

# Policy:

## HR 004 Alcohol & Substance Misuse in the Workplace

Executive or Associate Director lead	Director of Human Resources
Policy author/ lead	HR Adviser
Feedback on implementation to	HR Adviser

Document type	Policy
Document status	V3
Date of initial draft	July 2014
Date of consultation	August 2017 to June 2018
Date of verification	JPG March 2018 via email, JCF 25-07-18, Staff Side via email 04-01-19
Date of ratification	24 January 2019
Ratified by	Executive Directors' Group
Date of issue	28 January 2019
Date for review	31 January 2023

Target audience	All staff, governors and potential employees
-----------------	--

Keywords	Disability; Staff; Reasonable Adjustments; Equality; Alcohol; Drugs; Substance Misuse; Testing; Events; Governor; Employee
----------	--

### Policy version and advice on document history, availability and storage

This is version 3.0 of this policy and replaces version 2.0 (July 2014). This version was reviewed and updated as part of an on-going policy document review process.

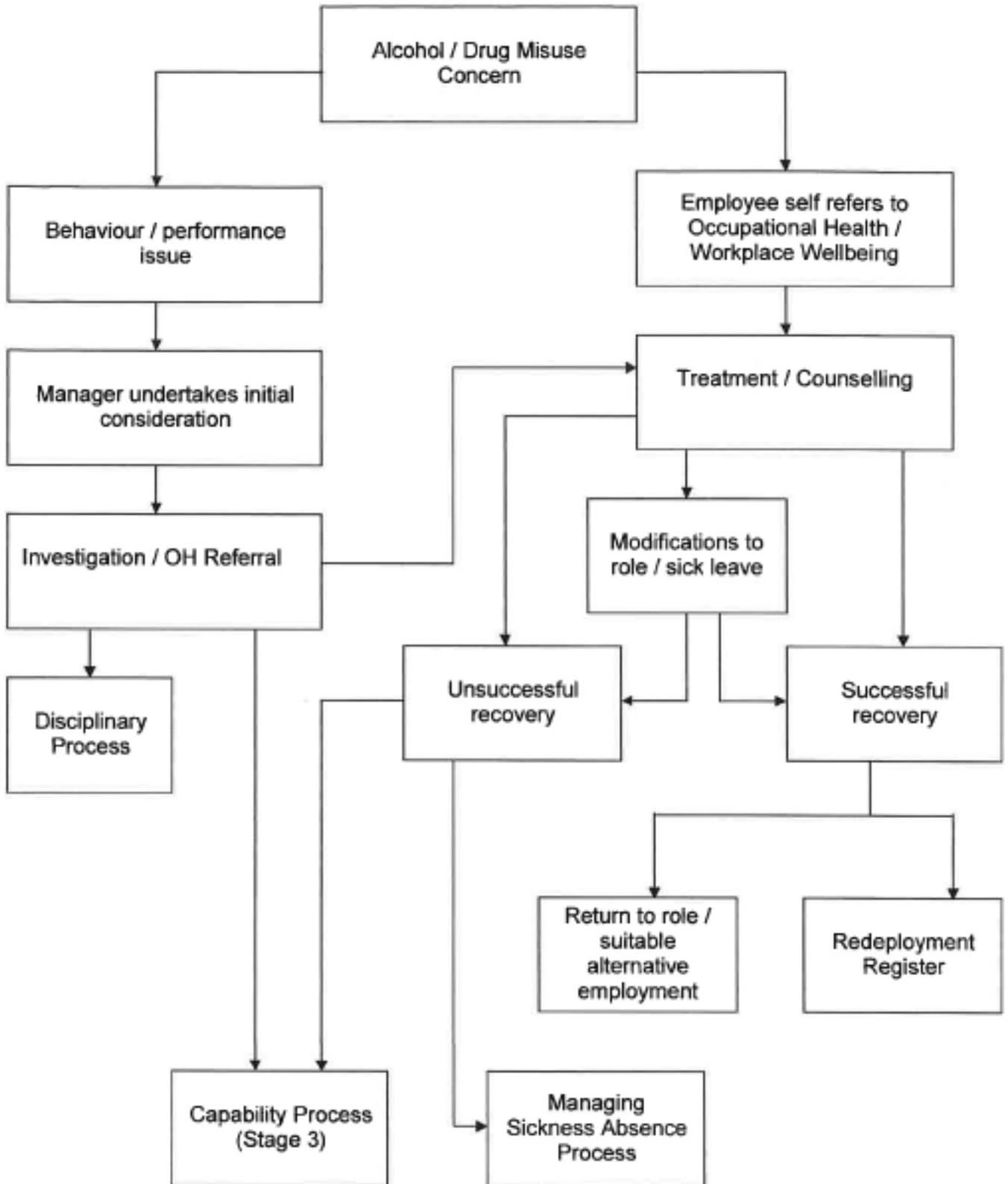
This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and all staff and governors on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and PDF copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (2.0) should be destroyed and if a hard copy is required, it should be replaced with this version.

