



St Helens and Knowsley
Teaching Hospitals
NHS Trust



Lead Employer Service

Maternity Handbook

Your complete guide to pregnancy at work and maternity leave

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Pregnancy key dates

Please refer to the dates below to ensure that everything is completed in preparation for you going on maternity leave.

Week 12



By this week, your initial risk assessment should have been completed. This should be done when you notify your supervisor.

Week 19



You should request your MATB1 at your next antenatal appointment.

Week 25



This is the latest you should inform your supervisor and LE about your pregnancy and submit your application form and MATB1. This is referred to as your qualifying week, for leave and pay purposes.

You should also make arrangements to meet with your TSTL / ES / MEM to discuss and plan any KIT days and supported return to training days that maybe required.

Please see page 7 for further information.

Week 27



You should have completed a follow-up risk assessment for your second trimester of pregnancy by week 27.

Week 29



Providing LE has received all of your documentation, we will have written to you to confirm your chosen start and expected due date of maternity leave.

This is the earliest point at which your maternity leave can start.

Week 36



Payroll will write to you the month you are due to go on maternity leave to provide your maternity calculations.

Week 40



Your due date; however, if you are absent from work due to a pregnancy related illness in the last four weeks before your due date, your maternity will commence at 36 weeks of pregnancy.

Maternity Leave: Entitlement

Occupational Maternity Pay (OMP) may be granted to trainees who have 12 months continuous service with the Trust or another NHS organisation at the beginning of the 11th week before the expected week of childbirth (EWC).

The Trust must be notified in writing before the 15th week before the EWC stating the date she wishes to start her maternity leave; provides a MATB1 certificate and intends to return to work with the Trust or another NHS employer for a minimum period of three months.

To be eligible for Statutory Maternity Pay (SMP), the trainee must have completed 26 weeks continuous service with the Trust by the 15th week before the expected week of childbirth.

If a mother elects to take Shared Parental Leave she will cease her Maternity Leave (see the Lead Employer Shared Parental Leave Policy) and will no longer be entitled able to claim either OMP or SMP.

Statutory regulations state you are not permitted to work for the first two weeks after birth.

Commencement of Leave



Maternity leave shall not normally commence prior to the 11th week before the EWC (29 weeks pregnant) but can commence at any time up to the EWC.



Maternity Leave: Entitlement

Trainees who are eligible for OMP as outlined above will be entitled to the following:-

- For the first 8 weeks of leave - full pay (less any SMP or Maternity Allowance to which they may be entitled).
- For the next eighteen weeks of leave - half of full pay plus SMP or Maternity Allowance (reduced only to the extent that half pay and SMP do not exceed full pay).
- For the next 13 weeks of Leave - SMP only (Extension of Maternity Pay)
- For the next 13 weeks – Trainees may take additional unpaid maternity leave making a total of 52 weeks.

By prior agreement with the employer this entitlement may be paid in different ways; for example, a combination of full pay and half pay or a fixed amount spread equally over the maternity leave period.

Maternity Leave: Eligibility

Trainees who are eligible for SMP will be entitled to the following:-

For the first six weeks of leave	90% of salary
For the next 33 weeks of leave	Standard rate of SMP / 90% of the employee's average weekly earnings if lower
The additional 13 weeks of leave	The additional 13 weeks of leave



Trainees who are not eligible for SMP may be entitled to Maternity Allowance (MA).

- MA - a flat rate allowance is paid by the Department of Social Security for up to 39 weeks to individuals who are not entitled to SMP. Trainees who do not meet the criteria for SMP but have worked at least 26 weeks in the 66-weeks ending with the week before the EWC may be eligible for this allowance.

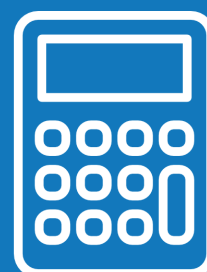
Trainees who are entitled to MA will receive 39 weeks paid at a rate of 90% of the employee's earning, or at the lesser rate of MA, whichever is lower.

MA is deducted from the trainees OMP where they are in receipt of full pay or when the half pay OMP and MA exceeds the full pay rate.

Irrespective of entitlement to OMP, SMP or MA all trainees have the right to take 52 weeks of maternity leave.

