

## HEALTHY WORKFORCE POLICY

### POLICY STATEMENT

1. PHSO wants its staff to work in a safe and stimulating environment that supports and encourages a good work-life balance. To facilitate this PHSO offers a range of benefits to support the well-being of staff and encourage a positive and healthy approach to work.
2. PHSO recognises that sickness absence from work is inevitable for most employees from time to time. However, long-term and regular short-term absence from work impacts on other colleagues, PHSO's effectiveness, and overall costs. Therefore there may be occasions where an individual's level of absence cannot be sustained because of the impact on the business. PHSO will therefore monitor sick absence regularly to ensure, where possible, that fitness to work is maintained and that any issues are identified and dealt with appropriately.

### PURPOSE AND SCOPE OF POLICY

3. The Healthy Workforce policy applies to all PHSO employees, including those on probation. Management of attendance for employees on probation will be managed under the **Probation Policy**.
4. This policy provides a framework and procedure for managing absence fairly and transparently and sets out the levels of absence PHSO considers to be unacceptable and/or unsustainable.
5. Employees with unacceptable levels of attendance, or poor performance due to their absence, will be managed under the **Capability Policy**.
6. Temporary agency staff who have unacceptable levels of absence will be referred to the employment agency. However, qualifying temporary agency workers may benefit from PHSO's promotion of a healthy workforce.
7. Individuals on secondment to PHSO will be expected to comply with the spirit of this policy while at PHSO.

### PRINCIPLES

8. The following principles underpin the Healthy Workforce Policy:
  - PHSO takes a positive approach to the promotion and support of employees' well-being and expects employees to be pro-active in maintaining their health;

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- PHSO aims to help employees get their work-life balance right through family-friendly and flexible working policies;
- PHSO is committed to making reasonable adjustments to enable employees with disabilities to continue working and successful job applicants with disabilities to join PHSO and work to the standards required;
- high levels of sickness absence are disruptive, and may be damaging for the organisation. PHSO will manage sickness absence effectively, balancing employee welfare with operational requirements;
- PHSO will support employees who are unwell, but must also continue to provide a high quality service. In striving to achieve this balance, employees are expected to take a responsible approach to attendance;
- line managers play a leading role in managing sickness absence. When an individual in their team has an unacceptable/unsustainable level of sickness absence, they must take appropriate and prompt action;
- PHSO assumes that sickness absence is taken for genuine reasons. However, on the rare occasions where it is suspected absence is not for sickness reasons this will be dealt with as misconduct under the Disciplinary procedure;
- an employee who reports sick at PHSO must not perform work or duties for any other organisation during their absence with PHSO. Cases of working elsewhere during absence from PHSO will be considered as misconduct and investigated under the Disciplinary policy;
- information related to an employee's health is shared within PHSO and with relevant external partners on a strictly need-to-know basis.

## OUTCOMES

9. The outcomes of this policy are:
  - managers balance PHSO's operational requirements with employee welfare when managing absence and the impact of sickness absence is minimised;
  - PHSO has a healthy and productive workforce, measured by the number of employee days lost to sickness absence, which is kept to a minimum.

## MONITORING AND REVIEW

10. HR People and Talent will monitor the formal stages of implementation of this Policy for fairness and consistency and reasons for absence.
11. A formal review of this policy will take place every 3 years unless there is a significant change in relevant legislation or business need which triggers a review before then.

## Promotion of a healthy workforce

### 1. Introduction

1.1 PHSO wants staff to work effectively for PHSO and to work in a safe and stimulating environment that supports and encourages a healthy work-life balance. There is an implicit agreement between the Office and its employees that:

- the organisation undertakes to actively promote employee well-being through a variety of measures; and
- the employee works to maintain optimum health and aims for 100% attendance.

1.2 Employees are encouraged to take advantage of the initiatives taken by PHSO to improve and maintain good health and wellbeing. These initiatives are subject to change but typically include:

- assessment and implementation of safe and appropriate workplaces;
- Employee Assistance Programme (EAP) providing counselling advice and information on a wide range of work-related and personal issues;
- an Occupational Health provider to review and advise on individual health issues in order to support employees;
- measures to promote work-life balance such as flexible working and childcare vouchers;
- eye test reimbursement;
- annual flu vaccination reimbursement;
- health promotion events.

### 2. Health and Safety assessments in the workplace

2.1 PHSO has comprehensive arrangements in place to ensure that all office equipment and furniture used by employees are ergonomically efficient and that regular workstation assessments are carried out. Further information on workplace assessment and health and safety for employees working at home is available from the Service Desk.

2.2 Employees are expected to engage and co-operate fully with Facilities in ensuring that there is a mutual understanding of requirements, particularly where disability is involved.

