

FOI REF: 22/704

22nd December 2022

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FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

- 1. Does your authority have a distinct policy covering alcohol and/or other substance use by employees of the authority? If so, on what date was this policy implemented? What policy did this supersede? Please provide a copy of your current alcohol and substance use policy.**

Yes, please see attached East Sussex Healthcare NHS Trust's current 'Substance Misuse Policy – version 3' which was ratified October 2020. This replaced the Substance Misuse Policy – version 2.

- 2. Does your authority's current occupational health policy include sections or subsections which cover the use of alcohol and/or other substances by employees of your authority who are registered healthcare professionals, including but not limited to alcohol and/or substance addiction and/or impairment at work due to substance use? If so, on what date was this policy implemented? Please provide a copy of your current occupational health policy**

Yes, within the attached 'Substance Misuse Policy', section 5.5 refers specifically to Occupational Health support.

- 3. What policy within your authority covers performance management issues related to alcohol and substances within the workplace, including but not limited to impairment at work due to alcohol or substance use, and/or criminal activity either during or outside of work hours related to alcohol and substance use? On what date was this policy implemented? Please provide a copy of the current policy in which this information is included.**

Please refer to the attached 'Substance Misuse Policy', section 5.6, appendix C has managers guidance.

Cont.../

- 4. If there is a concern regarding a registered healthcare professional employee's alcohol or substance use, please outline the process applied within your authority for dealing with the issue, with reference to pathways for the employee concerned, and who has responsibility for decision making for any given pathway the employee is placed upon, and how decisions are made as to how the pathways are implemented.**

Please refer to section 4 of the attached 'Substance and Misuse Policy' for roles and responsibilities. The Trust's Human Resource manage the process. Please also refer to section 5 for procedures.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)
Corporate Governance Manager
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Substance Misuse Policy

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Associated Documents:	Attendance Management Procedure Performance Improvement Procedure Disciplinary Procedure

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V2	March 2017	[REDACTED]	Review and Update	Re-write
V3	October 2020	[REDACTED]	Review	Inclusion of data protection statement

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Human Resources		October 2020
Liz Lipsham	Specialist Nurse Manager – Occupational Health & Wellbeing	November 2020
Dr Laurence Boakye	Occupational Health Physician	November 2020
WPPG		November 2020

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

The Trust recognises that addiction to an intoxicating substance should be dealt with in the same way as other causes of ill health where employees can demonstrate that they are complying with a programme of treatment. This policy and procedure details what processes will be applied by the Trust in relation to the use and misuse of alcohol and other intoxicating substances by employees with or without any dependency

2. Purpose

2.1 Rationale

The aim of the policy is to ensure that both the rules on the consumption of intoxicating substances and the procedures for dealing with breaches of the rules are clear, and to encourage those with an addiction to an intoxicating substance to seek help.

2.2 Principles

This policy aims to:

- provide an understanding of the effects of the misuse of intoxicating substances in the workplace
- provide clear guidance on expectations regarding consumption of intoxicating substances by employees
- provide clear guidelines for managers and staff about the approach that will be taken when problems arise
- achieve a balance between support of staff experiencing a crisis and ensuring overriding responsibility for the safety of staff, patients, members of public and the reputation of the service
- provide a means for intervention at an early stage and to encourage staff who are misusing intoxicating substances to declare this and seek help; and
- to clarify the responsibilities of all parties.

2.3 Scope

This policy applies in its entirety to all employees within the organisation. However, for those not directly employed by the Trust but who are carrying out work on Trust premises, such as honorary staff, agency workers, those on work placements and contractors, only the rules regarding the consumption of intoxicating substances apply. (See section 5.2)

Where concerns about performance and health issues linked to this policy arise for agency staff, contractors and secondees into the Trust, their employing organisation should be contacted by Temporary Workforce, contract supervisor or line manager.

The policy covers the use and misuse of alcohol, legal and illegal drugs and substances, and misuse of prescription medicines and over the counter medicines.

3. Definitions

3.1 Addiction

The continued use of a substance or behaviour, despite experiencing adverse dependency consequences, or a neurological impairment leading to such behaviours.

Some authorities now prefer to use the term substance dependence to cover addiction to a substance as opposed to a behaviour (e.g. gambling).

The Equality Act 2010 (Disability) Regulations 2010 (SI 2010/2128) specifically state that addiction to alcohol, nicotine or any other substance (except where the addiction originally resulted from the administration of medically prescribed drugs) is to be treated as not amounting to an impairment for the purposes of the Equality Act 2010. Alcohol or substance addiction is not, therefore, covered by the Act.

However, an employee may have a physical or mental impairment that does amount to a disability within the meaning of the Act but which was caused by or was the result of alcohol or substance addiction. For example a serious liver condition or a depressive illness. The employee would in this case be disabled, notwithstanding that the disability was caused to a large extent by the addiction. The cause of the disability is not relevant. Conversely, the alcohol addiction could be a symptom or side effect of some other medical condition from which the employee is suffering, which itself amounts to a disability.

Therefore, where an employee is or appears to be suffering from alcohol or substance addiction, the Trust will make further medical enquiries in order to ascertain whether there is an underlying medical condition, either caused by or the trigger of the addiction, which may then indicate that their condition is likely to be considered a disability.