Calculation of Maternity Pay

Full pay will be calculated using the average weekly earnings rules used for calculating SMP entitlements (including any banding payments). NB This excludes any income earned by the trainee outside their contract of employment e.g. locum work.



NB; In the case of a trainee on unpaid sick absence or on sick absence attracting half pay during the whole or part of the period used for calculating average weekly earnings in accordance with the earnings rules for SMP purposes, average weekly earnings for the period of sick absence shall be calculated on the basis of notional full sick pay.

Maternity: Roles and Responsibility

What are your host organisation's responsibility to you during pregnancy and maternity leave?

- To complete an initial risk assessment when you first notify your supervisor of your pregnancy.
- To complete further risk assessments during your second and third trimester or if anything in your pregnancy changes and you feel you may need adjustments/additional support.
- To allow reasonable paid time off during working hours for antenatal appointments.
- To ensure trainees on maternity leave are kept informed of any changes happening in the it host organisation.

What is the Lead Employer's responsibilities to you during pregnancy and maternity leave?

- To write to trainees to confirm their expected start and return date of maternity leave.
- To calculate accrued annual leave to be taken at the end of maternity leave.
- To pay OMP and SMP
- To ensure trainees on maternity leave are kept informed of any changes in relation to employment (e.g. policies and processes). HEE will keep you updated on any changes in relation to training / education.
- To process KIT days that you have used during your maternity leave.

What are your responsibilities to your employer / host organisation/HEE during pregnancy and maternity leave?

- It is advised to inform your manager of your pregnancy as soon as possible and to complete the application form and return this along with your original MATB1 to the Lead Employer.
- Ensure that the appropriate risk assessments are completed during your pregnancy to ensure your own and your baby's safety.
- Report to your supervisor if you have any concerns at all about risks or hazards at work that could potentially put yourself or your baby at risk.
- You should discuss with your supervisor how you would like to keep in touch during your maternity leave.
- If you want to change your RTW date you must give 8 weeks' notice of this to the Lead Employer.
- If you plan to continue breastfeeding when you return to work you will need to liaise with your host trust to ensure arrangements are in place for you, if you have any queries about this please contact the Lead Employer and please also see page 17 for further information on this.

Keeping in Touch (KIT) days

You are able to work up to 10 days during your maternity leave. If possible, you should discuss taking your KIT days prior to starting your maternity leave.

Please be aware that 'Keep in Touch' days should only be worked whilst you are on Maternity Leave and in receipt of Statutory Maternity Pay i.e. after the first two weeks and before the last 12 weeks of maternity leave.

Supported return to training

We understand that regardless of the reason, returning back into training can be a difficult and stressful time for a trainee. To ensure all trainees are clinically confident and fully supported when returning to training following a sustained period of absence, Health Education England (HEE) is committed to offering a number of mechanisms in order to support the return to clinical practice.

Examples include:

- Individualised SuppoRTT plan
- Access to ring fenced places on pre-existing specialty specific courses and regional teaching days
- Period of enhanced supervision
- Return to Clinical Practice Days
- Additional funding for bespoke training may be available

In order for trainees, to document any plans to stay up to date with training whilst away from practice and also identify any anticipated support required upon their return, trainees are now required to complete an individualised SuppoRTT plan and participate in structured planning and review meetings when leaving and returning to training with their Training Programme Director (TPD) or Educational Supervisor (ES).

Each Specialty School will have their own supported return to training programme and will be able to direct trainees as appropriate to support available. Trainees should contact their TPD as soon as possible in advance of taking time out of training, but no later than three months prior to their leave.

Further information can be found [here](#) and via the relevant HEE website:

North West

West Midlands

East Midlands

East of England

Thames Valley



Supported Return to Training days

In agreement with HEE, the Lead Employer will facilitate trainees to undertake Supported Return to Training (SRTT) days during their period of accrued annual leave. Trainees will be allowed to take up to 10 days of supportive activities during their annual leave period. The total number of KIT days and Supportive Return to Training days combined shall not exceed 10 days.

An example of how the different elements would work is set out below:-

Week 1- 2

Maternity leave (a trainee is not allowed to undertake any work during this period as set out in employment law)

Week 3- 25

Maternity leave trainee does not request to undertake any KIT days

Week 26

Trainee requests to attend ALS course for example 2 days . Trainee will be paid the difference between what they are currently receiving in terms of SMP and OMP and paid a top up to normal pay.