### 3. Employee Assistance Provider (EAP)

3.1 The EAP provides counselling, advice and information to support PHSO employees in dealing with difficult work-related and personal issues. They will cover a range of issues such as work and personal relationships, caring responsibilities and financial and legal matters. The EAP is provided free to PHSO employees and is directly accessible by a Freephone number. The service is strictly confidential. Further information on the EAP is available on the intranet or by contacting HR People and Talent.

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### 4. Work-life balance

4.1 PHSO is committed to supporting flexible working to help employees to maintain a better work-life balance, thus increasing productivity and job satisfaction. Further information is available in the **Flexible Working Policy**.

4.2 The Working Time Regulations (1998) limit working hours to an average of 48 hours a week. PHSO expects employees and managers to work together to ensure that they do not work excessively long hours in order to carry out their jobs. Further information is available in the **Leave and Working Hours Policy**.

### 5. Childcare vouchers

5.1 PHSO employees can apply for Childcare vouchers via a salary sacrifice scheme. The vouchers provide an alternative method of payment for childcare and the employee saves on income tax and National Insurance contributions on the proportion of salary they choose to take in vouchers. Further information is available on the intranet.

### 6. Subsidised gym membership

6.1 PHSO offers a subsidy towards gym membership, upon receipt of proof of membership of a gymnasium. A subsidised gym membership claim form is available on the intranet.

### 7. Eye test reimbursement

7.1 PHSO will reimburse the cost of an eye test, once every 2 years. Where an optician certifies that lenses are necessary **solely** for use with display screen equipment, PHSO will contribute up to £50 towards the cost of spectacles or spectacle lenses. No contribution will be made towards spectacles or lenses when these are for **general** use. A VDU Eyesight Test Report and claim form is available on the intranet. Please note that the optician should tick one box only on the claim form. Employees submitting forms with more than one box ticked may be required to ask their optician to complete a new form.

### 8. Annual flu vaccinations

8.1 Staff who are not eligible to be provided with a vaccination free of charge, can arrange to be vaccinated and PHSO will reimburse the cost up to £17.00. High street pharmacies provide the vaccine and a claim can be made by completing the Reimbursement of Miscellaneous Expenses and submitting it with the receipt to Finance.

### 9. Health promotion events

9.1 HR People and Talent may from time to time organise health promotion events, to raise awareness of health issues and provide advice and information on specific topics.

## Absence procedures

### 1. Introduction

- 1.1 The Healthy Workforce Policy is concerned with the prevention of repeated or prolonged sickness absence. This annex sets out the procedures to be followed when absence occurs. However, once absence is identified as a concern, the management of an employee's poor attendance is carried out under the informal and formal stages of the **Capability Policy**.
- 1.2 It is important that a line manager reads both the Healthy Workforce Policy and the Capability Policy if the attendance of one of their team is of concern.

### 2. Reporting and recording of sickness absence

- 2.1 On the first day of absence the employee must contact their line manager by 10am (or within an hour of their usual start time, if this is later) to inform them of the reason for their absence, expected date of return and any urgent work matters to be dealt with in their absence.
- 2.2 Employees are expected to telephone their line manager in person but exceptions may be permitted in the following circumstances:
  - the employee is unable to make the call (either because they are too unwell or because they have no immediate access to a telephone), in which case they should request a family member or friend to inform the line manager instead;
  - the line manager is unavailable, in which case the employee should leave a message with another manager or with HR People and Talent (but not with a colleague). If the employee is unable to speak to a manager or HR People and Talent, they may email their line manager and provide them with contact details so that the manager can speak to them, if necessary; and
  - in very exceptional cases, where the nature of the illness is such that the employee is uncomfortable about speaking to their line manager (e.g. they would prefer to speak to someone of the same gender) they may contact HR People & Talent instead.
- 2.3 On receiving verbal notification that an employee is ill, the line manager must notify Payroll by completing the manager notification on HR Self Service (no form is required) confirming details of the absence and likely duration. Failure to record the absence promptly could result in the employee being recorded as Absent without Leave which has potentially serious consequences (ranging from informing the police, sick pay being withheld or disciplinary action taken).
- 2.4 All sickness absence of half a day or more must be reported and recorded.

### 3. Certification

- 3.1 Absences of 7 calendar days or less must be certified by the employee immediately on their return to work using the 'Report an Illness' function in HR Self-Service. The line manager should ensure that the sickness is accurately reported.

