

Alcohol, Drug and Substance Harmful Use and Misuse Policy

This policy describes the process for dealing with and supporting staff where substance misuse or harmful use is known or suspected.

Key Words:	Alcohol, Drug, Substance, Harmful, Misuse	
Version:	4	
Adopted by:	Trust Policy Committee	
Date Adopted:	19 December 2022	
Name of Author:	Gail Phillipson, Human Resources	
Name of responsible committee:	Strategic Workforce Committee	
Please state if there is a reason for not publishing on website	N/A	
Date issued for publication:	December 2022	
Review date:	May 2025	
Expiry date:	1 December 2025	
Target audience:	Employees, managers, visitors and contractors working on Trust premises.	
Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards?	12	

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Version Control and Summary of Changes

Version Number	Date	Comments (description change and amendments)
1	January 2016	Reference to former organisations taken out, i.e. LCCHS and LCR policies.
1	January 2016	Taken out reference to Capability and replaced with Performance.
1	January 2016	Removed option for staff to bring a friend to meetings, 5.13 and 7.2 to be aligned to other LPT policies
1	January 2016	Change reference of Sickness policy to Management of Ill Health Policy and Procedure.
1	January 2016	Appendix 2 and 11 – point 2 added for staff side representative to be invited where possible and does not delay the meeting.
1	January 2016	Appendix 1 – Advisory Services contact details updated.
1	January 2016	6.4 Information on problems on substance misuse available from Occupational Health and links to the Trust Wellbeing Zone.
2	July 2016	Appendix 2 – point 2 added that representative can accompany at meetings if they are available and does not cause a delay.
2	July 2016	5.1 Added in reference to AMICA services.
2	September 2016	5.5 Further description of testing in this paragraph. A random alcohol breathalyser test will be undertaken by LPT. A semi-random substance misuse test can be undertaken by occupational health by appointment. These tests will be undertaken jointly by Occupational Health and the Trust
2	July 2016	5.6.1 added in - Consent may not be sought where there is an opinion that it is in public interest or patient safety that the employee is advised not to undertake any patient care activity or drive.
2	July 2016	5.6.3 Added in unless a risk to themselves or others is identified. Added - where there is an opinion that it is in public interest or patient safety that the employee is advised not to undertake any patient care activity or drive.
2	July 2016	5.8.2 Added - at this point a formal meeting will be held to advise the member of staff of the redeployment process and possible outcomes. It is envisaged that the redeployment process will reflect that of the Ill Health Management policy and procedure redeployment process, with 12 weeks' notice issued.
2	July 2016	5.9 taken out further period of paid leave and job protection and added that further advice from Occupational Health and HR to be sought.
2	July 2016	5.11 Added in referral to Disciplinary Procedure as well as Performance as this section refers to performance and conduct.

2	July 2016	6.2 taken out where reference to the Handbook as this policy is not specifically referred to in this.
2	July 2016	Taken out Flow Chart – Appendix 4.
2	July 2016	NHS Constitution checklist added – Appendix 4
3	Sept 2016	Taken out reference to reference to LPT Recovery Partnership Alcohol and Drug services.
3	Sept 2016	Added Training section 11.0
3	Sept 2016	2.2 Amended to say, “who appears to be”.
3	Sept 2016	2.1 added “illicit/prescribed” drugs
3	Sept 2016	4.3 changed to read “For providing advice and support to employees and managers to ensure robust, consistent and fair implementation of this policy”
1	April 2019	Taken out of 4.3 in regards to training courses – “and in particular for organising training courses in conjunction with suitable counsellors and organisations skilled in alcohol and drug related problems”. Insert detail of inclusion of discussion of this policy in HR Essential training.
2	April 2019	5.11 Updated reference to policy to “Supportive” Performance Management Policy and Procedure.
2	April 2019	5.6.3 removed “written” permission. Added that consent to share results will be confirmed in App 3 Rehabilitation Agreement.
2	April 2019	Appendix 2 points 3 and 11 have added the referral to Occupational Health will be followed up in writing.
2	June 2019	Appendix 3 point 2 added for results of tests undertaken by Occupational Health to be shared with my employer
2	July 2019	Updated term “harmful use” and misuse built into policy wording.
1	July 2022	Added to section 5.7 wording included for consideration of staff who work predominantly from home where concerns are identified.
1	July 2022	6.1 principles of CUBE feedback model added.
1	July 2022	5.5 added random drug and alcohol testing can be undertaken on any staff member whilst at work to support the individual’s wellbeing and that of those whom they come into contact with whilst at work but to also promote and ensure safe use of equipment and practice.
1	October 2022	4.6 added - Where an individual is unsure/concerned about any aspects of substance misuse that may be harmful – they should speak to their manager and seek support from Occupational Health to discuss this as soon as possible.
1	October 2022	5.5 added detail to note that participation in a course of treatment under an Alcohol, Drug and Substance Harmful Use and Misuse Rehabilitation Agreement concern has been identified testing and engagement with Occupational Health would normally be for a two year period. This will include engagement and testing as determined by the Occupational Health department.