3.2 Substance Dependence

Substance dependence, commonly called addiction, is a user's compulsive need to use substances (often controlled or illegal substances) in order to function normally. When such substances are unobtainable, the user suffers withdrawal symptoms which result in a reduced capacity, or inability to function normally.

3.3 Harmful or Problematic Use

The use of a substance or substances which are usually but not exclusively intoxicating; which harms physical or psychological health or has a detrimental effect on social or work performance but without dependency necessarily being present.

3.4 Intoxicating Substances

Intoxicating substances change the way the user feels mentally or physically. They include alcohol, illegal drugs, legal drugs and solvents. Substance intoxication is a state in which a person's normal capacity to act or reason is inhibited by such a substance.

3.5 Illegal Substances

Illegal substances are those for which there are criminal sanctions for possession because the substance may not lawfully be possessed in certain circumstances, e.g. morphine without a valid prescription, cannabis, ecstasy etc. Tobacco and alcohol are not illegal substances.

4. Accountabilities and Responsibilities

4.1 Directors, Senior Managers and Heads of Department

Are responsible for:

- the effective implementation of this policy within their directorates

4.2 All Managers

Are responsible for:

- ensuring the safety of staff, patients and members of the public
- ensuring staff are aware of this policy and the support available to them
- monitoring performance and behaviour which may indicate misuse of substances
- intervening at the earliest sign of a problem; and
- supporting substance dependent staff while they seek help

4.3 Human Resources

Is responsible for:

- providing advice on the implementation of the policy
- advising on the use of the Disciplinary Policy Procedure and the Attendance Management and Performance Improvement Procedures in relation to disciplinary and capability issues
- regularly reviewing the effectiveness of the policy and for drafting any amendments that may be required

4.4 Occupational Health

Is responsible for:

- responding to referrals from staff and managers
- providing a confidential service to staff; and
- referring staff to appropriate agencies for specialist interventions in relation to dealing with their addiction

4.5 Employees

Staff are responsible for:

- complying with this policy and ensuring the health and safety of themselves, patients, colleagues and members of the public
- being aware of the safe/sensible use of alcohol
- where appropriate, assisting colleagues with a possible dependency problem by urging them to seek help and notifying the relevant manager if necessary;
- Raising with the relevant line manager if there are genuine concerns about a colleague regarding a possible dependency problem and any impact on the staff member concerned, colleagues or patient safety as a result of this
- seeking help as identified in this policy if they have concerns about their own consumption of alcohol or other dependency problem

4.6 Trade Union Representatives

Are responsible for:

- encouraging affected employees to seek help; and
- providing support to staff

5. Procedures and Actions to Follow

Alcohol and Substance Misuse

Managers need to be alert to the possibility of their staff misusing alcohol or substances both for the protection of the Trust and its patients/service users, and for the benefit of employees themselves.

The information set out in Section 5.1 below may be of assistance in detecting a potential problem. Further guidance on how managers should deal with such problems, or a breach of the rules set out in this part of the Policy, is given in Appendix B.

The need to implement this policy may also arise as a result of an investigation into an incident or alleged misconduct under the Disciplinary Procedure or as a result of following the Attendance Management Procedure.

Action under the Attendance Management or Disciplinary Procedure may need to be adjourned pending the results of actions taken under this policy but should eventually be brought to a conclusion.

In serious cases, consideration may need to be given to the possibility of suspension under the Disciplinary Procedure, to ensure the safety of the Trust's other employees and/or its service users.

5.1 Signs of Misuse of Intoxicating Substances

One, or a combination, of the following factors may indicate that an individual is misusing alcohol or substances. Sudden changes or deterioration in a staff member should be particularly noted.

Absence and patterns of absence

- Frequent leave requests at short notice
- Frequent unexplained short absences from the work area
- High absence level or patterns at beginning/end of the working week
- Poor punctuality

Work Performance

- Difficulty in concentrating
- High level of errors
- Increased time to complete tasks
- Poor memory
- Relationship difficulties

Increased accidents

- At home
- At work
- While driving

Mood

- Aggressive or inappropriate behaviour
- Withdrawing or distancing from colleagues
- Confusion
- Depression
- Euphoria

- Irritability
- Mood swings
- Unusual and/or unpredictable behaviour

Physical

- Abnormally dilated or constricted pupils or glazed stare
- Evidence of injuries
- Needle marks
- Poor physical appearance
- Slowed reaction rate
- Slurred speech
- Tiredness/fluctuations in energy levels
- Weight loss

Evidence of consumption on premises

- Cans/bottles of alcohol/solvents
- Scorched spoons, tinfoil
- Smell of alcohol from the worker or in a room
- Syringes etc.
- Twists of papers

Other

- Borrowing money from colleagues
- Fraudulent expenses claims
- Increased incidence of petty theft

These factors may indicate a variety of problems other than alcohol or substance misuse or dependency, e.g. stress, depression or other mental or physical health problems. It is essential that any general concerns and/or the reasons for any issues are investigated and discussed with the employee and appropriate support offered.

The misuse of alcohol or substances may itself be a symptom of other conditions such as depression or anxiety.

It is recognised that it can be very difficult to clearly identify whether the misuse of alcohol or substances is the cause of such behaviours. Concerns that such a problem may exist should be sufficient to address the issues with an individual in the first instance.