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- 3.2 Absences of 8 calendar days or more must be supported by a doctor's Fit Note. A Fit Note replaces the doctor's certificate and instead asks the doctor to indicate whether the employee is fit or unfit for work. If the employee is unfit the doctor must specify whether they could be fit to work if appropriate support was provided.
- 3.3 For certification purposes, an absence that starts and finishes either side of non-working days is assumed to include those non-work days (e.g. weekends, public holidays and, for part-time employees, days on which they would not usually work). For example, if an employee is absent on a Friday and Monday and they usually work both days, they should enter their absence on HR Self Service as one continuous period.
- 3.4 In certain circumstances (e.g. where the employee has had an infectious disease or has high levels of sickness absence) PHSO may require the employee to provide a Fit Note for absences of less than 8 calendar days. In such a case, the employee will be reimbursed should there be a cost to obtain this.

### 4. Maintaining contact

- 4.1 It is important that the employee and the line manager maintain regular contact during a period of absence. The employee must keep their line manager informed as to the prognosis for their illness and the likely duration of the absence.
- 4.2 Additionally, the line manager may also initiate contact to:
- enquire after the employee's health;
  - determine when the employee is likely to return, to facilitate work planning;
  - resolve any urgent work-related queries, if absolutely essential;
  - update the employee on work developments; and
  - discuss any temporary measures required to facilitate the employee's return to work (e.g. shorter working hours for a specified period).
- 4.3 The frequency of contact will be determined by the nature of the illness and the duration of the absence.

### 5. Return to Work discussions

- 5.1 On an employee's return from sickness absence, the line manager will **always** have a Return to Work (RTW) discussion with them, **irrespective of the length of absence**. This will usually be on the employee's first day back from absence. However where this is not possible it should not be later than one week after the employee returns. Where the line manager and the employee work in different locations and there are no serious concerns, this discussion may take place by telephone.
- 5.2 The content of the discussion will depend on individual circumstances. On most occasions this will be an informal discussion intended to ensure that the employee is fit to return to work and to bring them up to date with anything they have missed while they were absent. However, if the employee's attendance record is

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poor and/or the latest absence has been a long one and/or the illness was a serious one, it may be appropriate to convene a separate meeting to discuss the following:

- whether they are well enough to return to work and any measures required to ease their return; (this information may be assisted by comments on any Fit Note provided by a GP);
- their attendance record, and if this is poor, the actions required to improve their attendance;
- any pattern of absence emerging; and
- whether there are any other underlying causes (personal or work-related) which may be contributing to their absence or poor health.

5.3 On a disabled employee's return to work following a period of sickness absence, the line manager should conduct the usual return to work interview and also check that any reasonable adjustments are up to date and effective.

5.4 The Return to Work meeting is part of the informal management of absence as described in the Capability Policy and procedure. The line manager must make a note summarising the discussion and outcomes which should be kept with other informal 1-1 meeting notes, and a copy provided to the employee.

5.5 See section 8 for information on returning to work on a phased basis.

### 6. Triggers for attendance action

6.1 The triggers at which absence is of concern are set out below. Managers are required to consider what/whether further action is appropriate under the **Capability Policy** and procedure and should seek advice from HR, People & Talent if these triggers are reached.

- 10 working days' absence in a 12 month period;
- 4 separate occasions of absence in a 12 month period;
- 2 continuous weeks of absence in any given period; and/or
- a pattern of absence, for example, repeated absence on days before and/or after weekends or periods of annual leave.

The trigger points will be considered on a pro rata basis for part time employees or those working compressed hours.

6.2 The triggers for review are the same at every stage of the Capability Policy and procedure.

6.3 Where the employee has a disability and is absent on sick leave, this should be treated and monitored as sick leave in the usual way. If the absence relates to the disability, before the usual triggers are activated the line manager should consider whether a reasonable adjustment may be made to the disability related sickness absence. Further advice should be sought from HR, People & Talent.

6.4 Passing a trigger point does not necessarily lead to management action and the decision to initiate such action will depend on the nature of the employee's

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absence/s. For example, a single long period of absence (for example due to a broken leg or surgery) may not lead to any action on the basis that the absence is unlikely to recur and therefore the impact on the organisation is time-limited. Several short periods of absence, on the other hand, may trigger informal action and then, if the employee's attendance does not improve, the formal Capability procedure.

6.5 Pregnancy related sickness absence is disregarded for monitoring purposes.

6.6 Managers are responsible for monitoring and managing attendance within their teams and for taking action under the Capability Policy and procedure where appropriate. Advice on action taken under this or the Capability Policy will be provided by HR People and Talent.

### 7. Management of sickness absence

7.1 Sickness absence is categorised into two groups:

- persistent short term sickness absence; and
- long-term sickness absence.