Week 27- 39

Trainee remains on Maternity leave .

Week 40-52

The trainee is currently in a no pay period of SMP and therefore under HMRC current rules cannot undertake KIT days as there is no SMP to deduct.

Trainee enters accrued annual leave period, for the purposes of illustration this is 8 weeks.

As trainee has used 2 KIT days they would have 8 SRTT days to utilise during this period.

Week 1-8 of Annual Leave

It is agreed that the trainee can job shadow one day a week during the 8 week period. Therefore, 8 days of annual leave would need to be added on to the end of the 8 week period therefore extending the actual date of the supported return to training plan start date by 8 working days.

Supported Return to Training days cont.

Any trainee who uses a day of annual leave to undertake such training will be given the annual leave day back and this must be taken prior to their return to work. KIT / SPLiT / Supported Return to Training days cannot be used to undertake locum work.

Any trainee wishing to undertake a Supportive Return to Training day should contact the Lead Employer who will provide guidance and support to facilitate these days.



Guidance for host organisations when carrying out risk assessments for trainee doctors

All organisations have a statutory obligation, as governed by the Management of Health and Safety at Work Regulations 1999, to protect the health and safety of new and expectant mothers. Therefore, once a trainee has informed the LE / Host in writing of their pregnancy, the Host Organisation is obliged to undertake an individual risk assessment that aims to identify hazards and assess risks.

The Host must take individual action to remove, reduce or control any risks that are significant. The guidance below is designed to assist host organisations in undertaking this risk assessment.

Due to pregnancy being a self-limiting condition, HWWB advise that the trainee, in conjunction with the host organisation, will be best placed to review the risks in the working environment.

1	Physical hazards	Preventative or risk control measures
	Does the work involve:	
	Lifting of pushing or heavy objects e.g. lifting boxes? How frequently?	The changes a Host should make will depend on the risks identified in the assessment and the circumstances of the department. For example, it may be possible to alter the nature of the task so that risks from manual handling are reduced for all workers, including new or expectant mothers. Or it may be necessary to address the specific needs of the trainee and reduce the amount of physical work, or provide aids for her in future to reduce the risks she faces.

Guidance for host organisations when carrying out risk assessments for trainee doctors

1	Physical hazards	Preventative or risk control measures
	<p>Driving?</p> <p>For how long?</p> <p>How frequently?</p>	<p>Traveling in the course of work, and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibration, stress, static posture, discomfort and accidents.</p> <p>These risks can have a significant effect on the health of new and expectant mothers. Where travel for business is required, advice should be taken from the women's health care providers.</p>
	<p>Standing for long periods?</p>	<p>Physiological changes during pregnancy (increased blood and systolic volume, general dilatation of blood vessels and possible compression of abdominal or pelvic veins) promote peripheral congestion while standing.</p> <p>Ensure that seating is available where appropriate. Constant sitting or constant standing is both inadvisable. It is better to alternate between the two. If this is not possible, provision should be made for breaks.</p>
	<p>A lot of walking?</p> <p>How Much?</p>	<p>Ensure that seating is available where appropriate. Constant sitting or constant standing is both inadvisable.</p> <p>It is better to alternate between the two. If this is not possible, provision should be made for breaks.</p>
	<p>Working at height or climbing steep steps?</p>	<p>The Host must ensure that pregnant workers do not work at heights.</p>
	<p>The need to access areas with limited space e.g store rooms?</p> <p>Which area?</p>	<p>Help and support based needs to be available when required to access areas with limited space.</p>
	<p>Will any tasks become more hazardous to the worker as the pregnancy progresses?</p> <p>Which tasks?</p>	<p>To be assessed based on the workplace environment.</p>

Guidance for host organisations when carrying out risk assessments for trainee doctors

1 cont.	Physical hazards	Preventative or risk control measures
	<p>Does the role involve shift work?</p> <p>Which shifts?</p> <p>If so, does it involve working at night or into the night?</p> <p>Please state time/s of shift</p>	<p>It may be necessary to adjust working hours temporarily, as well as the timing and frequency of rest breaks, and to change shift patterns.</p> <p>Expectant mothers can still work night / on-call shifts unless there is a specific identified risk. In this instance, the trainee must provide a medical certificate from their doctor or midwife stating that they must not work nights / on-calls.</p>

