



London Ambulance Service **NHS**
NHS Trust

Policy and Procedure on the Redeployment of Pregnant Operational Paramedics

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To outline alternative duties for pregnant operational A&E staff and the procedure to redeploy them to these duties.

Sponsor Department: Human Resources

Author/Reviewer: Senior HR Manager. To be reviewed: December 2016

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
03/02/14	1.1	IG Manager	Document Profile and Control update and minor change to S1.2
12/12/13	0.7	Senior HR Manager	Section 5 amended following comments of SMT to show requirement to undertake assessment prior to training.
05/12/13	0.6	Senior HR Manager	Minor changes to implementation plan
04/12/13	0.5	IG Manager	Document Profile & Control update and formatting changes.
25/11/13	0.4	Senior HR Manager	Amendments following SMT
08/11/13	0.3	Senior HR Manager	Amendments following comments of AD Control Services – Policy title and paragraphs 1.3 and 2.1,
15/10/13	0.2	Acting Director, Workforce	Scope clarified to paramedic only. Minor amendments.
1/10/13	0.1	Senior HR Manager	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
HR 017	Maternity Policy	
HR 022	Managing Attendance Policy	

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Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

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1. Introduction

- 1.1 The Trust wishes to ensure that Paramedics have the greatest opportunity to practise and maintain their clinical skills.
- 1.2 It is considered that, in general, risks are unable to be sufficiently mitigated against in order for pregnant road staff to continue on front-line operational duties.
- 1.3 In cases when the pregnant woman has been taken off operational duties then the Trust has a responsibility to ensure, as far as reasonably possible, that they continue to carry out duties commensurate with their level of pay (including shift allowance) and responsibility, and to best benefit patient care.
- 1.4 In line with this requirement, and at the time of writing (November 2013), the Clinical Hub has been identified as the most appropriate workplace for pregnant paramedics. It is recognised that other priorities may be identified in future.
- 1.5 Alternative arrangements will apply to other staff groups.

2. Scope

- 2.1 This Policy primarily covers arrangements for paramedics and redeployment to the Clinical Hub but the principles may be applied to other staff groups and workplaces.
- 2.2 The Policy may, in particular, apply to paramedics who are long term sick and are away from undertaking full clinical duties, and subject to the necessary checks, able to undertake alternative duties in the Clinical Hub (subject to the same requirements set out in this document).

3. Objectives

- 3.1 The objective of this policy is to set out the procedure and considerations to expedite alternative employment for pregnant paramedics.
- 3.2 To assist paramedics to maintain their clinical skills.

4. Responsibilities

- 4.1 A **Paramedic** is encouraged to inform her line manager as soon as she knows she is pregnant in order that any risk may be mitigated.

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4.2 **Line managers** are responsible for informing the Clinical Hub of the Paramedic's availability for alternative duties.

4.3 **Clinical Hub management** should ensure prompt contact with the Paramedic.

4.4 The **Assistant Director for Control Services** should brief SMT as necessary regarding the effectiveness of the Policy.

5. Procedure

5.1 The manager, on being informed of the employee's pregnancy should contact the Clinical Hub manager and provide her/him with the employee's name, contact details and the planned final date of working before maternity leave.

5.2 Clinical Hub placement

5.3 The employee will be contacted and undertake an assessment for the Clinical Hub. A Paramedic who is successful at assessment will continue in Clinical Hub up to the point that she commences her maternity leave.

5.4 The Paramedic will commence a period of supervised practise before being signed off – the 'sign-off' will, in general, take place a maximum of four weeks from the start of training.

5.5 A Paramedic who is unsuccessful at assessment will, in most cases, undertake a short period of training and another assessment. If the Paramedic is unsuccessful at this second assessment then other redeployment options will be considered.

5.6 An Paramedic who is unsuccessful at the second assessment will also be referred to the Training Department and will be required to undertake further clinical training and assessment prior to returning to practise as a Paramedic 'on the road' (following her maternity leave). This training and assessment may, depending on available time and other circumstances, be either prior to or subsequent to her maternity leave.

6. Other matters

6.1 Pay

6.2 A Paramedic who works in in the Clinical Hub will maintain the same pay and benefits that she recieved whilst working operationally and will continue a working pattern commensurate with unsocial hours paid prior to the pregnancy.

6.3 The Paramedic will maintain the same High Cost Area Supplement. She will be reimbursed any additional travelling expenses incurred as a result of the placement within the Clinical Hub.

6.4 Hours

6.5 The pattern of working hours will be by set following consultation by Clinical Hub management with the Paramedic. Every effort will be made to replicate the Paramedic’s existing rosta arrangements.

6.6 Due consideration will be given to the Paramedic's current shift allowance when agreeing the working pattern.

6.7 Travelling time

6.8 Travelling time from current work base to new work base will be considered within the working day for the period of the secondment prior to maternity leave where the distance to work is longer that previously . This will be subject to discussion with the member of staff concerned and will depend upon the distance from the current workplace to the Clinical Hub. The maximum time allowed for travel will be one hour each-way for those coming from workplaces paying outer HCAS and thirty minutes each-way for those at the inner HCAS rate.

6.9 This arrangement will be reviewed in the event of alternative Clinical Hub workplaces being established.

6.10 Management

6.11 Redeployed members of staff will be managed by Clinical Hub from the point that they are redeployed to the point that they physically start their maternity leave.

6.12 Misconduct

6.13 In the unlikely event that anyone is deliberately obstructive or otherwise uncooperative in regard to the application of this procedure then, subject to necessary investigation, they may be subject to disciplinary action.

6.14 Alternatives to Clinical Hub

6.15 At present, the default placement of pregnant paramedics will be to the Clinical Hub.

6.16 Other redeployment opportunities will be available to pregnant operational staff. Focus will be upon providing duties, as far as possible, that are commensurate with the employee's responsibilities, pay and skill level and best meet the Trust’s responsibilities for patient care.

6.17 Delay in placement to Clinical Hub

6.18 As stated above, it is essential that placement in the Clinical Hub is expedited. If in exceptional circumstances the placement in Clinical Hub is delayed then the Paramedic should be placed elsewhere for a short period.

7. Further information

- 7.1 Further information regarding this Policy and Procedure is available from the local HR Manager in the first instance.

IMPLEMENTATION PLAN				
Intended Audience	For all LAS staff			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document			
Training	Briefing provided to operational management.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
List aspects/ Key elements of the policy/ procedure that will be monitored, - numbers of paramedics redeployed into clinical hub.	How often will this take place and What tool will be used, On- going	Who is responsible for carrying this out? Title of individual/team that will do this, and Name of Group/committee where the results will be reported, ADO Control Services	Who monitors outcomes/ recommendations ? Name of Higher level group/committee that will monitor outcomes/ recommendations, Senior Management Team	Describe how learning will take place for relevant areas. Numbers of staff in Clinical Hub going forward.