#### 7.2 Short term sickness absence management

7.2.1 Where an employee has had sickness absence of: **10 working days spread intermittently over a 12 month period; or 4 separate occasions of absence in a 12 month period**, the line manager should have a specific discussion with the employee about this. The discussion should seek to determine whether there is any underlying cause; whether they require any additional support and whether a referral to Occupational Health is appropriate. The line manager should contact HR People and Talent to make an Occupational Health referral where appropriate. It may be appropriate/reasonable in some cases to make an adjustment to the absence triggers for disability related absence, this will be considered on a case by case basis (see 6.3 above).

7.2.2 PHSO takes the view that staff will be supported if sickness absence occurs. However, high levels of sick absence, in terms of episodes or duration cannot be sustained because of the impact on colleagues and business performance. If an employee's sickness absence reaches an unacceptable level and the employee's attendance and/or performance does not improve following informal discussions this should be addressed in line with the Capability Policy and procedure.

#### 7.3 Long term sickness absence management

7.3.1 PHSO defines long-term absence as any period of sickness absence of 20 working days or more in one spell. The start of the fifth week of absence is usually the point at which PHSO will seek advice from Occupational Health and depending on the likely length of absence this may initiate a case management approach to managing the absence. Consideration of the case may include taking formal action under the Capability procedure. Where absence is disability related, action under the Capability procedure may still be appropriate, although it might be reasonable to make an adjustment to when such action is commenced.

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- 7.3.2 PHSO is committed to managing and supporting employees during times of ill health. In return, employees are expected to make a commitment to do everything they can to achieve fitness to return to work at the earliest appropriate opportunity.
- 7.3.3 Employees should maintain regular contact with their line manager throughout their absence, fully co-operate with PHSO's occupational health processes and work positively with PHSO to find solutions which will enable a return to work. This is likely to include a meeting with the line manager to discuss the prognosis for a return to work and any actions to be taken to facilitate their return.
- 7.3.4 Reasonable adjustments will always be considered to assist a disabled employee to return to their role. However, it may not always be possible to make reasonable adjustments which will be effective in facilitating a return to work or in achieving improved attendance. In these circumstances, the case will move to the formal stages of the Capability procedure. HR, People & Talent should always be consulted before the Capability procedure is initiated.
- 7.3.5 Where the employee has not returned to the full duties of their post on a regular and sustained basis within a reasonable time, employment may be terminated on the grounds of ill health, under Stage 3 of the Capability procedure. Before taking such a step PHSO will seek advice from Occupational Health as to the timescales involved, and consider whether further reasonable adjustments are possible, including redeployment.
- 7.3.6 Where it becomes clear that ill health will lead to the termination of employment, PHSO will support the individual in making an application to the pension scheme for ill health retirement, if appropriate. Applications for ill health retirement do not prohibit PHSO from terminating employment (in the circumstances outlined above) prior to the outcome being received.

## 8. Returning to work on a phased basis

- 8.1 When an employee has had a period of long term absence, it may be appropriate for the employee to return to work on a phased basis, in order to build up to their normal contracted hours. Line managers should discuss this with HR People and Talent and advice will be taken from Occupational Health where appropriate.
- 8.2 Where a phased return is offered to an employee, in general this should not be longer than 4 weeks unless there are exceptional circumstances when this period may be extended by another 2 weeks.
- 8.3 During the period of a phased return the employee will receive their usual full pay for the hours that they work. Normal working hours not worked for the period of the phased return are sick leave and will be covered by sick pay, providing the employee's enhanced or statutory sick pay has not been exhausted. Consideration will be given to exceptionally extending sick pay to support the phased return to work. After this phased return period, if the employee chooses to take any further time to adjust back into work this should be accommodated by annual leave or through a request to reduce hours on a temporary basis in order to aid full recovery.

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### 9. Occupational Health

9.1 A referral seeking advice on an employee's health may be made to Occupational Health (OH) at any time if it is thought that it will assist the employee and manager in managing a specific situation. However, when absence reaches 20 working days or more, a referral will usually be initiated.

9.2 OH is likely to be asked for advice on matters including:

- whether an employee can return to work or continue to work giving full and effective service;
- whether the definition of disability under the Equality Act (EA) 2010 applies to an employee's condition;
- return to work strategies and any reasonable adjustments required;
- Health and Safety issues and workplace assessments;
- early retirement on medical grounds;
- advice on alcohol or other addictions where this has an impact on work; and
- advice on injuries and notifiable diseases.

9.3 The Occupational Health Adviser (OHA) may carry out one or more of the following steps in order to assess the employee's situation or condition:

- undertake a medical examination;
- obtain a GP/specialist report with the employee's consent;
- provide expert advice on the management of the employee's condition to improve performance or attendance.