2	Specific hazards	Preventative or risk control measures
	<p>Does any part of the job involve the use of chemicals, or potential exposure to biological agents, or potential exposure to radiation?</p> <p>Please state which chemicals</p>	<p>For work with hazardous substances, which include chemicals which may cause heritable genetic damage, Hosts are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks.</p> <p>Prevention of exposure must be the first priority. Where it is not appropriate to prevent the risk, control of exposure may be by a combination of technical measures, along with good work planning and housekeeping, and the use of Personal Protective Equipment (PPE).</p>
	<p>If so, are there any risks to the worker whilst she is pregnant or nursing?</p>	<p>As above.</p>
	<p>Is there any exposure to vibration e.g. through the use of hand tools?</p>	<p>Excessive vibration should be avoided. It should be recognised that use of personal protective equipment by the mother will not protect the unborn child from a vibration hazard.</p>
	<p>Does the worker need to wear personal protective clothing?</p> <p>If so, will this present a problem as the pregnancy develops?</p>	<p>Assess any PPE available in the workplace.</p>

Guidance for host organisations when carrying out risk assessments for trainee doctors

3	Working conditions (general)	Preventative or risk control measures
	Does the work involve lone working or working in remote locations?	Depending on their medical condition, help and support needs to be available when required.
	Does the role involve any home working?	<p>Traveling in the course of work, and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibration, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant mothers.</p> <p>Where travel for business is required advice should be taken from the women's health care providers.</p>
	Will the person have problems accessing toilet facilities?	To be assessed based on the workplace environment.
	Are there restrictions on when the person can take a rest break when needed?	It may be necessary to adjust the timing and frequency of rest breaks, and to change shift patterns.
	Is the pace of work out of the trainee's control?	Provide access to somewhere where the trainee can sit or lie down comfortably in private, at appropriate intervals.
	<p>Are there any risks of violence at work?</p> <p>Do they treat distressed or disturbed people?</p>	Depending on their medical condition, help and support needs to be available when required.
	Does the role involve: -	
	Contact with young children or sick people?	Depending on their medical condition, help and support needs to be available when required.
	Unpredictable working hours?	Depending on their medical condition, help and support needs to be available when required.
	Dealing with emergencies?	As above. Obvious restrictions would be not first on call carrying emergency bleep.

Guidance for host organisations when carrying out risk assessments for trainee doctors

3	Working conditions (general)	Preventative or risk control measures
	Are there any obstacles in corridors or offices that could cause problems for pregnant women, e.g. in the event of a fire evacuation?	To be assessed based on the workplace environment and obstacles removed where possible.
	Is there any other form of indoor air pollution, e.g. diesel fumes?	For work with hazardous substances, which include chemicals which may cause heritable genetic damage, Hosts are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks.
	Does the trainee work in any areas where the temperature is not reasonable?	Pregnant workers should not be exposed to prolonged excessive heat or cold at work.
	If the trainee uses a workstation has a workstation risk assessment been done?	Has this been carried out previously within the past few months?
	Will workspace be a problem as the pregnancy develops?	To be assessed based on the workplace environment.
	Does the trainee have an adjustable seat, e.g. with a backrest?	Ensure that the trainee has access to an adjustable seat.

4	Mental job demands	Preventative or risk control measures
	Does the job involve meeting challenging deadlines?	Hosts will need to take account of known stress factors ('stressors') (such as shift pattern, job security, workloads, etc.) and the particular factors affecting pregnant women. If significant stressors are identified a stress risk assessment should be carried out and appropriate adjustments made.
	Does the role involve rapidly changing priorities and demands?	As above.
	Does the role require a high degree of concentration?	As above.

Supporting documents

Principal Legislation

- The Health and Safety at Work etc. Act 1974
[Download / View](#)
- The Employment Rights Act 1996
[Download / View](#)
- The Management of Health and Safety at Work Regulations 1999
[Download / View](#)
- The Workplace (Health, Safety and Welfare) Regulations 1992
[Download / View](#)
- The Control of Substances Hazardous to Health Regulations 2002
[Download / View](#)



Lead Employer Maternity, Paternity and Adoption Policy (April 2019)



[Download / View](#)

Lead Employer Maternity, Paternity and Adoption toolkit



[Download / View](#)

Checklist for trainees

Use this checklist to ensure that you've followed all the necessary steps, before you go on your maternity leave.