This may mean approaching an individual who may not have displayed direct signs of alcohol or substance misuse but for where there is genuine and/or reasonable cause to suspect this.

Further guidance is contained in Appendix C, though staff and managers can also access support and from Occupational Health & Wellbeing and/or Human Resources teams.

5.2 Rules Regarding the Consumption of Alcohol or Substances

All staff are responsible for being able to deliver their contractual duties in a fit state to provide a completely safe and fully competent service, including working from home. The Trust is responsible for ensuring the safety of patients, staff and members of the public.

5.2.1 Whilst undertaking contractual duties within work hours

The consumption of alcohol or substances by an employee during their working hours or during break periods, whilst working within or outside of Trust premises is strictly prohibited. Staff are reminded that the consumption of alcohol or substances on Trust premises outside of working hours is also prohibited unless an exemption where alcohol may be consumed as stated in section 5.3. This includes any premises accessed by reason of employment on Trust business e.g. patients' homes and buildings owned by other agencies in which Trust services are based. It also includes when staff are present at training and development events.

A failure to comply with this will lead to disciplinary action under the Disciplinary Procedure with sanctions up to, and including, dismissal. Exceptions apply to drugs prescribed for the employee or over-the counter medications, used for their intended purpose as advised by the prescriber or pharmacist, as long as safety for others including colleagues and patients is not compromised.

The storage, selling or otherwise trading of alcohol and substances for use outside of work Trust premises is strictly prohibited. Alcohol and substances must not be consumed by staff when accompanying clients and patients in social settings.

5.2.2 Outside Working Hours

It is noted that the smell of alcohol, even where there is no evidence of intoxication, may be worrying to patients, visitors and colleagues. It also presents an unprofessional image which is contrary to Trust values. Staff should not consume substances (including both drugs and alcohol) prior to work or during breaks from work.

Staff should note that alcohol and substances may remain in the system for some time and that even a small amount may impair their work performance. Staff are responsible for allowing sufficient time for any alcohol or substance to have been metabolised out of their system before they are due to report for work in order to prevent any impairment to performance.

Any evidence of alcohol or drug consumption, including a smell of alcohol or substances, which is then considered as potentially impacting on the staff member's ability to work or detrimental to the work environment, may lead to disciplinary action under the Disciplinary Procedure.

Managers are required to carry out an investigation into such cases and will make a reasonable judgement regarding the correct course of action depending on all the facts of the case.

Managers should contact Human Resources immediately for further advice.

Alcohol or substances should not be consumed when a member of staff is off duty but knows that they may be required to report for work at short notice e.g. when working on-call. The consumption of alcohol or substances preventing an employee to be able to satisfy an on-call commitment may lead to action under the Disciplinary Procedure.

If staff or staff via temporary workforce are requested to report for work unexpectedly they should only do so if they can confirm that they are fit to undertake their contractual duties and if there is any question regarding this, they must discuss with their manager any concerns they may have about fitness to work prior to accepting the shift.

5.3 Exceptions

On very rare occasions exceptions may be made, e.g. retirement functions held on Trust premises outside working hours. Permission to serve alcohol may only be granted by the appropriate director or a nominated deputy. Only those who have finished work for the day may consume alcohol at such functions.

5.4 Prescription Medicines

It is known that misuse of prescription medicines and over-the-counter drugs can occur and lead to dependency. The misuse of such drugs should be dealt with in the same way as the misuse of alcohol or any substance.

Some medicines may be used for the purposes they are prescribed but may have effects and side effects which have an impact on work performance. Where this is the case the member of staff is responsible for informing their manager of the possible impact and should be referred to Occupational Health & Wellbeing so that further advice can be sought.

In such cases the employee will be supported in accordance with the Trust Attendance Management Policy.

5.5 Support

It is essential to balance the need for supporting the individual with the needs of the service.

Guidance on alcohol or substance misuse health issues can be obtained from Occupational Health & Wellbeing and voluntary organisations. (See Appendix B for further details.)

Dependency problems identified through routes such as supervision, a return to work interview or self-disclosure will be treated as a health problem. Advice and support from Occupational Health & Wellbeing will be sought. And may include;

- an initial assessment
- sign posting to counselling and support from appropriate specialist agencies
- biological monitoring or testing by an independent specialist service
- referral to specialist agencies
- advice to management in relation to adaptations within the work place to support the employee to remain in work if appropriate or an indication on likely duration of absence whilst external support and/or treatment is accessed by the member of staff
- in exceptional circumstances it may be necessary to convene a case conference, which would include all relevant parties including; the member of staff, the member of staff's representative, if appropriate a representative from their specialist service, the line manager, Human Resources and Occupational Health & Wellbeing with the aim to plan the best possible line of action for the individual and department

5.6 Breach of the Rules Linked to an Alcohol or Substance Misuse Problem

Where a dependency problem is identified through a disciplinary incident, consideration will be given to suspending the disciplinary process while the employee seeks support. This decision should be taken following advice from a senior manager and Human Resources. The decision will depend on many factors, particularly the attitude of the member of staff and their commitment to seeking help. However, if the member of staff declines the opportunity to follow a supportive process the investigation will continue to completion and the disciplinary process will be recommenced.