9.4 Where a specialist or GP report is required, the employee will be asked to complete a form providing their consent for the OHA to approach their GP/specialist. This report is seen only by the OHA, not PHSO. However, PHSO receives an OH report which gives a summary of the GP/specialist's opinion which HR People and Talent will discuss with the line manager. Managers who have sight of OH reports must treat these in confidence and should not disclose these to others without consent.

9.5 In the event that an employee withholds their consent for the OHA to approach their GP/specialist or declines to co-operate in other ways with the OH assessment procedure, the line manager and HR, People & Talent will make all reasonable attempts to resolve any issues through discussion with the employee. However, a continued refusal to co-operate is likely to result in PHSO having to make decisions about their employment based on incomplete information.

### 10. Disability within the Equality Act 2010

10.1 Line managers should consider the possibility that an employee may have a disability even if the employee has not made this explicit. This is particularly important because an employee:

- can become disabled at any time during employment; and/or

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- may be unaware or reluctant to recognise that their condition may be defined as a disability.

10.2 The following definitions in relation to disability are not taken directly from legislation but they take account of the wording used in the Equality Act 2010. The descriptions draw upon guidance from the Government Equalities Office and the Employers' Forum on Disability.

Disability has a broad meaning. It is defined as:

'a physical or mental impairment, that has a substantial and long term adverse effect on the ability to carry out normal day to day activities'.

'Substantial' means more than minor or trivial. 'Impairment' covers long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease.

A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as disabled people by the Equality Act.

People with severe disfigurement are protected as disabled without needing to show that it has a substantial adverse effect on day to day activities. Day to day activities include things like using a telephone, reading a book, or using public transport.

Someone who is no longer disabled, but who met the requirements of the definition in the past, will still be covered as a person with a past disability.

10.3 If the manager or employee believes that a condition covered by the Equality Act may be impacting on the employee's ability to attend work and carry out their job, they should discuss this with HR People and Talent. This discussion will include whether reasonable adjustments can be made to the workplace or working arrangements. The nature of a reasonable adjustment depends on individual circumstances and may include a wide variety of measures such as, but not restricted to the following.

- providing interpreters or other support at meetings and training events;
- providing or modifying equipment;
- altering location or hours of work;
- providing additional training or supervision;
- changing the role or working practices; and
- providing Disability Leave (see Leave and Working Hours Policy for further information).

More information on reasonable adjustments is given in Guidance on providing reasonable adjustments below.

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### 11. Disciplinary action

11.1 PHSO assumes that all employees aim for 100% attendance and that any sickness absence is taken for genuine reasons. However, if it can be reasonably established on the balance of probabilities that an employee has abused the system, this will be dealt with in accordance with the Disciplinary Policy.

11.2 Employees may be subject to disciplinary action and/or have sick pay withheld if they:

- claim sick pay or sick leave when they are not ill;
- repeatedly fail to follow sickness absence procedures;

or, if during sickness absence they:

- undertake any form of employment, whether paid or unpaid, without seeking agreement from PHSO in advance;
- participate in activities that could aggravate the illness or injury or delay recovery.

11.3 Any exceptions to the above activities (including those undertaken on medical advice) must be discussed and agreed with the employee's line manager. Where the employee is acting on medical advice, this must be certified by their GP or other medical professional.

## Absence guidance

### 1. Introduction

- 1.1 This annex provides additional guidance on issues which have an impact on, or are related to, absence for medical and/or disability reasons.

### 2. Medical appointments

- 2.1 Employees are expected to make every attempt to arrange medical (including hospital and dental) appointments outside of working hours. Where this is not possible they should be at the start or end of the day in order to maximise their attendance.
- 2.2 Where the employee has no alternative but to attend a medical appointment during their usual working hours they must obtain approval from their line manager in advance of the appointment. If the absence is short (less than half a day) the employee will not usually be required to take annual or flexi-leave to cover the absence. However, if the employee is absent from work for half a day or more this should be recorded as sick absence. Alternatively, the employee may wish to use flexi or annual leave to attend the appointment.
- 2.3 If the medical appointment is related to the treatment of a disability it may be appropriate for the time taken for the medical appointment to be recorded as Disability Leave. See Leave and Working Hours policy for further information.

### 3. Sickness and annual leave

- 3.1 Employees continue to accrue annual leave during sickness absence. The right is to accrue the statutory entitlement to annual leave under the Working Time Regulations. Such leave should be taken in the normal way upon the employees return to work. In exceptional circumstances where the timing of the sick absence prevents the accrued leave being taken before the end of the annual leave year, it may be carried over to the following leave year.
- 3.2 An employee may request annual leave during a period of long term sickness absence.
- 3.3 Annual leave cannot be used as a substitute for recording short term sickness absence. If an employee is ill on days where they had previously booked annual leave they may claim back those annual leave days provided they:
- follow normal notification procedure (i.e. contact their line manager on the first day of illness); and
  - provide a Fit Note or doctor's letter to support that sickness occurred for the period of their illness, regardless of its duration.
- 3.4 If an employee is unable to return to work from annual leave on the due date because they fell ill during their holiday, they are expected to follow the same notification and provide a Fit Note or doctor's letter to support that sickness occurred during this period; this includes employees on holiday abroad.