		Variations to the two year period will be directed by Occupational Health and agreed with the member of staff
1	October 2022	5.9 . Advice from the Occupational Health referral should be discussed and appropriate support and actions should be agreed and recorded.
1	October 2022	5.12.2 added consideration of a cooling off period on a case-by-case basis.

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

**For further information contact:
HR Business Partner
Mobile: 07879115147**

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 5) of this policy.

In this policy due regard has been shown in the following areas:

- The Policy overall recognised that substance misuse and harmful use is primarily a health problem and offers alternative forms of support to ensure that appropriate help and treatment is available before any disciplinary procedure is instigated.
- Section 5.13 offers support to employees to bring a work colleague where union representation is not available.

Definitions that apply to this Policy

Alcohol, Drug and Substance Misuse	The term 'alcohol and substance misuse' means the excessive use of alcohol, legal and illegal drugs, solvents or other substances in an excessive, habitual or harmful way that results in an impairment to the user's health and safety, work performance, conduct at work or social functioning.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

1.0 Purpose of the Policy

- 1.1 The policy relates to cases where harmful use of substances and misuse of substances is disclosed, known or suspected, and applies equally to all staff. Managers and employees will have the same opportunities for counselling and referral and will be given the same consideration at every stage.
- 1.2 The policy is seen as an integral part of Health, Safety & Welfare of Employees and should be read in conjunction Attendance Management and Wellbeing Policy and Procedure and the Stress at Work Policy.
- 1.3 Visitors and employees of contractors working on Trust premises will be expected to adhere to those parts of the policy relating to bringing substances on to the premises, being under the influence of substances and conduct towards staff.
- 1.4 Although the policy is not intended to apply when prescribed medicines are taken as directed, it is recognised that these may impair performance or give rise to behavioural problems which may result in the procedure being invoked. Staff in such circumstances should be able to benefit under its provisions on advice from Occupational Health.

2.0 Summary of the Policy

- 2.1 This policy sets out the procedure for dealing with use of drugs and the misuse of alcohol, prescribed drugs and other substances. It identifies support and treatments available and how to access them and includes practical measures to be used when a concern is brought to attention.
- 2.2 The Trust recognises that substance misuse and harmful use is primarily a health problem and that disciplinary procedures should only be used as a last resort.
- 2.3 In addition to ensuring that appropriate help and treatment is available at the earliest opportunity to individuals who request or require it, the Trust is committed to providing a supportive education programme for all employees and to promoting healthy lifestyles.

- 2.4 It will also endeavour to identify and provide support where there may be factors at work which could contribute to substance misuse problems. Management of Stress at Work Policy should be referred to in this respect.