5.7 Staff and Trust Responsibilities when an Alcohol or Substance Misuse Problem Is Identified

For support to continue it is essential that the member of staff shares plans for their treatment with their manager and Occupational Health & Wellbeing. This includes regular feedback as to progress made and co-operation with any programme that the employee is accessing.

Appropriate guidance in relation to supporting the employee to return to or remain in work will then be assessed by Occupational Health & Wellbeing and pending consent from the employee will be conveyed to the manager.

A supportive environment will be maintained where possible, where it is necessary for the member of staff to follow a suitable treatment or support programme. In severe cases, e.g. where detoxification treatment is required, sick leave will be granted. Sick leave may also be granted to attend other programmes or treatment.

In all a mutually agreeable system of regular communication will be established with the member of staff and their line manager or nominated other if need be. The purpose of this is to offer support, ensure progress is ongoing and identify work-related problems that may need to be resolved. In addition to the supportive role, the aim is to ensure that a manager close at hand to the worker is aware of the issues.

It is also intended that this approach will maintain confidentiality by limiting the number of people who are aware of the situation. Ensuring the confidentiality of any employee undergoing detoxification treatment or support whilst addressing an addiction will be essential. By creating this culture of transparency and safety, employees will be more inclined to declare issues and seek support in a timely manner. Employees should be aware however that where relevant professional bodies may need to be informed of their current health status.

During a period of treatment, duties and responsibilities may need to be adjusted to ensure safety and reduce excess stress. Where this is not possible a period of sick leave may need to be agreed in accordance with the Attendance Management Policy.

5.8 Following a Period of Sick Leave

Following absence for treatment or support, a period of rehabilitation may be necessary in accordance with the Attendance Management Policy.

Following a period of treatment for dependency of alcohol or a substance, it may not be appropriate for the employee to return to their usual work place. For example, recovery may not be helped by work related factors such as; there may be anxiety on the part of the member of staff in returning to their substantive environment, relationships with colleagues and/or patients may have been irreparably damaged. While every effort will be made to reach agreement with the member of staff about the best place for them to return to work, permanent redeployment options may need to be explored, though the Trust must reserve the right to make the final decision where risk issues have been identified.

The Trust will require evidence from the member of staff that they are attending appointments and fully complying with treatment and/or support as recommended in order to sustain support from their line manager. Detailed information will need to be shared with Occupational Health & Wellbeing which will be obtained on receipt of the employee's written consent.

5.9 Relapse

Relapse is often a feature for individuals experiencing dependency to alcohol or substances. The system of ongoing support as outlined throughout this policy should enable early identification of this however the situation may also be considered as a capability issue, particularly where relapse is frequent, or recovery periods are short. Managers should liaise with Human Resources for further advice as to when this would be appropriate.

Continued support is more likely to be achieved when staff are open and honest with their line manager should they relapse.

5.10 Use of Disciplinary Measures under the Disciplinary Procedure

For an individual to overcome an alcohol or substance issue there needs to be acceptance of their part and acknowledgement of this. The member of staff also needs to be willing to seek help. If this is not the case performance, attendance and conduct issues that relate to the use of alcohol or substances will be dealt with through the appropriate normal procedures.

Set out below are examples of occasions where disciplinary action will normally be taken. They will generally be considered to be incidents of gross misconduct where the employee or others have or may have been placed at risk.

- Incidents relating to the consumption of alcohol and/or substances in prohibited circumstances as outlined in section 5.2 of this document.
- Incidents of misconduct while under the influence of alcohol or substances
- Signs of reporting to work under the influence of or appearing to be under the influence of alcohol or substance at any time during working hours e.g. smelling of alcohol or behaviours leading to the appearance of being to be unfit for work
- Other breaches of the rules relating to the consumption of alcohol or substances.

The above list is not exhaustive.

Individual factors such as seeking help with a dependency problem, open acknowledgement and co-operation with the disciplinary process, personal circumstances etc. will, as in any disciplinary case, be considered as potential mitigation.

Similarly, where staff decline the offer of treatment, consistently deny the existence of experiencing any problems or after a period of compliance revert to former patterns of behaviour, the disciplinary process will be invoked.

5.11 Legal Issues

The possession, consumption and trade of illegal drugs and substances are a criminal offence. It is also illegal to permit the consumption of certain drugs on Trust premises.

Possession, consumption or trade of illegal drugs on Trust premises, or any activity or behaviour over which there are concerns as to legality, will lead to disciplinary action and the involvement of the police.

It is illegal to drive while under the influence of alcohol or substances. Concerned employees are advised to notify the police and their manager if they suspect a member of staff to be driving under the influence. Employees have a duty to inform their manager should they have incurred any driving restrictions as a result of intoxication

If a member of staff is required to hold a full driving licence to undertake the duties of their post and during the course of their employment their licence is removed as a result of driving offences' the line manager must report the matter in strict confidence to the Human Resources Department who will decide on any appropriate action.

6. Equality and Human Rights Statement

An Equality and Human Rights Assessment has been carried out as per Appendix A.

7. Training

Managers will be provided with training, support and advice in line with the Trust's training needs analysis.

8. Data protection

When managing a colleague under the Substance Misuse Policy, the Trust processes personal data collected in accordance with its Data Protection policy. Data collected from the point at which the Trust commences action under the policy is held securely and accessed by, and disclosed to, individuals only for the purposes of managing colleagues through the process. Inappropriate access or disclosure of employee data constitutes a data breach and should be reported in accordance with the organisation's data protection policy immediately. It may also constitute a disciplinary offence, which will be dealt with under the Trust's disciplinary procedure.

9. Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Number of staff being supported	Head of Employee Relations & Business Partnering	Triangulated with eOPAS report from OH & W	Bi-annually	Deputy HR Director	Deputy HR Director	Deputy HR Director

10. References

Disciplinary Procedure

Attendance Management Procedure

Performance Improvement Procedure

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found [here on the Equality and Diversity Extranet page](#).



Equality & Human Rights Impact Assessment

(For all Policies, Business Cases, Projects; Proposals to Service Change, Procurement Contracts and any other project or proposal)

Name of the proposal, project or service
Substance Misuse Policy
Who will be affected by this work?
This policy applies in its entirety to all employees within the organisation. However, for those not directly employed by the Trust but carrying out work on Trust premises, such as honorary staff, agency workers, those on work placements and contractors, only the rules regarding the consumption of intoxicating substances apply

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 East Sussex Healthcare NHS Trust (ESHT) must have due regard to its Public Sector Equality Duty when making all decisions that impact on staff, patients and/or the general public's access to services or public functions. An EIA is the best method by which ESHT can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is ESHT Equality Impact Assessment, which captures details and equality action plans for any policy, proposal, project or service changes that are likely to affect any area of the Trust, including access, staff, patients, visitors, contractors or service delivery.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires ESHT, when exercising its functions, to have "due regard" to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

1.4 A "protected characteristic" is defined in the Act as:

- Age;

Equality Impact Assessment

- Disability;
- Gender Reassignment;
- Pregnancy And Maternity;
- Race (Including Ethnic Or National Origins, Colour Or Nationality)
- Religion Or Belief;
- Sex;
- Sexual Orientation;
- Marriage & Civil Partnership.

1.5 ESHT also considers the following additional groups/factors when carry out an analysis:

- Carers
- People living in Rural areas
- People living in deprivation
- Homeless people

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, ESHT must have regard to the possible need for steps that amount to positive action, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for decision makers:

1.6.1 To comply with the duty, ESHT must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require decision makers to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 Some key points to note :

- The duty is regarded by the Courts as being very important.
- Decision makers must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated: ESHT can not rely on an EIA produced after the decision is made; the analysis must be an integral part of the work/proposal/project etc.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision. This may require several EIA's to be completed.

- The duty is **not to achieve the three equality aims but to consider them** – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.6.4 In addition to the Act, ESHT is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service. (Answer all questions)

2.1 What is being assessed?

- a) **Proposal or name of the project or service? What is the main purpose or aims of proposal, project or service?**

To ensure that both the rules on the consumption of intoxicating substances and the procedures for dealing with breaches of the rules are clear, and to encourage those with an addiction to an intoxicating substance to seek help.

- c) **Manager(s) and section or service responsible for completing this impact assessment**

██████████ Associate HR Business Partner

2.2 Who is affected by the policy/proposal, project or service? Who is it intended to benefit and how?

The policy is relevant to all staff but more pertinent to managers that need to follow the process.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

The policy will be available for reference on the extranet and is a document used by Trust Line Managers and overseen by the Chief People Office

2.4 Are there any partners involved? E.g. ESBT, ESCC, voluntary/community organisations, the private sector? If yes, how are partners involved? Who are the leads?

No

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity (please state)?

Equality Act 2010

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that has been used in impact assessment.

Types of evidence identified as relevant have X marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data		Contract/Supplier Monitoring Data
	Recent Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
	Service User Surveys		Research Findings
	Census Data		East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?
	None available		Not required.

3.2 Evidence of concerns/complaints against the proposal, project or service on grounds of discrimination.

None

3.3 If you carried out any consultation or research explain what has been carried out.

Not required

3.4 What does the consultation / research and/or data indicate about the positive or negative impact of the proposal, project or service?

No

Part 4 – Assessment of impact for Patients

4.1 Testing of negative or positive impact.

Protected Characteristics:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- gender
- sexual orientation
- marriage & civil partnership

Positive outcome **Negative outcome**

1	Does the work affect one group less or more favourably than those in the general population who do not share that protected characteristic? (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number of your document where the evidence can be found)				
	Characteristic affected by the proposal, project or service	Yes/No	Comments, Evidence & Link to main content	+	-
	Age	No		+	
	Disability (inc. Carers)	No		+	
	Race	No		+	
	Religion & Belief	No		+	
	Gender	No		+	
	Sexual Orientation (LGB)	No		+	
	Pregnancy & Maternity	No		+	
	Marriage & Civil Partnership	No		+	
	Gender Reassignment	No		+	
	Other Identified Groups (eg. rurality, homelessness)	No		+	
2	What is the evidence that some groups are affected differently?	None	+		
3	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	Previous surveys have been undertaken to gain feedback from people submitting a FOI application with no negative outcomes			

4.2 Mitigations

4.2.1 What actions are to/or will be taken to avoid any negative impact or to better advance equality?

N/A

4.2.2 Provide details of the mitigation.

N/A

4.2.3 How will any mitigation measures be monitored? And how often?

N/A

Part 5– Assessment of impact for Staff

5.1 Testing of disproportionate, negative, or positive impact.

Protected Characteristics:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- gender
- sexual orientation
- marriage & civil partnership