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3.5 If an employee's sickness absence falls immediately before or after a period of annual leave, they will usually be required to provide medical certification for the period of illness.

### 4. Sick pay

4.1 PHSO pays discretionary Enhanced Sick Pay (ESP) (above statutory sick pay) to employees, subject to the employee's full participation in this policy and commitment to returning to work. ESP may be withheld where employees do not participate fully in PHSO's relevant policies and procedures, for example:

- they fail to follow sickness absence procedures, unless they can demonstrate that this happened in circumstances beyond their control; or
- it is reasonably established on the balance of probabilities, by the line manager with advice from HR People and Talent, that the employee has abused the sickness absence system.

4.2 ESP is paid at the equivalent to:

- full pay (inclusive of SSP) for a period of not more than six months (182 days); and
- half pay for up to six months (183 days).

in any 12 month rolling period. The rolling period is calculated by looking one year back from the first day of the current period of absence. Sick pay is subject to an overall limit of 365 days, either at full or half pay, in any rolling period of 4 years. Part-time staff will receive ESP on a pro rata basis.

Saturdays, Sundays, Public and Extra-statutory holidays occurring within a period of absence are included and reckoned for as part of the sick leave.

4.3 PHSO reserves the right to terminate an individual's employment prior to the expiry of an employee's paid sick leave.

### 5. Accidents, Injuries and infectious diseases

5.1 Any accident, or near miss, sustained while at work whether in the office or elsewhere, however trivial, must be reported and recorded in the Accident Book, which is held by the Service Desk. The Facilities team has a list of qualified First Aiders who can be contacted for minor injuries or illness.

5.2 Further information is available in the Health and Safety Guidance on Ombudsnet or by contacting the Service Desk.

#### 5.3 Infectious Diseases

If an employee suspects they have been in contact with someone who has an infectious disease, or suspect they may have contracted such a disease themselves, they should contact their doctor immediately. The employee should speak with their line manager at the earliest opportunity to notify them of the circumstances.

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- 5.4 If a member of staff reports to their line manager that they have a *notifiable* infectious disease, the line manager should make it clear that they must not return to work until their doctor has given them a Fit Note. The following is a list of diseases which must be notified to Service Delivery who will notify the Local Authority Proper Officer.

Notifiable Diseases	
<ul style="list-style-type: none"> <li>• Acute Encephalitis</li> <li>• Acute meningitis</li> <li>• Acute Poliomyelitis</li> <li>• Acute infectious hepatitis</li> <li>• Anthrax</li> <li>• Botulism</li> <li>• Brucellosis</li> <li>• Cholera</li> <li>• Diphtheria</li> <li>• Enteric fever (typhoid or paratyphoid)</li> <li>• Food Poisoning</li> <li>• Haemolytic uraemic syndrome</li> <li>• Infectious bloody diarrhoea</li> <li>• Invasive group A streptococcal disease and scarlet fever</li> <li>• Legionnaires' Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Leprosy</li> <li>• Malaria</li> <li>• Measles</li> <li>• Meningococcal Septicaemia</li> <li>• Mumps</li> <li>• Plague</li> <li>• Rabies</li> <li>• Rubella</li> <li>• SARS</li> <li>• Smallpox</li> <li>• Syphilis</li> <li>• Tetanus</li> <li>• Tuberculosis</li> <li>• Typhus</li> <li>• Viral Haemorrhagic Fever</li> <li>• Whooping Cough</li> <li>• Yellow Fever</li> </ul>

- 5.5 Line managers should notify HR, People & Talent if a member of staff informs them that they have any of the following infectious diseases:

Infectious Diseases	
<ul style="list-style-type: none"> <li>• Chicken-Pox (Varicella)</li> <li>• Dysentery (amoebic or bacillary)</li> <li>• Fever</li> <li>• Glandular Fever (Infective mononucleosis)</li> <li>• Infective Jaundice</li> <li>• Influenza</li> <li>• Lassa Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Leptospirosis</li> <li>• Marburg Disease</li> <li>• Meningitis</li> <li>• Novovirus</li> <li>• Ophthalmia Neonatorum</li> <li>• Relapsing Fever</li> <li>• Shingles (Herpes Zoster)</li> <li>• Tonsillitis</li> </ul>

- 5.6 Employees should not stay away from work simply because they have been in contact with any of the infectious diseases given above. However, they must report this immediately to their line manager who should seek urgent advice from HR People and Talent.
- 5.7 Any person who may be at increased risk from contact with the potentially infected persons, for example pregnant employees, must notify their line manager with immediate effect. In such cases, alternative working arrangements will be made in order to minimise any risk of contracting the condition.