- ☐ Notify your supervisor and the Lead Employer about your pregnancy.
- ☐ Advise your supervisor of any time off required for antenatal appointments, providing proof if necessary.
- ☐ Ensure an initial risk assessment is completed for you.
- ☐ During your second trimester, ensure a further risk assessment is completed.
- ☐ Obtain a MATB1 from your midwife and submit this along with your application form to the LE, no later than 25 weeks of pregnancy.
- ☐ Discuss any KIT days you may wish to use with your supervisor.
- ☐ Ensure that you've discussed the start and return date of your maternity leave and your accrual of annual leave with the Lead Employer.
- ☐ If you wish to change your return to work date, ensure you provide at least eight weeks notice, in writing, to the Lead Employer.
- ☐ If you plan to continue breastfeeding on your return to work, please contact your host trust prior to return to ensure arrangements are made.

Frequently Asked Questions



Q When do I need to tell you I am pregnant once I am pregnant?

A You must inform the Lead Employer and your supervisor by the end of the 25th week of pregnancy.

Q Am I able to take time off work for antenatal appointments?

A You are entitled to reasonable paid time off for antenatal appointments, you may be asked to produce evidence to support these appointments.

Q How does maternity leave affect annual leave?

A You continue to accrue annual leave whilst on maternity leave and this must be taken in full prior to your return from maternity leave.

When can I start maternity leave?

Q The earliest you can start your maternity leave is 11 weeks before the baby's due date.

A

What happens if my baby is born prematurely?

Q If your child is born prior to the commencement of maternity leave, your maternity leave will commence the day after the birth.

A

You should inform the Lead Employer as soon as possible to ensure appropriate payments are made.

What if I am sick prior to commencement of maternity leave?

Q If you are sick with a pregnancy related illness, anytime during your pregnancy, normal sick leave provisions will apply

A

If you are sick within the last four weeks of your pregnancy, you will immediately commence maternity leave.



Breast feeding support in the workplace

All hosts should consider making reasonable adjustments for trainees who are breast feeding and wish to continue following a return to work.



Steps for your host organisation

- It is good practice for Hosts to discuss with trainees who are still breastfeeding what could be reasonably and proportionately done to facilitate breastfeeding on their return from maternity. These discussions should take place as early as possible.
- Provide trainees with adequate notice of how breastfeeding breaks will be provided in order for the mother to adjust her breastfeeding routine if needed.
- The Law requires organisations to provide trainees who are breastfeeding with somewhere to rest and lie down.
- A risk assessment should be undertaken.
- The trainee is offered appropriate time off during her shift in order to express her milk.
- Facilities:
 - Provided with a private space where the mother can express milk.
 - Appropriate refrigerator to store the milk.
- The trainee is allowed to arrange for her husband/partner/care giver to bring their child into work in order for the mother to breastfeed (unless H&S foresee any issues with these visits).

Further information can be found here:

<http://www.acas.org.uk/media/pdf/2/i/Acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf>

<https://www.maternityaction.org.uk/wp-content/uploads/2014/11/BORTW-employer-leaflet-FINAL.pdf>

Contact details

For general enquiries, contact the Employment Services team.

North West



lead.employer@sthk.nhs.uk



Surgery - 0151 478 7674



Medicine - 0151 290 4126



Anaesthetics / Emergency Medicine / Dental - 0151 478 7672



GP / Public Health / SPA - 0151 290 4186

West Midlands



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A - L surname - 0151 290 4376



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East of England



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East Midlands



leademployer.eastmids@sthk.nhs.uk



0151 290 4446

London and South East



lead.employer@sthk.nhs.uk



0151 290 4126

Thames Valley



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0151 290 4758

For HR policy and casework advice, please contact the HR Advisory Case Management team

Primary Care



0151 290 4425

Secondary Care



0151 290 4400



leademployer.casemanagement@sthk.nhs.uk

Contact details

For payroll queries, please contact the StHK payroll services team.

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0151 430 1927

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0151 430 1927

For ESR Self-Service queries, please contact:



0151 430 1204



esr.leademployer@sthk.nhs.uk

For Health, Work and Wellbeing (HWWB) enquires, please contact:



0151 430 1985



well.being@sthk.nhs.uk