## Contents

Section		Page
	Flow Chart	3
1	Introduction	4
2	Scope	4
3	Definitions	4-5
4	Purpose	5
5	Duties	5
6	Process – i.e. Specific details of processes to be followed	6-11
	6.1 Prescribed medicine	6
	6.2 Alcohol/Drugs in the workplace	6
	6.3 Self help	6-7
	6.4 Guidance for managers	7-10
	6.5 Management help	10
	6.6 Confidentiality	11
7	Dissemination, storage and archiving	11
8	Training and other resource implications	11
9	Audit, monitoring and review	12
10	Implementation plan	12
11	Links to other policies, standards and legislation (associated documents)	13
12	Contact details	13
13	References	13
Appendices	Appendix 1 Signs of Alcohol and/or Substance Misuse	14
	Appendix 2 Roles	15-16
	Appendix 3 Useful Contacts	17-18
	Appendix 4 Sample letter	19
	Appendix 5 Sample letter	20
	Appendix A – Version Control and Amendment Log	21
	Appendix B – Dissemination Record	22
	Appendix C – Equality Impact Assessment Form	23
	Appendix D – Human Rights Act Assessment Checklist	24-25
	Appendix E – Development, Consultation and Verification Record	26
	Appendix F – Policy Checklist	27-28

## Flowchart



## **1. Introduction**

The Trust recognises the adverse effects of alcohol and substance misuse on the health and wellbeing of staff and governors and the consequential impact on service users.

The Trust will consider what reasonable support and assistance it may be appropriate to provide to employees and governors who suffer from alcohol and substance misuse addiction (drugs and solvents), whilst recognising that in certain situations it may be necessary to consider taking appropriate action under the Disciplinary or Capability policy. Referral will also be made, where appropriate, to Occupational Health and other sources of help/assistance as well as the relevant professional/regulatory body.

The possession or distribution of illicit substances is illegal and will be reported to the police.

This policy does not apply where behaviour or performance is unacceptable and related to drink or drugs but there is no perceived underlying addiction. In such cases the normal performance management policies will apply.

## **2. Scope**

This policy applies to all Trust employees, or those working on behalf of the Trust, whether they are paid, unpaid, volunteers, governors, students on placement, secondees contractors and sub-contractors. (For medical staff, reference should also be made to the local Maintaining High Professional Standards policy as detailed at the end of this policy).

## **3. Definitions**

Alcohol/ Substance addiction, for the purposes of this policy, can be categorised into three main areas:

- Inappropriate use, which may be sporadic but aggravates an existing condition.
- Habitual use, where the individual becomes psychologically dependent on the substance to the extent that the desire for these effects become a dominant concern in their lives.
- Excessive use, which can lead to physical dependence and mental illness, or anti-social behaviour.

The Trust also prohibits the use of (Novel Psychoactive substances) drugs that are synthetically designed to replicate the effects of illegal substances. People may refer to these drugs as “legal highs” but many of the substances are now under the control of the misuse of Drugs Act 1971. These are powerful substances with long lasting effects often over 12 hours in some instances.

The Trust's response to each situation will take account of the particular circumstances of the case including; the nature of the issue; the implications for organisation/ service provision; and the prospects of recovery for the individual concerned. Addiction is not classified as a disability.

#### **4. Purpose**

The purpose of this policy is to:

- Encourage employees and governors with substance misuse or alcohol problems to seek help and accept counselling or treatment at the earliest possible stage (early identification means a better chance of successful treatment).
- To provide appropriate assistance in a sympathetic and confidential manner to employees or governors confronted with problems of alcohol and substance misuse.
- To enable managers to deal effectively with substance misuse and alcohol related problems in the workplace in the interests of health, safety and welfare, in order to maintain acceptable standards of behaviour and/or work performance.
- To emphasise amongst all levels of staff and governors, that specific instances of alcohol and/or substance misuse may still be a disciplinary matter where staff or governors behave in a manner contrary to standards of safety and conduct. Depending on the seriousness of the circumstances, it may be regarded as gross misconduct.

#### **5. Duties**

Employees and governors have a responsibility to ensure that they are capable of carrying out their duties efficiently and safely. The consumption of alcohol and/or the misuse of substances can impair performance, judgment and concentration. It can endanger the safety or care of service users and other members of staff. It can also affect the confidence of service users and other staff and damage the reputation of the Trust.

The Trust will take all reasonable steps to prevent employees, governors and contractors carrying out work related activities if they are considered to be unfit/unsafe to undertake the work as a result of alcohol consumption or substance misuse.

Managers are responsible for setting standards of behaviour, performance and taking appropriate action where an issue arises.

For a full list of duties please see Appendix 2.