## Guidance on providing reasonable adjustments

### 1. Introduction

1.1 Under the Equality Act 2010, PHSO is required to take positive steps to ensure that disabled people can access and progress in employment which includes the duty to make 'reasonable adjustments' for disabled employees and job applicants. These can include:

- changes to the building or premises where the person works;
- providing interpreters or other support at meetings and training events;
- providing or modifying equipment and/or software;
- altering location or hours of work;
- providing additional training or supervision;
- providing Disability Leave to attend rehabilitation, assessment or treatment;
- making adjustments to premises;
- modifying procedures for testing or assessment.

1.2 PHSO is committed to making reasonable adjustments to avoid substantial disadvantage for disabled employees or job applicants. The Equality & Human Rights Commission (EHRC) defines 'substantial disadvantage' as 'a disadvantage which is more than minor or trivial'.

### 2. Reasonable Adjustments

2.1 The circumstances for each disabled employee are different and so there must be an assessment of:

- whether the adjustment requested is disability related and required to avoid substantial disadvantage;
- what adjustments are required to avoid or remove a substantial disadvantage to the disabled employee compared to an employee who is not disabled; and
- whether the adjustments are a reasonable step for PHSO to take.

2.2 Is the adjustment necessary to avoid disadvantage?

When an adjustment is requested the first consideration is whether this adjustment is necessary to avoid substantial disadvantage for a disability. For example, a request to work from home or to work compressed hours may be desired by the employee but if there is no evidence that it is required in order to ease a disability or that refusal of this would cause substantial disadvantage due to disability, then it may be appropriate to refuse the request on the basis of a reasonable adjustment but consider it as a flexible working application.

2.3 What is 'reasonable'?

This decision of reasonable will differ in each case and across roles, so an adjustment of reasonable with one employer or in one role may not be reasonable in another. The test of reasonable takes account of what is an appropriate and proportionate step for an employer to take. Considerations may be:

- whether the step would be effective in preventing the substantial disadvantage;

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- practicality of the adjustment for the business;
- financial and or other costs and the extent of any disruption caused;
- extent of the employer's financial or other resources;
- availability of financial or other assistance to help make an adjustment;
- type and size of the employer.

2.4 The line manager should seek the employee's view on suitable adjustments since the disabled employee is likely to have a view on how to manage their own disability. Where the disabled employee proposes adjustments, the line manager should consider whether the suggestions would address the substantial disadvantage. However, it is PHSO's decision as to whether an adjustment is considered reasonable.

### 3. Procedure for considering reasonable adjustments

3.1 The line manager will take the lead on discussing the reasonable adjustments requested with the employee, including agreeing the adjustment or declining it, through to its provision. This process is supported by HR, People & Talent and/or Service Delivery as appropriate.

3.2 Service Delivery will be closely involved where an adjustment affects the workstation or physical environment. In such cases the employee will need to complete a standard Workstation Assessment. Service Delivery will also be involved in any proposed adjustments to ICT systems or other facilities required.

3.3 Where a proposed adjustment does not affect the workstation or physical environment, but there are practical needs, such as adjustment to duties, hours of work, travel or sign language support, the line manager and employee should discuss these, with support from HR, People & Talent.

3.4 In many cases the provision of reasonable adjustments will be straightforward; a short note to record the conversation and actions should be taken and copied to the employee. The form 'Assessing Reasonable Adjustments' is available to take the manager through the steps of considering the request if additional support is needed. This is of particular use where the request made is not a straightforward one. Any request for permanent reduction to targets should be referred to the relevant Leadership Team member.

3.5 Every effort must be made to deal with reasonable adjustment requests as quickly as possible. Where timescales are outside of PHSO's direct control managers should ensure that the employee is kept informed of progress.

### 4. Assessment by Occupational Health or Access to Work

4.1 Where further medical assistance is needed, for example, because the suitability or appropriateness of the adjustment required is not clear, PHSO will ask its Occupational Health (OH) provider for guidance and for their advice on what adjustments PHSO and the employee may wish to consider. Occupational Health referrals will be organised by HR People and Talent. Where the referral relates to a workstation assessment, Service Delivery will be involved.

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In addition, employees may approach Access to Work (part of Job Centre Plus) who will in some cases, conduct an assessment of their needs.