Positive outcome **Negative outcome**

1	Does the work affect one group of staff less or more favourably than those staff who do not share that protected characteristic? (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number of your document where the evidence can be found)				
	Characteristic affected by the proposal, project or service	Yes/No	Comments, Evidence & Link to main content	+	-
	Age	No		+	
	Disability (inc. Carers)	Yes	Section 3, 5.1 and Appendix C	+	
	Race	No		+	
	Religion & Belief	No		+	
	Gender	No		+	
	Sexual Orientation (LGB)	No		+	
	Pregnancy & Maternity	No		+	
	Marriage & Civil Partnership	No		+	
	Gender Reassignment	No		+	
	Other Identified Groups (eg. rurality, homelessness)	Yes	Alcoholism/Addiction	+	
2	What is the evidence that some groups are affected differently?	As above			+
3	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	Workforce Equality Lead			

5.2 Mitigations

5.2.1 What actions are to/or will be taken to avoid any negative impact or to better advance equality for staff?

where an employee is or appears to be suffering from alcohol addiction, the Trust will make further medical enquiries in order to ascertain whether there is an underlying medical condition, either caused by or the trigger of the alcohol addiction, which is a disability.

5.2.2 How will any mitigation measures be monitored? And how often?

Annually through OHWB

Part 6 – Assessment of impact on Human Rights

Human rights place all public authorities – under an obligation to treat people with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles		Affected mark with X
A2	Right to life (e.g. pain relief, suicide prevention)	
A3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)	
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)	
A5	Right to liberty and security (financial misuse)	
A6 & 7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)	
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)	
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)	
A10	Freedom of expression (whistle-blowing policies)	
A11	Freedom of assembly and association (e.g. recognition of trade unions)	
A12	Right to marry and found a family (e.g. fertility, pregnancy)	
Protocols		
P1.A1	Protection of property (service users property/belongings)	
P1.A2	Right to education (e.g. access to learning, accessible information)	
P1.A3	Right to free elections (Elected Members)	

Detail how your proposal, project or service may potentially interfere with a human right:

Part 7 – Assessment impact for other Services

7.1 Testing of disproportionate, negative or positive impact.

Impact on other parts of the system, not exclusive to, but including:

- Primary Care;
- ASC and ESCC;
- ESHT – acute services;
- ESHT – community services;
- Community Voluntary Sector;
- Private Care Sector

7.1.1 How will this service impact on other provisions, services and staff?

Not relevant

7.1.2 What actions are to/or will be taken to avoid or limit any negative impact?

Not relevant

7.1.3 How will any mitigation measures be monitored?

Part 8 – “due regard” to the three equality aims

Please evidence how your policy / work seeks to;

8.1 eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,

where an employee is or appears to be suffering from alcohol addiction, the Trust will make further medical enquiries in order to ascertain whether there is an underlying medical condition, either caused by or the trigger of the alcohol addiction, which is a disability.

8.2 advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”

where an employee is or appears to be suffering from alcohol addiction, the Trust will make further medical enquiries in order to ascertain whether there is an underlying medical condition, either caused by or the trigger of the alcohol addiction, which is a disability.

8.3 foster good relations between persons who share a relevant protected characteristic and persons who do not share it

As above

Part 9 – Conclusions and recommendations for decision makers

Impact assessment outcome Based on the analysis mark below ('✓') with a summary of your recommendation.

X	Outcome of impact assessment	Comments from Ratification group
✓	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

9.1 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service

Policy will be reviewed in 3 years or before if there are any major changes to legislation or internal processes.

9.2 When will the amended proposal, project or service be reviewed?

As above –

Date completed:	19/01/2020	Signed by (person completing)	[REDACTED]
		Role of person completing	Associate HR Business Partner
Date:		Signed by (Manager)	Not required

Sources of Assistance with Substance Misuse Problems

Within the Trust

Occupational Health & Wellbeing

The Trust's Occupational Health & Wellbeing Service is available to all Trust staff wherever they are employed.

- Tel: 0300 131 4350 [REDACTED]
- Email: esh-tr.occupationalhealth@nhs.net (confidential generic address)

Phone lines and email account is monitored– Monday to Friday (excluding bank holidays) – 8am-4pm

Employee Support Manager

The Employee Support Manager co-ordinates the team who can advise colleagues on childcare (including nurseries, play schemes, childcare vouchers, etc.), maternity support, support for carers, flexible payment scheme, salary sacrifice and benefits/discounts. They can also provide help and information for colleagues on maintaining a balance between work and home life, particularly during times of change.

Email: jacquie.fuller1@nhs.net – Tel: (01323) 417400 [REDACTED]

Local Support Organisations

East Sussex drug and alcohol recovery service (Change Grow Live (CGL)) - Eastbourne & Hastings

CGL are a free dedicated drug and alcohol community recovery service to work with people from the age of 18 upwards.

They are commissioned to deliver drug and alcohol services across East Sussex working with the local community and partnership agencies to achieve best outcomes for the service users that they work with.