## **Drugs/Other Substances**

The possession and/or use of illegal drugs and substances, whether at work or not, may result in police prosecution as well as disciplinary action.

## **Alcohol**

Drinking alcohol whilst at work, during breaks or shortly before commencing work is not acceptable.

Managers who are responsible for organising special events such as retirement or Christmas parties should not permit the consumption of alcohol if such events are held on NHS premises and/or during working hours.

Staff members and governors who are invited to represent the Trust at functions and events outside of work are expected to keep the Trust's reputation in mind and conduct themselves professionally at all times.

## **6. Process**

### **Specific Details**

#### **6.1 Prescribed Medicine**

It should be recognised that prescribed/over the counter medicines may cause impairment to an individual's performance at work. Individuals should seek advice from their GP or pharmacist on any medicines they are taking; if appropriate, they should be encouraged to discuss any problems with the Occupational Health Service if they feel this would be helpful. Individuals should inform their line manager of any possible side effects of their medication prior to commencing work.

#### **6.2 Alcohol/Drugs in the Workplace**

Alcohol/drugs can affect an individual's concentration, co-ordination, work performance and judgement. They can be damaging to the employee's or governor's health and may also cause harm to other colleagues and patients, and as a whole, can affect the quality of service provided.

They can cause serious psychological and physical damage and can be a major contributory factor to accidents at home, on the road and at work. People who misuse alcohol and/or drugs can be found in all professions and work groups at all levels in an organisation. Signs of alcohol/drug misuse can often be overlooked. Appendix 1

#### **6.3 Self help**

Employees or governors who suspect or know that they have an alcohol or substance misuse problem should seek advice and support from appropriate sources such as the Occupational Health Service, Workplace Wellbeing Service, their own GP or other alcohol/ drug related advisory agencies Appendix 3.

Employees or governors who are members are encouraged to contact their professional association / union to ascertain what assistance may be available.

Information disclosed to the Occupational Health or Workplace Wellbeing Service will be treated in confidence, however, circumstances may arise where information may have to be disclosed to a manager or third party: for example, where an individual poses a risk of causing harm to themselves or others. In such circumstances, all reasonable steps will be taken to inform the individual of any limitations to confidentiality.

The individual may contact the Human Resources department, union representatives or another manager as an intermediary.

Union representatives and colleagues should offer help whenever possible. Union representatives and colleagues have a responsibility to assist those staff or governors they know have a problem with substance abuse or alcohol dependency.

Collusion and cover up by colleagues will often lead to more serious health problems for the employee or governor and pose a risk to patient safety. Early interventions may prevent incidents from occurring and the need for disciplinary action to be taken.

## **6.4 Guidance for Managers**

### **(a) Initial Considerations**

Where an employee or governor is reasonably suspected of being under the influence of alcohol, prescribed medication, drugs or other substances which it is reasonably believed could be prejudicial to their ability to perform their duties, then this will generally result in the employee or governor being suspended pending the outcome of an investigation. This includes abuse of prescribed medication.

Where it is believed that the situation is inadvertent (e.g. not being aware of the side-effects of prescribed medication) then the employee may be asked to change their duties on a temporary basis, following an occupational health assessment. This will depend on the circumstances, including risks to patient /staff safety. (If a change in duties is not practicable or agreement cannot be reached on alternative arrangements, then the employee may be sent home on medical grounds.

Where someone is suspected of having consumed alcohol or being under the influence of drugs/other substances and they have driven to work then they will be advised to take alternative means of transport. Should they refuse to do so, then the police may be informed of these concerns.

In exceptional circumstances the Trust may need to consider testing for alcohol and/or drugs in order to be assured that there are no risks to patient or staff safety, including that of the individual.

Such exceptional circumstances would, for example, cover instances where

- a) the manager was seeking to undertake preventative action e.g. an employee or governor was due to drive a client or other member of staff on Trust business.

The nature of the situation would determine the action which was most appropriate. So, in this type of instance, the initial action would be to ensure that the risk to patient/staff safety was removed (see preceding paragraph). The consideration of a drugs/alcohol test is only likely to emerge where an individual insists on wanting to continue such duties in the future but the manager has reason to believe that there is a likelihood of a similar issue arising. There would, therefore, be a need to determine the basis on which this issue would be resolved and the testing for drugs/alcohol would be one of the options to be considered by management in this respect. Any testing would be undertaken with the agreement of the employee but should an employee refuse to provide the results then the manager would rely on the other information available in terms of taking further action.

- b) the employee or governor has had any involvement in a workplace accident or in any incident that has caused or could have caused a danger to health or safety, and the manager has reasonable grounds for believing that alcohol/drugs were a contributing factor.

Any testing would be undertaken with the agreement of the employee or governor but should an employee or governor refuse to have such a test then the manager would rely on the other information available in terms of taking further action.