3.0 Introduction

- 3.1 The harmful use of alcohol and substances such as illicit/prescribed drugs can adversely affect work performance and behaviours and may lead to increased levels of absence. It may also reduce awareness of risks so that accidents are more likely, and in extreme cases may lead to outbursts of violent or abusive behaviour. As such, it is detrimental to the individual, other members of staff, visitors, patients and the organisation as a whole.
- 3.2 The Trust would be failing in its duty under the Health & Safety at Work Act if it were knowingly to allow an employee who appears to be under the influence of excess alcohol or misused drugs to continue working without doing anything either to help the individual or to protect the rest of the workforce.
- 3.3 This document sets out the Trust's policy and procedure where concern is identified that a member of staff is using or dealing with the use of illegal drugs and the misuse, whether deliberate or unintentional, of alcohol, prescribed drugs and other substances. For convenience, these are referred to throughout the document under the term "substance misuse".

4.0 Duties within the Organisation

- 4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 4.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.
- 4.3 The Quality Assurance Group will be responsible for the implementation of the Alcohol, Drug and Substance Misuse Policy, monitoring the effectiveness of the policy and resultant action plans.
- 4.4 Human Resources will be responsible for:
- The implementation of this policy, including appropriate application of the policy in HR Essential training.
 - For providing advice and support to employees and managers to ensure robust, consistent and fair implementation of this policy.
 - In conjunction with the Occupational Health Department and departmental managers, Human Resources will also be responsible for undertaking or advising of regular reviews of working practice and the workplace environment and culture with a view to minimising any identified stress factors that may have the potential to encourage substance misuse.
 - Act as a contact point for enquiries from managers and staff about substance misuse problems.
- 4.5 Line Managers will be responsible for;

- Familiarising themselves with the policy and procedure and ensure that employees understand what is expected of them with regard to attendance, work performance, behaviour and safety.
- To assist and support employees with substance misuse problems and initiate the referral procedure as required.

4.6 Employees will be responsible for the following;

- All staff has a duty under the Health & Safety at Work Act to inform their immediate manager of any condition which may present a risk to themselves or others and are advised to seek the assistance of the Occupational Health Department, their Trades Union or Professional Organisation in such cases.
- Where an individual is unsure/concerned about any aspects of substance misuse that may be harmful – they should speak to their manager and seek support from Occupational Health to discuss this as soon as possible.
- Staff should be informed of this policy and it is the responsibility of individual managers to ensure compliance in their areas.
- Comply with duties under Road Traffic Act by reporting any suspicions to their line manager.

5.0 Managing Staff with Alcohol, Drug or other Substance Harmful Use and Misuse problems

- 5.1 Any member of staff who knows or suspects that they have a substance misuse or harmful use problem is encouraged to seek help voluntarily by contacting the Occupational Health Department either directly or through the Trust's procedure, or by contacting alternatives of their own choosing including the Trust Counselling Service, AMICA. A current list of advisory services is attached (Appendix 1).
- 5.2 Staff who disclose information regarding a substance misuse or harmful use problem, will not be subject to disciplinary action even if they then reject referral to specialist help or discontinue an agreed recovery programme provided that work performance / behavioural problems do not arise.
- 5.3 Where deterioration in job performance, risk awareness or behavioural problems become an issue, then, whether or not a substance misuse or harmful use problem has previously been disclosed or suspected, acceptance of management referral, see Appendix 2, will be required to give full protection under the policy, unless the employee can provide satisfactory evidence of their attempts to address the problem.
- 5.4 The member of staff will be encouraged to participate in the course of treatment offered and will be given paid leave as necessary to attend any related appointments. Where the member of staff agrees to participate in a course of treatment, they will be required by the Trust to sign an Alcohol, Drug and Substance Harmful Use and Misuse Rehabilitation Agreement (Appendix 3)
- 5.5 Any member of staff who has disclosed a substance harmful use or misuse problem will be encouraged to have substance misuse tests. Participation in a course of treatment under an Alcohol, Drug and Substance Harmful Use and Misuse Rehabilitation Agreement would normally be for a two year period. This will include engagement and testing as determined by the Occupational Health department. Variations to the two year period will be directed by Occupational Health and agreed

with the member of staff. Random drug and alcohol testing can also be undertaken on any staff member whilst at work to support staff's wellbeing and that of those whom they come into contact with whilst at work to promote and ensure safe use of equipment and practice. A random alcohol breathalyser test will be undertaken. A semi-random substance misuse test can be undertaken by occupational health by appointment. The results of the tests either positive or negative will be reported back to management.

