.
	Men	N/A	N/A	Policy is designed specifically to protect women who are new or expectant mothers.
RACE	Asian or Asian British People	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
	Black or Black British People	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
	Chinese people and other people	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
	People of Mixed Race	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
	White people (including Irish people)	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
DISABILITY	Disabled People	✓	N/A	Policy is designed to protect all women who are new or expectant mothers. The risk assessment would identify what reasonable adjustments would be made.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
AGE	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.

RELIGION/BELIEF	Faith Groups	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.
	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect all women who are new or expectant mothers.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn, Head of Risk and Security.		
Date: 17/7/2018.		

23. Appendix 6: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: New or expectant Mothers policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	

Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality Orientation	

Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

24. Appendix 7: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	New or expectant mothers policy
Author's Name and Job Title	John Dunn, Head of Risk and Security
Review Deadline	
Consultation From – To (dates)	3/6/15 to 24/6/15
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	N
If No, please list comments not included along with reasons	Some of the issues raised in the comments were already covered in the policy.
Equality Impact Assessment completed (date)	2/6/15 and 17/7/2018.
Name of Accountable Group	Health, Safety and Risk Group
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	25 th July 2018
Date Policy is Active	26 th July 2018
Date Next Review Due	July 2021
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle, Chief Operating Officer.