The detailed arrangements in either situation would be for consideration at the time reflecting the particular circumstances and a decision would be made in conjunction with HR and any other relevant management advisers (such as Health and Safety Officer/Safeguarding).

Employees or governors who are tested have the right to be informed of their test result before the result is passed to management.

If an alcohol/drugs test proves positive the employee will be invited to attend an interview with a senior manager. The employee will have the right to be accompanied by a colleague or trade union official at this interview. The provision of the results management would be undertaken with the agreement of the employee but should an employee refuse to provide the results then the manager would reply on the other information available in terms of taking further action.

The outcome of the interview will depend on the circumstances but could include:

- An offer for the employee to undergo a programme of medical treatment, rehabilitation or counselling, where the employee accepts that he/she has a problem with alcohol or drug misuse and is willing to cooperate with the employer in the provision of such support.
- Invoking the Disciplinary Procedures.

Alcohol or drug testing will be carried out only by qualified and competent personnel who will use accepted and reliable 'Chain of Custody' methods and ensure that all tests are carried out with the least possible intrusion into their privacy. All possible measures will be put in place to ensure confidentiality of test results and checks will take place to avoid any false results.

If the issue comes to light as a result of long-term absence then the Managing Sickness Absence process would apply.

(b) Further Action

As a first step, the manager will need to identify the nature of the problem.

If a disciplinary or capability issue arises but the employee or governor is not accepted by management as having a drink or drug problem then appropriate disciplinary/capability or other management action will be taken. This includes abuse of prescribed medication. If it is believed that the situation has arisen from inadvertent use of prescribed medication the issue would generally be dealt with as a health issue not requiring use of the disciplinary procedure. It may, however, be necessary to carry out an investigation to determine whether or not this is the case.

If an issue arises and it is identified by the Trust as being related to alcohol/drug addiction then a judgement will need to be made as to whether this factor is sufficient to put the normal performance management processes in abeyance pending successful counselling/treatment. In making this judgement it is likely to be relevant as to whether the issue is primarily a disciplinary or capability issue. If the former, then it may still be appropriate to proceed under the Disciplinary Policy and any issues relating to addiction would be taken into account in considering any mitigation. If the latter, then generally it would be appropriate to offer support/assistance without formally invoking the Capability Policy until/unless it was clear that there was not going to be sufficient improvement/recovery within a reasonable timescale. If the employee or governor refuses to accept any help/support then appropriate disciplinary/capability or other management action will be taken.

Where it is decided that the policy should be set aside pending remedial steps being taken, this does not preclude action being taken to suspend or restrict duties where there is a concern regarding the governor or employee's ability to carry out their duties safely and/or appropriately. However, in principle the recovery programme for the employee or governor with a drink or substance misuse problem may be able to be undertaken while the employee or governor is at work or on certified sick leave, dependent upon the medical advice received.

In seeking to assist an employee or governor with their recovery and return to work/duty, the Trust will consider the adoption of a Recovery and Return to Work Agreement (See Appendices 4 and 5).

If an employee or governor is accepted for counselling/treatment but does not complete the programme without a legitimate reason acceptable to the Trust then consideration of the original poor performance or misconduct, and any subsequent concerns will be taken forward under the relevant capability/disciplinary policies.

Where an employee or governor receives treatment but no improvement in performance/behaviour is achieved within a reasonable timescale, or where a relapse occurs, referral for further treatment should be considered; but continued unacceptable performance/behaviour will be dealt with through appropriate management action. Each case will be considered on its own merits. If a further opportunity to accept treatment is not considered appropriate the following management action will be considered:

- Instigating procedures for ill health retirement, if appropriate.
- Termination of employment on the grounds of capability will be considered. (This will be viewed as a Stage 3 issue under the Capability Procedure).

When an employee or governor has satisfactorily completed treatment, every effort will be made to return him/her to the same job. Subject to medical advice, should a return to the post carry with it a risk of recurrence of the condition or a risk of jeopardising the safety/welfare of others in the workplace, suitable alternative employment should be offered if available. (The employee will be placed on the Trust Redeployment Register for 3 months, subject to review by the Executive Director for the employee's current role. The employee will be considered for suitable vacancies but preference will be given to any other redeployees who are on the Register as a result of organisational change. Refusal of a reasonable alternative role will leave the employee liable to dismissal under Stage 3 of the Capability Policy).

## **6.5 Management help**

The Trust will consider what help it can provide when it becomes apparent that an employee or governor has a problem with substance or alcohol misuse which may affect behaviour and/or work performance.

Where an alcohol or substance misuse problem is revealed, the manager should consider referral to the Occupational Health Service, in order to help the employee or governor return to or maintain an acceptable standard of performance and behaviour at work/duty. The employee or governor can also seek other sources of help as set out in **Appendix 3**.