They offer opportunities for volunteers and peer mentors to enhance services and service user experience. Specialist prescribing services

- GP shared care
- Community detox from drugs and alcohol
- Inpatient detox from drugs and alcohol
- Group work programs
- Housing and benefits advice
- Drug and alcohol counselling
- Intuitive recovery
- SCDA employment support
- Foundations of recovery
- Carers support group

Access:

To make an appointment call 0300 3038 160 or visit <http://www.changegrowlive.org/>

or email EastSussex.STAR@CGL/org.uk

Or drop in to arrange for one of the specialist recovery workers to offer support and book a full assessment and discussion of available support and treatment options.

Change Grow Live (formerly known as STAR) has two main hubs in Hastings and Eastbourne:

Hastings

Thrift House, 13 Wellington Place, Hastings, TN34 1NY

Eastbourne

Lift House, 6 St Leonards Road, Eastbourne, BN21 3UH

Making a referral

CGL take referrals from all sources or self-referrals and from all professional agencies.

SDT – Sick Doctors Trust

Support and help for Doctors, Dentist or medical students concerned about their use of drugs or alcohol

<http://sick-doctors-trust.co.uk/>

Addaction

Addaction is a national charity, offering help and support to anyone affected by alcohol and non-medicinal drug use. It provides information and support for children, parents and carers and offers services for homeless drug users. It also provides information on detoxification centres and training to professionals. Addaction is the main provider of Substance Misuse Services in West Sussex.

Tel: 01424 426375

<http://www.addaction.org.uk>

Connexions East Sussex –

This service, for those in East Sussex under 19 years of age, can provide information, advice and support about drugs and alcohol.

Tel: 01323 464404 (Monday to Friday 8.30am to 5pm)

Email: Under19'sSMSDuty@eastsussex.gov.uk

<http://www.connexions360.org.uk>

KCA

KCA is a charity and a company limited by guarantee, established in 1975. The organisation has many years' experience delivering drug, alcohol and mental health services and an established network of service centres in London and the South East. KCA provides services in London and south east England.

<http://www.kca.org.uk>

National Support Organisations

Adfam – 020 7553 7640 (Mon-Fri 9.00am-5.00pm) - fax 020 7253 7991 - admin@adfam.org.uk

Adfam is a national charity working with families affected by drugs and alcohol and is a leading agency in substance related family work. Adfam provide a range of publications and resources for families about substances and criminal justice. They also operate an online message board and database of local support groups that helps families hear about and talk to people who understand their situation. Adfam runs direct support services at London prisons for families of prisoners with drug problems that need to talk about prison and drugs. A list of publications is available via the website.

<http://www.adfam.org.uk>

Al-Anon Family Groups UK and Eire – 020 7403 0888 (every day, 10.00am-10.00pm) - enquiries@al-anonuk.org.uk

Al-Anon is worldwide and offers understanding and support for families and friends of problem drinkers, whether the alcoholic is still drinking or not. Alateen, a part of Al-Anon, is for young people aged 12-20 who have been affected by someone else's drinking, usually that of a parent. The confidential helpline provides details of meetings held throughout the UK.

<http://www.al-anonuk.org.uk>

Alcohol Change UK – 020 3907 849800 (normal office hours) or contact@alcoholchange.org.uk

Alcohol Change UK is a national charity on alcohol misuse for England and Wales, campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. The service works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems. Details of local alcohol services are available. Those seeking help are referred to the national drink helpline, Drinkline (or for substances see FRANK below).

Alcoholics Anonymous – 0800 9177 650 (365 days, 24 hours) - help@alcoholics-anonymous.org.uk

AA is a voluntary fellowship of men and women who are alcoholics and who will help each other to become and stay sober, by sharing experiences and giving mutual support. There are over 3,000 groups throughout the UK dedicated to helping those with a serious alcohol problem achieve and maintain sobriety. Search the website to see all currently registered online meetings (updated daily)

<http://www.alcoholics-anonymous.org.uk>

Cocaine Anonymous UK – 0800 612 0225 or 020 8429 5924 (every day 10.00am-10.00pm) - helpline@cauk.org.uk

Cocaine Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from their addiction. The only requirement for membership is a desire to stop using cocaine and all other mind-altering substances.

<http://www.cauk.org.uk/index.asp>

Drinkline – 0300 123 1110 (Mon-Fri 9am-8pm, Sat/Sun 11am-4pm)

The free confidential helpline (calls from mobiles and non-BT landlines may incur charges) offers information and advice on alcohol to anyone concerned or worried about their own

drinking. It also offers support to family and friends by providing information on available support services. Self-help material can be supplied and, if appropriate, referral to local alcohol advice agencies.

<http://www.drinksarter.org/drinkline>

Families Anonymous – 020 7498 4680 or 0845 1200 660 (Mon-Fri 1.00pm-4.00pm and 6.00pm-10.00pm, Sat Sun 2.00pm-10.00pm (answerphone also used) - [email](#) from website

Families Anonymous is a fellowship of self-help groups for those concerned about drug misuse or related behavioural problems of a relative or friend. It provides information on local meetings which are anonymous and confidential.

<http://www.famanon.org.uk>

FRANK (National Drugs Helpline) – 0800 776600 – type talk 18001 0800 917 8765 (7 days, 24 hours - calls from mobiles and non-BT landlines may incur charges)

The helpline does not operate Christmas Day and Boxing Day. Frank is a confidential drugs helpline which provides advice, information and support to anyone concerned about drug and solvent misuse. The helpline is manned by trained specialists who can signpost callers to local support services.