- 5.6 All substance misuse or harmful use problems will be treated in the strictest confidence.
- 5.6.1 In the case of self-referral, the employee's manager will only be notified if the treatment requires absence from work, support and help in the workplace and this will be with consent of the employee. Consent may not be sought where there is an opinion that it is in public interest or patient safety that the employee is advised not to undertake any patient care activity or drive.
- 5.6.2 In the case of management referrals, the Occupational Health Department will inform the manager only as to whether:
- a substance misuse or harmful use problem has been confirmed
 - the employee is able to undertake their current duties
 - a programme of help / treatment has been agreed
 - Outcome of the results of the random screen (positive or negative).
- 5.6.3 No details of the actual problem or treatment will be disclosed to management without the employee's permission and none will be recorded in their personal file, unless there is a risk identified to themselves or where there is an opinion that it is in public interest or patient safety that the employee is advised not to undertake any patient care activity or drive. App 3 Rehabilitation Agreement notes consent for test results to be shared with the employer.
- 5.7 Regular appraisals of the working practices and workplace environment will be undertaken with a view to minimising any identified risk to the employee's health status. If any concerns detected in regards to staff who work predominantly from home via virtual meetings or telephone communications a face to face review should be arranged as soon as possible.
- 5.8 If an employee is diagnosed as having a substance misuse/harmful use problem, their employment rights will not be affected.
- 5.8.1 Every effort will be made to enable the employee undertaking / having undertaken a recovery programme, whether self or management referred, to remain in / return to the same job. On the advice of the Occupational Health Department and Human Resources, and where circumstances permit, the following arrangements may be implemented on a temporary basis:
- Reduction in hours
 - Modification of duties
 - Transfer into another post / department

Failing this, staff deemed unfit to undertake their normal duties will be entitled to sick leave in line with the Trust Attendance management and Wellbeing Policy and Procedure.

- 5.8.2 In circumstances where a return to the same job is not possible, including where this would jeopardise their own welfare and safety or that of other staff, every effort will be made to find comparative alternative employment position. At this point a formal meeting will be held to advise the member of staff of the redeployment process and possible outcomes. It is envisaged that the redeployment process will reflect that of the Attendance management and Wellbeing policy and procedure redeployment process, with 12 weeks' notice issued.
- 5.8.3 There will be no demotion unless by mutual agreement or where disciplinary procedures have been involved.
- 5.8.4 Having resolved the problem to the satisfaction of the Trust's Occupational Health Physician, the employee's promotional prospects will not be affected.
- 5.8.5 Employee's pension rights will be protected. This, however, may be affected if there is a move to a lower banded post or reduction in hours.
- 5.9 If a relapse occurs following a return to work, after or during a recovery programme, the case will be re-assessed and further advice would be sought from Occupational Health and Human Resources. Advice from the Occupational Health referral should be discussed and appropriate support and actions should be agreed and recorded.
- 5.10 Employees who initially refuse to accept referral and whose work performance / behavioural problems continue or recur may be offered a second opportunity to accept and co-operate with a course of treatment.
- 5.11 Employees who accept referral and co-operate with the agreed treatment programme but whose performance / conduct does not improve will have their cases dealt with under the Supportive Performance Management Policy and Procedure and/or the Trust Disciplinary Policy and Procedure.
- 5.12 Substance misuse will give rise to disciplinary action in the following circumstances:
 - 5.12.1 If help is refused on more than one occasion or the individual repeatedly fails to co-operate with the treatment programme and their performance / conduct does not improve.
 - 5.12.2 In the case of behaviour regarded as 'gross misconduct' e.g. violence or threats of violence, use of foul or abusive language, being under the influence of alcohol or drugs to such an extent as to put themselves or others at risk, the member of staff should be referred immediately to Occupational Health. According to the particular circumstances and in anticipation of Occupational Health advice a cooling off period may be considered. Disciplinary proceedings may then be suspended / withdrawn subject to agreement to a programme of help / treatment and agreement to a Support/Rehabilitation programme – Appendix 3. This will be considered on a case-by-case basis.