Managers should be aware of their responsibility to seek to identify and alleviate contributing factors in the workplace. Managers should be alerted to and intervene where there are signs of alcohol or substance misuse related problems. Managers are expected to encourage and assist in the rehabilitation of the individual back into the workforce and also to monitor performance.

Strict confidentiality will be observed by managers and all other parties involved in dealing with employees and governors with alcohol and drug related problems. All reasonable steps will be taken to inform the employee or governor of any limitations to confidentiality.

Reasonable absence from work to receive treatment for a recognised condition will be regarded as sickness absence, provided there is co-operation from the employee or governor and provided the employee or governor adheres to the rules governing the Trust's sickness absence procedure.

Managers may seek general advice on how to deal with substance abuse and alcohol related work problems from Human Resources with support from Occupational Health, as appropriate.

## **6.6 Confidentiality**

All discussions with an employee or governor considered to have a drug or alcohol problem will be strictly confidential. The governor or employee's trade union representative will be kept informed provided the employee or governor has given his/her consent.

When management refers an employee or governor to the Occupational Health Service, Occupational Health will provide management with sufficient information to monitor attendance and compliance with their planned recovery. All reasonable steps will be taken to inform the individual of any limitations to strict confidentiality.

## **7. Dissemination, storage and archiving (Control)**

7.1 This policy will be posted on the Sheffield Health and Social Care NHS Foundation Trust website and will be available to all staff and governors. It will be accessed via the intranet and available on SHSC Policies page.

7.2 An email will be sent to managers within the Trust informing them that the policy has been updated and will include a summary of the main changes

## **8. Training and other resource implications**

*There are no specific training implications associated with this policy.*

## 9. Audit, monitoring and review

This Policy is due to be reviewed at least every 3 years. However, monitoring will be on an on-going basis pending any amendments which may occur due to revised legislation or release of good practice guidance information from relevant organisations, e.g. ACAS. Overall, HR policies are subject to joint monitoring and review between management and staff side in the Joint Consultative Forum.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
To be reviewed in line with relevant legislation	Review policy, review employment legislation changes	Human Resources Department	Every 4 years as agreed at JCF	HR Directorate Partner/HR Adviser	HR policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum	HR policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum.

## 10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be sent to Communications and uploaded onto the Intranet and the Trust website	Director of Corporate Governance Communications	Within 5 working days of ratification	Jan 2019
A communication will be sent to Education, Training and Development to review training provision where necessary	Director of Corporate Governance		Jan 2019
Send communication to all staff via Connect	Communications		Jan 2019

## **11. Links to other policies, standards and legislation (associated documents)**

Promoting Attendance and Managing Sickness Absence Policy  
Disciplinary Policy  
Capability Policy  
Disciplinary, Capability, Ill-Health and Appeals Policies and Procedures for Medical Practitioners (plus the former PCT Policy for salaried GPs)  
Stress Management Policy

## **12. Contact details**

Members of the Human Resources Advice Team should be contacted for advice and support for issues relating to managing attendance at work.

Contact an HR Adviser or HR Directorate Partner via the HR Department.

## **13. References**

ACAS – Health, Work and Wellbeing

**Signs of Alcohol and/or Substance/ Misuse**

It needs to be emphasised that the indications below do not necessarily indicate abuse. Whilst these are known symptoms, they could also be symptoms of other unrelated conditions. Not all alcohol or substance abusers display all these behaviours.

- a) Decline in work performance.
- b) Frequent lateness, repeated absences for trivial or inadequate reasons – especially Friday/Monday patterns.
- c) Mood changes, irritability, lethargy, impaired concentration or memory.
- d) Accident proneness, increased incidence of mistakes or errors of judgement.
- e) Deterioration in relationships with other workers, borrowing money.
- f) Hand tremors, slurred speech, facial flushing, bleary eyes, poor personal care and hygiene.
- g) Smelling of alcohol, bottles around work area.
- h) Alcohol/drug related driving offences, or other related convictions.

### **Role of the Manager**

- To ensure the setting of appropriate standards.
- To be familiar with the policy and procedures.
- To help inform the workforce of the policy
- To advise staff of their rights and responsibilities under the policy.
- To be alert to and monitor changes in work performance and attendance, sudden changes in behaviour, abnormal fluctuations in mood and energy, deterioration in relationships with other people and sickness and accident patterns.
- To help the employee at work and assist with rehabilitation.
- To encourage employees to seek help voluntarily.
- To use disciplinary/capability measures only when appropriate to do so.
- To identify any aspects of the work situation which could be contributing to alcohol/substance misuse and change them if appropriate.
- To intervene early where there are signs of problems.
- To consider the adoption of a Recovery and Return to Work Agreement.
- To ensure confidentiality

### **Role of the Occupational Health Service**

- To provide advice and guidance on how best to help an individual who has a problem with behaviour or work performance which might be related to alcohol/substance misuse.
- To provide assessment of staff who refer themselves for help.
- To respond to referrals from managers or Human Resources Department.
- Monitor the progress of staff undergoing treatment for alcohol, drug or substance misuse in relation to fitness to work.
- To provide an impartial, confidential service to staff which may include counselling, assessment or referral to another agency.
- To assist in any educational initiative to promote sensible drinking.
- To educate and raise awareness of the risks associated with the use of alcohol and drugs and their implications.