### 5. Financial authority

- 5.1 Where there is a financial cost related to the provision of equipment or to physical changes to the environment, this must be discussed with Service Delivery before the adjustment can be agreed. Any other costs must be discussed with HR, People & Talent before a decision can be made on the adjustment. Availability of budget and appropriateness of expenditure are considerations when determining if an adjustment is reasonable.

### 6. Rights, Responsibilities and Confidentiality

- 6.1 PHSO as an employer has legal obligations which relate to its duty of care to employees, particularly around Health and Safety, the provision of 'reasonable' adjustments and compliance with Data Protection legislation. In order to exercise these broad obligations it may on occasions be necessary to share data/information between relevant parts of PHSO or related organisations, for example between HR and Service Delivery when arranging a reasonable adjustment.
- 6.2 All employees have a responsibility to co-operate fully with the procedures which enable PHSO to carry out its duties as an employer. An example of this may be the procedure for agreeing adjustments where an assessment carried out needs to be shared with HR, People & Talent and Service Delivery. In such circumstances, PHSO will ensure that the sharing of information is proportionate and handled sensitively.
- 6.3 If the employee does not engage with the process to assess and implement reasonable adjustments identified, this is likely to hinder and even prevent reasonable adjustments from being provided. All employees are required to co-operate with Health and Safety assessments.

### 7. Adjustments agreed

- 7.1 Once the adjustment has been agreed and implemented, the line manager should keep the situation under review, with the employee, and take appropriate action if circumstances change, involving Service Delivery or HR, People & Talent, as appropriate.

### 8. Adjustments not agreed

- 8.1 If it is found that there are no adjustments which can be made or that PHSO has already provided adjustments and further adjustments are not possible, the individual's line manager should discuss the next steps with HR People and Talent.

## Guidance - alcohol and substance misuse

### 1. Introduction

- 1.1 PHSO recognises that most employees are responsible and sensible in their intake of alcohol and use of substances such as prescribed medication. PHSO is also aware that alcohol and substance misuse can be an illness and a treatable condition and will make all reasonable attempts to assist an employee to deal with their addiction.

### 2 Overview

- 2.1 PHSO's expectations relating to alcohol consumption are that:

- any consumption of alcohol during the working day must take place in the employee's own time (e.g. in the lunch break), must be done in moderation and have no impact on the employee's performance or conduct;
- employees should consider whether it is necessary to take the afternoon as annual or flexi-leave following events such as Christmas lunch, subject to the usual management authorisation;
- alcohol will only be consumed on PHSO premises with management authorisation, usually at an official function, such as a leaving party. Time spent at such official functions may be counted as working time until 5pm;
- alcohol consumed outside working hours must not have an impact on the employee's performance or conduct or on PHSO's work and reputation; and
- if a PHSO employee is working away from their own workplace in another organisation, they will respect the rules governing alcohol consumption in the host organisation.

- 2.2 The following will be dealt with under the Disciplinary policy:

- misconduct or misbehaviour at work or in work-related situations owing to inappropriate or excessive intake of alcohol or other substances;
- possession, use or sale of non-prescribed, illegal drugs on PHSO premises or in any work-related situation; and
- drinking on PHSO premises during work hours other than at authorised occasions.

### 3. Alcohol and substance misuse

- 3.1 An employee who misuses alcohol or other substances can be a hazard to others and to the reputation and work of PHSO. Managers dealing with such a situation need to balance the welfare of the employee with the operational requirements of the organisation and the duty of care owed to other employees.

- 3.2 A line manager who has identified an employee who may have an alcohol or substance dependency problem should seek advice from HR People and Talent in the first instance. Signs of an employee with a drink or drug related problem may include one or more of the following:

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- decline in work performance;
  - poor attendance record;
  - unreliability;
  - unexplained injuries;
  - changes in behaviour such as irritability and lack of concentration; and
  - smell of alcohol or other substances, particularly in the morning.
- 3.3 Employees may contact HR, People & Talent for advice or guidance. Options for providing assistance are likely to include referring the employee to PHSO's Occupational Health Adviser (OHA) and/or the Employee Assistance Programme (EAP) and/or the employee's own GP in the first instance.
- 3.4 Once further information has been obtained about the employee's condition and possible options for dealing with it, HR People and Talent will meet with the employee and their line manager to discuss an action plan to help the employee. This may include flexible working options such as time off to visit a medical practitioner, therapist or counsellor for a specified period of time.
- 3.5 If the employee does not successfully complete a programme of recovery or has a relapse after successful completion, PHSO will engage with the employee to try to help them to achieve or sustain recovery. However, ultimately consideration will need to be given as to whether employment can continue.
- 3.6 The point at which the formal Capability procedure is implemented is likely to depend on factors such as the severity of the employee's condition and its impact on their performance, colleagues, the work and reputation of PHSO.