- 5.12.3 The bringing of an illegal substance onto the premises will be regarded as 'gross misconduct' and, where trafficking is suspected, the police will be notified immediately as required under the Misuse of Drugs Act 1971.
- 5.13 Staff will have the right to be represented by their Trade Union representative at all stages of the referral procedure and any subsequent formal disciplinary proceedings. In circumstances where Trade Union representatives are not present, employees can be supported by a work colleague.
- 5.14 Victimisation of employees undergoing / having undergone treatment (or breaches of confidentiality in relation to this) will itself give rise to disciplinary proceedings.

6.0 Awareness

- 6.1 All managers should make themselves aware of this policy to ensure they understand it and the reasons for it and their role in it. The manager should use the principles of the CUBE feedback model - based on defining; Context, Understanding, Behaviour and Effect – to support these conversations. Where further support, guidance or training is indicated this should be organised without undue delay.
- 6.2 Existing employees should be made aware of the policy and it will be brought to the attention of new starters at induction.
- 6.3 It is recognised that there is a benefit for appropriate training and awareness raising, therefore the Trust would look to support staff to undertake relevant training in the causes and effects of substance misuse including what to do if there are concerns regarding staff at work relating to possible substance misuse or harmful use, what counselling and treatment is available and how to approach staff who may need to be referred for counselling and treatment. Guidance is given as part of the Attendance Management and Wellbeing training workshops and Essential HR training. Training will be for staff who will be more directly involved, including Trades Union representatives.
- 6.4 Information on the problems of substance misuse and harmful use is available to all staff from Occupational Health. This will include leaflets on sensible drinking. Advice will also be provided in the form of promotional displays from via the intranet and e-source.
- 6.5 All employees will be made aware of how to identify problems and deal with specific risks such as violence via Mandatory Training.

7.0 Monitoring Compliance and Effectiveness

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Total % of sickness Absence relating to alcohol, drug or other substance misuse	Year average	Monthly	Strategic Workforce Committee	Head of Operational HR
Use of Disciplinary measures relating	No of cases managed under the	Annual	Strategic Workforce	Head of Operational HR

to Alcohol, Drug and Other Substance Misuse	Disciplinary Policy and Procedure		Committee	
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8.0 Stakeholders and Consultation

Workforce and Organisational Development Policies are subject to joint monitoring and review between management and staff side through the Staff Partnership Forum. Guidance in relation to Due Regard for this policy has also been received by the Policy group and the Equality, Diversity and Inclusion Team. Management consultation has also been undertaken in relation to this policy.

9.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 12) <i>Requirements relating to workers</i> regulation (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 12

10.0 Dissemination and Implementation

- 10.1 The policy is approved by the Leicestershire Partnership NHS Trust Strategic Workforce Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.
- 10.2 The dissemination and implementation process is:
- Line Manager will convey the contents of this policy to their staff
 - Staff will be made aware of this policy using existing staff newsletters and team briefings
 - Occupational Health to support and advise on agreed treatment plan
 - The Policy will be published and made available on the Intranet.

11.0 References and Associated Documentation

This policy was drafted with reference to the following:

- LPT Disciplinary Procedure
- LPT Supportive Performance Management Procedure
- LPT Attendance Management and Wellbeing Policy
- LPT Stress Management Policy
- LPT Trust Agile Working Policy

12.0 Training

There is no training requirement identified within this policy however, awareness and support for alcohol or substance misuse and harmful use related problems is available to staff, union representatives and managers of the organisation. The LPT Human Resources department also offers training to managers who are supporting and managing staff such as the Essential HR training and Attendance Management and Wellbeing training which is referred to in this policy.