### **Role of the Workplace Wellbeing Service**

- To provide a free, confidential counselling and consultation service to staff experiencing personal or work difficulties, including alcohol and drug problems.

### **Role of the Human Resources Department**

- To provide advice and assistance on the implementation of the policy.
- To refer staff for assistance where appropriate.
- To advise on the appropriateness, or otherwise, of the disciplinary procedure.

### **Role of the Trade Unions**

- To help inform the workforce of the policy.
- To encourage employees to seek help voluntarily.
- To advise members of their rights and responsibilities under the policy.
- To help the employee at work and assist with rehabilitation.

### **Role of the employee**

- To find out about alcohol/drugs and their effect on work and health.
- To avoid covering up or colluding with colleagues.
- To urge colleagues to seek help if they have a problem with drinking/drugs.
- To seek help, if worried about their own drinking/use of drugs, from managers, Occupational Health, Human Resources, Workplace Wellbeing or an outside agency.
- To be familiar with the policy and procedures.
- To use alcohol and prescribed medication responsibly.

### **Role of the employer**

- To recognise the stressful nature of many NHS occupations and to provide the necessary attention to working conditions and support to employees through the implementation of the policy.

## Useful Contacts

Below is a list of the names and addresses/telephone numbers of local organisations who can provide assistance and advice to staff members with alcohol and/or drug related problems.

- **Non-Opiates Drug Service (Sheffield Health & Social Care NHS FT)**  
44 Sidney Street  
Sheffield S1 4RH

**0114 272 1481 (Mon, Tues, Fri 9 am - 5 pm, Wed 9am – 5pm with late clinic 5pm – 7pm)**  
*for support around all drugs with the exception of opiate based drugs such as heroin, morphine and over the counter medications including codeine.*

**‘Juice Clinic’ Thurs 9am – 7pm)**  
*for anybody requiring support with steroid use*
- **Opiates Drug Service (Sheffield Health & Social Care NHS FT)**  
143-145 Fitzwilliam Street  
Sheffield S1 4JP

**0114 305 0500 (Mon, Tues, Fri 9am – 5pm, Wed, Thurs 9am – 8pm)**  
*For support with opiate based drugs such as heroin, morphine and over the counter medications*
- **Alcohol Service (Sheffield Health & Social Care NHS FT)**  
Matilda Street Entrance  
Sidney Street  
Sheffield S1 4RH

**0114 305 0550 (Mon, Tues, Wed, Fri 9am – 5pm, Wed, Thurs 9am – 7pm)**
- **Families in Recovery Sheffield**  
44 Sidney Street  
Sheffield S1 4RH

**0114 272 1481 or 07815 538245**  
*Support for families and friends of drug and alcohol users*
- **FRANK**  
National Drugs Helpline

**0300 123 6600**  
**<http://www.talktofrank.com/>**

- **Drinkline**  
National Alcohol Helpline  
  
**0300 123 1110 (Mon-Fri 9 am - 8 pm, weekends 11 am - 4 pm)**
- **ADFAM**  
National charity supporting families affected by drug and alcohol  
**<http://www.adfam.org.uk/home>**
- **Alcoholics Anonymous**  
National Helpline and local support groups  
  
**0800 917 7650**  
**<http://www.alcoholics-anonymous.org.uk/>**
- **Narcotics Anonymous**  
National Helpline and local support groups  
  
**0300 999 1212**  
**<http://ukna.org/>**

**RECOVERY AND RETURN TO WORK AGREEMENT (where alcohol related)**

Personal and In Confidence

**Date:**

**Name:**

**Address:**

Dear [insert employee's name]

**RE: Recovery and Return to Work Agreement**

Following our discussion on [ insert date ], I am writing to confirm that I have been advised by Occupational Health that you are undertaking actions which will assist with a return to normal duties.

As part of this planned recovery, you are committing to:

- Not drinking alcohol at a level that is likely to interfere with your health or performance at work. (Please note our Occupational Health Physician has advised **total** abstinence for the duration of this agreement).
- Providing regular proof of all medical appointments and compliance with any treatment regimes and/or care programmes.
- Undergoing as part of your return to work “for cause” and / or periodic alcohol testing at the request of Human Resources and arranged using an independent testing agency. Periodic testing will be unannounced and will take place in an appropriate location during a normal working day, for an agreed duration.
- Not behaving in a manner which would lead to a suspicion that you have re-commenced the misuse of alcohol.
- Meeting with Occupational Health as agreed for them to review your progress and report back to management regarding your progress and work capability.