<http://www.talktofrank.com>

Hope UK – 020 7928 0848 (Mon-Fri 9.00am-5.00pm (answerphone available)) - fax 020 7401 3477 - enquiries@hopeuk.org

Hope UK is a charity which provides drug and alcohol education and training for children and young people, and training for those who work with them. It provides quality resources, speakers and training events.

<http://www.hopeuk.org>

Institute of Alcohol Studies – 020 7222 4001 (Mon-Fri 9.00am-5.00pm) - fax: 020 7799 2510 - info@ias.org.uk

The Institute of Alcohol Studies (IAS) is an educational body which aims to increase the knowledge of alcohol and the social health consequences of its misuse. Also encourages and supports the adoption of effective measures for the management and prevention of alcohol related problems. IAS publishes factsheets, a quarterly magazine and other publications on alcohol-related issues. The IAS Library is a specialised reference library which collects information on alcohol related issues from a wide variety of sources.

<http://www.ias.org.uk>

Medical Council on Alcohol – 020 7487 4445 (Mon-Fri 9.30am-5.00pm (answerphone available)) - fax: 020 7935 4479 - mca@medicouncilalcol.demon.co.uk

MCA aims to educate the medical and associated professions about the effect of alcohol on health. It provides information on alcohol related queries, acts as a consultative body for organisations and individuals on the medical aspects of alcoholism and runs seminars for medical and other health care students.

<http://www.m-c-a.org.uk>

Narcotics Anonymous – 0300 999 1212 (7 days, 24 hours) - [email](#) from website

Narcotics Anonymous is a self-help group of recovering addicts who meet regularly to help each other. The only requirement for membership is a desire to stop using. There are meetings held throughout the country.

<http://www.ukna.org>

National Association for Children of Alcoholics – 0800 358 3456 or 0117 924 3675 (Mon & Fri 10am-7pm; Tue to Thu 10am-9pm; Sat 10am-3pm (answerphone available)) - helpline@nacoa.org.uk

The National Association for Children of Alcoholics (NACOA) provides information, advice and support to children of alcoholics and to professionals who deal with them. NACOA provides a listening service, a website, responds to emails and letters and sends out information packs.

<http://www.nacoa.org.uk>

National Drug Prevention Alliance – [email](#) from website

The National Drug Prevention Alliance, in association with Positive Prevention Plus, aims to help all relevant community and professional groups and individuals involved in reducing levels of drug and alcohol misuse and other related behaviours. It is a clearing house for access to expertise, advice services, policy and strategy development.

<http://www.drugprevent.org.uk/ppp>

Turning Point – info@turningpoint.co.uk

Turning Point is a social care organisation working with individuals and their communities across England and Wales in the areas of drug and alcohol misuse, mental health and learning disability. Drop in drug and alcohol services are held in various locations.

<http://www.turning-point.co.uk>

Other Useful Sources of Information

Department of Health

Drugs and alcohol <https://www.gov.uk/government/collections/alcohol-and-drug-misuse>

Down Your Drink

A website designed to help people work out whether they're drinking too much, and if so, what they can do about it. Down Your Drink is endorsed by Alcohol Concern.

<https://www.downyourdrink.org.uk>

Drink Aware

All kinds of useful information about alcohol and drinking, from fascinating facts to practical tips, to suit all kinds of people and occasions.

<http://www.drinkaware.co.uk>

MIND

<http://www.mind.org.uk>

NHS Direct

0845 4647

[Symptom Checker](#)

National Institute for Health and Clinical Excellence (NICE)

[Guidelines](#)

Royal College of Psychiatrists

Alcohol and Drugs

Guidance for Managers

The Alcohol and Substance Misuse Policy sets out the commitment of the Trust to support and help employees who may be suffering from an alcohol, substance or drug dependency. Managers should adopt a constructive and sensitive approach to identification of the issue and offer help in a supportive and confidential environment.

Managers need to be aware that there may be a range of contributing factors to alcohol and substance misuse, including stress, mental health problems and disability.

It may be helpful to consider the following in preparing for meetings with employees with suspected alcohol or substance related problems. Further advice may be sought from Human Resources in determining the sequence of events and the relationship with other Human Resources procedures.

- Concentrate on the instances of poor performance and/or conduct that have been identified, and give the employee the opportunity to explain their behaviour.
- If appropriate, inform the employee of the seriousness of the misconduct/poor performance. It is important that employees are made aware that in cases of misconduct or continued poor performance it may be necessary to instigate the Disciplinary or Performance Improvement Procedure.
- Otherwise, make the employee aware of the Trust's concern over their behaviour and the need to explore the reasons behind it.
- Confirm to the employee that an acknowledged alcohol or substance dependency problem will be treated by the Trust as a health issue with the support that this entails, including, where appropriate, sick leave in accordance with the Attendance Management Procedure.
- Where appropriate, discuss a referral to Occupational Health & Wellbeing. Referral to Occupational Health & Wellbeing is to provide professional support and advice to managers. At the same time Occupational Health & Wellbeing may advise employees with regard to their health and encourage them to access support through their GP or other specialist agencies.
- Agree future action and specify a timescale for review.
- Arrange regular meetings to monitor progress and discuss any further problems if they arise.
- Take notes during the meeting and confirm the outcome of the meeting in writing to the employee.