ADVISORY SERVICES

Any Substance Misuse/Harmful use	General Practitioner/Family Doctor
Occupational Health Department	<p>Glenfield Hospital Baldwin Lodge Groby Road Leicester LE3 9QP Tel: 0116 225 5307 oh.lpt@uhl-tr.nhs.uk</p> <p>-----</p> <p>Leicester Royal Infirmary Level 0-Balmoral Building Leicester Royal Infirmary Infirmary Close Leicester LE1 5WW Tel: 0116 258 5307</p>
AMICA staff counselling and psychological support services	<p>Tel: 0116 2544388 www.amica-counselling.uk</p>
Alcohol Misuse/Harmful use	<p>Alcoholics Anonymous (24 Hour Helpline) Tel: 0800 9177650 help@aamail.org</p> <p>Drink Line Tel: 0800 9178282 www.drinkaware.co.uk/alcohol-support-services</p> <p>Turning Point Leicester City Hub Tel: 03303036000 www.turning-point.co.uk</p>
Drug Misuse/Harmful use	<p>National Drugs Helpline 0800 776600 www.supportline.co.uk</p>
Solvent Misuse/Harmful use - Only	<p>Re-Solv Society for the Prevention of Solvent Misuse Tel: 01785 810762 Email: c4r@re-solv.org</p>

MANAGEMENT REFERRAL PROCEDURE

To be followed where the manager has identified a work performance, behaviour or conduct problem which may be due to substance misuse.

1. The matter should be reported immediately to the relevant manager, who should, in consultation with Human Resources, arrange to meet the individual as soon as possible.
2. Unless prompted by 'gross misconduct' as described in the policy, such meetings will not be regarded as disciplinary action. However, the employee may be accompanied by a Trade Union or staff organisation representative, where possible and where this does not delay in meeting with the member of staff.
3. If the manager feels that there is evidence of substance misuse, a referral should be made to Occupational Health (followed up in writing) and the employee should be advised that if they refuse this offer, then the normal disciplinary procedures may be applied. Urgent or immediate advice can be sought from the Occupational Health Duty Nurse. A short cooling off period can be used until Occupational Health advice is obtained.
4. If the referral is accepted, the employee will be seen by Occupational Health and further appointments made as appropriate in conjunction with specialist services and the employee's GP.
5. Occupational Health will inform the manager whether
 - a substance misuse problem has been confirmed
 - the recommended programme of help / treatment has been accepted
 - the employee is able to continue to undertake their current duties.
6. Where the employee is not considered to be suffering from a substance misuse/harmful use problem and the Occupational Health Physician is unable to find any contributory medical reason for the alleged work performance or behavioural problem, the matter will be referred back to be dealt with as appropriate under the Supportive Performance Management Procedure or Disciplinary Procedure.
7. Where a substance misuse/harmful use problem is confirmed but the recommended treatment programme is rejected then disciplinary action may be taken in accordance with the Disciplinary Policy and Procedure.
8. Where a rehabilitation programme is accepted, the manager should hold regular review meetings with the employee. Management expectations as to future standards of performance, behaviour and conduct should be clearly stated and agreed with the employee and consideration should be given to any recommendations to alter working practices on the advice of Occupational Health and Human Resources. Employees may have their representative present at all such meetings. Any disciplinary proceedings may be withdrawn. This will be considered on a case by case basis.