Should your progress be sufficiently satisfactory to enable a return to work (whether full normal working or an agreed alternative) then prior to your return I will need to discuss the arrangements for your return to work. This will include the period over which this agreement will continue to apply. The outcome of this discussion will be confirmed in writing.

Please note that failure to comply with this agreement could lead to disciplinary action.

Two copies of this agreement are enclosed and I would be grateful if you could sign one copy and return it to me as soon as possible to signify your acceptance.

Employee signature .....Print.....Date.....

Manager signature .....Print.....Date.....

**RECOVERY AND RETURN TO WORK AGREEMENT (where substance misuse related)**

Personal and In Confidence

**Date:**

**Name:**

**Address:**

Dear [insert employee's name]

**RE: Recovery and Return to Work Agreement**

Following our discussion on [ insert date ], I am writing to confirm that I have been advised by Occupational Health that you are undertaking actions which will assist with a return to normal duties.

As part of this planned recovery, you are committing to:

- Not taking drugs that are likely to interfere with your health or performance at work. (Please note our Occupational Health Physician has advised **total** abstinence for the duration of this agreement).
- Providing regular proof of all medical appointments and compliance with any treatment regimes and/or care programmes.
- Undergoing as part of your return to work “for cause” and / or periodic drug testing at the request of Human Resources and arranged using an independent testing agency. Periodic testing will be unannounced and will take place in an appropriate location during a normal working day, for an agreed duration.
- Not behaving in a manner which would lead to a suspicion that you have recommenced the misuse of substances.
- Meeting with Occupational Health as agreed for them to review your progress and report back to management regarding your progress and work capability.

Should your progress be sufficiently satisfactory to enable a return to work (whether full normal working or an agreed alternative) then prior to your return I will need to discuss the arrangements for your return to work. This will include the period over which this agreement will continue to apply. The outcome of this discussion will be confirmed in writing.

Please note that failure to comply with this agreement could lead to disciplinary action.

Two copies of this agreement are enclosed and I would be grateful if you could sign one copy and return it to me as soon as possible to signify your acceptance.

Employee signature .....Print.....Date.....

Manager signature .....Print.....Date.....

## Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description / comment
3	New draft policy created	June 17	Review of policy to relevant legislation
	Staff Side pre-meet	10/07/17	Amendments to Section 3 & Section 6.4
	Joint Policy Group	31/07/17	Amendments to Section 5
	Policy Governance Group	06/09/17	Minor amendments noted. Policy submitted back to Staff Side
	Joint Policy Group	March 2018	Approved by Staff Side via email.
	Policy Governance Group	June 2018  Dec 2018	Approved for Intranet.  Resubmitted to PGG following addition of inclusion on Trust website (as well as the intranet).  Not approved at Dec PGG due to amendment required re reference to governors.
	Policy Governance Group	Jan 2019	Policy amended and resubmitted to Jan PGG.  Now approved for ratification by EDG.
	EDG	Jan 2019	Ratified by EDG.  Re-submitted and approved for Intranet and website.

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of “all SHSC staff” email</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	November 2009	November 2009	
2.0	August 2014	August 2014	
3.0	June 2018 and Jan 2019	Connect Jan 2019	

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

See below.

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>	No	No	No
<b>DISABILITY</b>	No	No	No
<b>GENDER REASSIGNMENT</b>	No	No	No
<b>PREGNANCY AND MATERNITY</b>	No	No	No
<b>RACE</b>	No	No	No
<b>RELIGION OR BELIEF</b>	No	No	No
<b>SEX</b>	No	No	No
<b>SEXUAL ORIENTATION</b>	No	No	No

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Lynne Crapper June 2017

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

### 1. Is your policy based on and in line with the current law (including case law) or policy?



**Yes. No further action needed.**



**No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

### 2. On completion of flow diagram – is further action needed?



**No, no further action needed.**



**Yes, go to question 3**

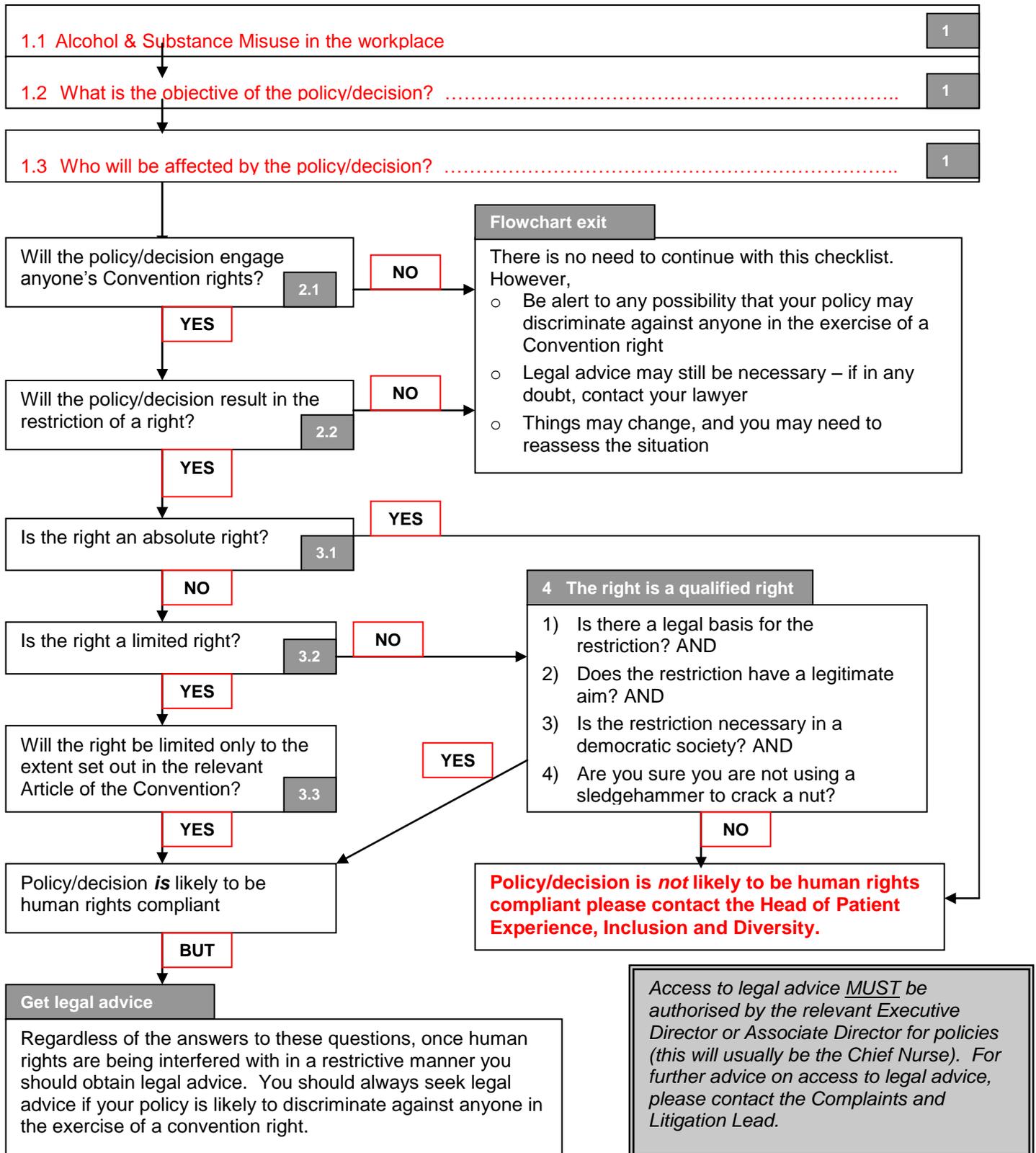
### 3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

## Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



## Appendix E – Development, Consultation and Verification

The Human Resources Department was involved in the development of this policy. This policy was developed in conjunction with ACAS guideline, health work and wellbeing.

The HR review that took place June 2017 did not recommend any material changes to the document.

The policy was approved the Joint Policy Group in March 2018 via email

The policy will be submitted to the Policy Governance Group in June 2018.

The policy will be verified by the Joint Consultative Forum in July 2018.

The policy was submitted to the Policy Governance Group in Dec 2018. However, the policy should be amended so that it also applies to governors.

Policy amended – adding in references to governors where necessary.  
Final version of the policy was sent to Staff Side for information and final verification via email 04-01-19.

The policy was re-submitted to the Policy governance Group in January 2019.

The policy was ratified by EDG in **January 2019.**

## Appendix F – Policies Checklist

***Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).***

### 1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

### 2. Contents page

### 3. Flowchart ✓

### 4. Introduction ✓

### 5. Scope ✓

### 6. Definitions ✓

### 7. Purpose ✓

### 8. Duties ✓

### 9. Process ✓

### 10. Dissemination, storage and archiving (control) ✓

### 11. Training and other resource implications ✓

### 12. Audit, monitoring and review ✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

√

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

√

**13. Implementation plan**

**14. Links to other policies (associated documents)**

**15. Contact details**

**16. References**

**17. Version control and amendment log (Appendix A)**

**18. Dissemination Record (Appendix B)**

**19. Equality Impact Assessment Form (Appendix C)**

**20. Human Rights Act Assessment Checklist (Appendix D)**

**21. Policy development and consultation process (Appendix E)**

**22. Policy Checklist (Appendix F)**

√

√

√

√

√

√

√

√

√

√