9. The manager will be informed by Occupational Health of any non-adherence to the agreed programme and will then need to consider whether on the merits of the case, the employee be given another chance, or disciplinary action is taken.
10. Where an individual has disclosed a substance misuse/harmful use problem which is having an unacceptable effect on work performance or conduct or which subsequently gives rise to a performance or conduct problem, the manager should offer a referral to Occupational Health as in 3 above and follow the procedure from that point.
11. If another member of staff suspects a colleague of being affected by substance misuse/harmful use and the manager feels that action is justified by their concerns, the matter should be reported to the appropriate manager who will interview the employee and if performance or conduct is at issue should offer a referral to Occupational Health (which will be followed up in writing) as above. The employee may have their representative present at such meetings where they are available and this does not delay the arrangements for the meeting.

LEICESTER PARTNERSHIP NHS TRUST
(In conjunction with Occupational Health)

Alcohol, Drug and Substance Harmful Use and Misuse Policy

I am undergoing/about to undergo treatment for a drugs/substance misuse/alcohol abuse problem. As a condition of my continuing employment, I agree to the following:

- 1) I agree to follow the prescribed treatment/rehabilitation support programme outlined by the treatment facility selected.
- 2) I agree to comply with the employers' referral and attending the Occupational Health Department for on-going assessment and random testing of the problem and for results of tests undertaken by Occupational Health to be shared with my employer.
- 3) I agree with the treatment agency liaising with the Occupational Health Service with regard to level of attendance, co-operation with treatment and results of screening as evidence of progress. This information will continue to be otherwise confidential and will be used by Leicestershire Partnership NHS Trust only in assessing my progress, in conjunction with Human Resources and Management.
- 4) I understand that the Leicestershire Partnership NHS Trust's Alcohol, Drug and Substance Harmful use and Misuse Policy and my signing this Agreement does not constitute a waiver of management responsibilities to maintain discipline and good conduct. I understand that any unacceptable form of behaviour or poor performance may lead to disciplinary action up to and including my dismissal.
- 5) Where concerns of performance/behaviour are highlighted, I understand that I need to improve my work performance/behaviour to an acceptable level within the agreed time scale.

Date Signed

Name (Printed)

Copies: Manager
 Occupational Health
 Employee



The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Due Regard Screening Template


Section 1			
Name of activity/proposal		Trust Alcohol, Drug Harmful Use and Substance Misuse Policy	
Date Screening commenced		13 July 2022	
Directorate / Service carrying out the assessment		Human Resources	
Name and role of person undertaking this Due Regard (Equality Analysis)		Gail Phillipson	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: Review of the policy to ensure it is providing up to date advice and support to staff and managers who need to access this policy.			
OBJECTIVES: To consider if any changes or updates to this existing procedure have an impact positive or negative for employees accessing this policy.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	These guidelines have been produced to be supportive of all staff identified to be under the influence of drugs/alcohol and aiming to implement appropriate pathway to substance misuse, irrespective of the protected group.		
Disability	As above		
Gender reassignment	As above		
Marriage & Civil Partnership	As above		
Pregnancy & Maternity	As above		
Race	As above		
Religion and Belief	As above		
Sex	As above		
Sexual Orientation	As above		
Other equality groups?	As above		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X

Section 4


If this proposal is low risk please give evidence or justification for how you reached this decision:

Attention has been given for all staff groups and reasonable adjustments would be considered for any staff requiring management under this procedure. This could include alteration of hours of work; shift patterns, appropriate advice and support would be sought for staff from Occupational Health and guidance implemented to ensure individual circumstances are taken into account.


Equality monitoring has been incorporated in the overall policy compliance process which aims to provide assurance that any potential adverse impact on any protected group during the implementation of the policy and associated procedures are identified and removed at the earliest opportunity.

Signed by reviewer/assessor		Date	13 July 2022
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Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed		Date	13 July 2022
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DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Alcohol, Drug and Harmful Use and Substance Misuse Policy	
Completed by:	Gail Phillipson	
Job title	HR Business Partner	Date 13/7/2022
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	yes	Referral to Occupational Health and report of advice.
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	Yes	As above
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	Yes	Within Rehabilitation Agreement
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	Will be a health assessment to be included in the Rehabilitation Agreement
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval	13/07/2022	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust