

SUBSTANCE MISUSE POLICY

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Authorship:	CSU Transition HR Policy Lead- adapted for local use by Yorkshire and Humber Commissioning Support on behalf NHS Scarborough and Ryedale CCG.
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date approved	Date on Intranet
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team	12/05/2015	
DRAFT	SRCCG		JTUPF	22/04/2015	

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1 INTRODUCTION

- 1.1 NHS Scarborough and Ryedale CCG is committed to promoting the well being of all its employees, and recognises that substance misuse cannot only affect their health but also attendance, work performance, relationships with colleagues, and safety of colleagues, stakeholders and patients.

2 ENGAGEMENT

- Joint Trade Union Partnership Forum/Policy Development Group
- SRCCG staff via team meetings/team brief/internet

3 IMPACT ANALYSES

3.1 Equality

In applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 6.

3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 7.

3.3 Bribery Act 2010

The Bribery Act is particularly relevant to this policy. Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

4 SCOPE

This policy applies to all employees, and any agency or contract staff (including honorary contracts) whilst they are working for the CCG.

5 POLICY PURPOSE & AIMS

- 5.1 The purpose of this policy is to provide managers with guidance for managing the effects of substance misuse by employees, agency and contract staff. All such matters must be handled by managers with sensitivity and in confidence, with any information being released to other parties on a "need to know" basis only.
- 5.2 This policy also provides support for all staff with managing the effects of the misuse of alcohol and substances. All employees have an obligation to take reasonable care of themselves and others who could be affected by their actions at work. The CCG recognises that this can be put at risk by employees who misuse alcohol and substances to such an extent that their health, work performance, conduct and working relationships are affected in addition to the health and safety of patients.
- 5.3 The CCG is concerned about and has an obligation to take care of the health, safety and welfare of its employees. This policy sets out the CCG's aims to protect and maintain the health, safety and welfare of employees and others in the workplace by reducing the risk of alcohol and/or substance misuse related harm in accordance with the Health & Safety at Work Act 1974.

6. DEFINITIONS

- 6.1 The misuse of any substance in the context of this policy is defined as:

'Behaviours resulting from the misuse of alcohol, drugs and other substances which harm or have the potential to harm the individual (both physically or mentally) and, through the individual's actions, other people and the environment.'

- 6.2 Misuse can be divided into three different types:

- Inappropriate use, where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances
- Habitual use, where an individual becomes dependent to the extent that the desire for the effects becomes a dominant concern in their life, to the detriment of other aspects of their life.
- Excessive use, which can lead to short or long term physical and mental impairment, illness or anti-social behaviour. Intoxicating substance changes the way the user feels mentally or physically.

It includes alcohol, illegal drugs, legal drugs, prescription medicines (eg anti-depressants), solvents, glue, lighter fuel.

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Individual Responsibilities

All employees are individually responsible for taking all reasonable precautions to ensure their fitness for work. Managers may, however, periodically wish to remind employees of their individual responsibility for this.

Under no circumstances should an employee report for work, while under the influence of alcohol or illegal drugs.

Employees must not sell, possess, purchase, supply or use illegal drugs on CCG premises. Failure to adhere to the above constitutes gross misconduct and will be dealt with in accordance with the CCG's Disciplinary policy and may lead to termination.

No alcohol should be consumed on any CCG premises at any time. Employees are not allowed to drink alcohol or consume, sell or give away illegal drugs while at work/on-call/on duty. This includes meal breaks on or off site/CCG premises, which are classed as working time under the Working Time Regulations.

Employees who are taking prescribed medication must inform their Manager if they think it may have an adverse effect on their ability to carry out their duties.

Employees must not drive vehicles which are leased by the CCG for them to use on CCG business or vehicles which are their property for the purposes of work whilst, under the influence of alcohol, certain prescribed drugs or illegal substances. This may lead to prosecution.

Employees have a responsibility for their own health and safety in the workplace. Employees must take personal responsibility for their own alcohol and/or substance use.

All employees must be fit to commence their duties and must remain so throughout their working day. If an employee is unfit or becomes unfit, in the Managers opinion, because of drunkenness, drugs or substance abuse, they will not be allowed to commence work and immediate medical suspension will be considered. If they are sent home, suitable arrangements should be made for the employee to get home safely.

Employees who have an alcohol or drug problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter with their Line Manager, their TU representative, Occupational Health, their GP, local alcohol/substance misuse agency or with a national helpline (see Appendix 5).

Employees should familiarise themselves with the Policy, its aims and their responsibilities in relation to alcohol and/or substance misuse.

7.2 Manager's Responsibilities

Managers have a responsibility to provide support to staff and appropriately investigate any issues in relation to substance abuse. Line Managers who suspect an employee of having an alcohol or drug problem should discuss the situation with the employee, urging them to seek advice and support.

Managers are encouraged to discuss alcohol or substance related involving their employees with the HR department before taking any action.

Appendix 1 gives details of the signs of alcohol and drugs misuse and Appendix 2 gives guidance for Line Managers.

Where a Manager suspects that an employee is under the influence of alcohol or substances at work, immediate medical suspension should be considered.

If they believe the employee is unfit for work they should seek the opinion of a senior manager and notify their HR representative before any decision is made to suspend an employee.

Where an employee is suspended, the manager must ask the employee to leave the premises (suitable arrangements should be made for the employee to get home safely). Arrangements should be made to meet with the employee at an agreed date and time as soon as is practicable and this should be confirmed in writing. At this meeting the employee has the right to be accompanied by a Trade Union representative or work colleague.

Line Managers should be aware of the CCG's rules and the implications of not tackling possible alcohol and/or substance misuse problems, especially where safety is an issue. Line Managers should ensure that their staff are aware of the policy and comply with it.

7.3 Role of HR

The HR department will provide advice and support to managers and employees.

8 IMPLEMENTATION

8.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the intranet.

8.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCGs disciplinary procedure.

9 TRAINING & AWARENESS

9.1 A copy of the policy will be available on the CCG intranet. Training needs will be identified via the appraisal process and training needs analysis.

10 MONITORING & AUDIT

10.1 The implementation of this policy will be audited on an annual basis by the CCG and reported to CCG Governing Body.

11 POLICY REVIEW

11.1 The policy and procedure will be reviewed after 3 years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

12 REFERENCES

12.1 See Appendix 5 for useful contacts of various external agencies.

13 ASSOCIATED DOCUMENTATION

Management of Attendance Policy

14 Procedure

The potential effects of alcohol and substance misuse are detailed in Appendix 1 of this policy. Where a manager suspects a member of staff is being affected by alcohol or substance misuse, it is important to communicate with the employee as soon as possible about their wellbeing.

The manager is encouraged to arrange a private, informal meeting to discuss their concerns, the information in this policy and the support that is available. Guidance on conducting this meeting can be found in Appendix 2.

It is essential to note that the behaviours and indicators of alcohol or substance misuse could equally apply to other illnesses. It is important to thoroughly examine each situation before acting. Managers are encouraged to seek HR advice and/or refer to the guidance in the Management of Attendance, Managing Work Performance or Disciplinary policies to ensure that the concerns are managed appropriately.

In cases of substance misuse, Occupational Health advice will be sought and advice taken from other relevant parties (for example GP's, Social Services, Alcoholics Anonymous etc) where appropriate. As this document continues various forms of support are detailed in sections 15 and 16, as well as further information which may be applicable dependent on to what extent the effects the substance misuse has on the individuals performance and conduct at work.

15 Support

The CCG wants to encourage and support employees who may have an alcohol misuse, alcohol dependency and/or substance misuse problem by assisting them in seeking help and supporting them in overcoming alcohol and/or substance misuse related problems.

Employees who have a substance misuse problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter confidentially with their immediate manager, or various external agencies (see appendix 5), Occupational Health, Human Resources or their General Practitioner.

Staff can also make a confidential self-referral to Occupational Health for help and support. Clinical details and advice to staff are kept in the strictest confidence and Occupational Health only divulge details with written agreement from the member of staff, except in cases where there may be a serious risk to that person, patients, other staff or the public. Requests for assistance will be treated in strict confidence and will in no way affect the employee's job security, benefits etc. Information will only be released to third parties on a "need to know" basis.

Managers, following discussion with the employee, should refer cases of suspected, or admitted substance misuse to Occupational Health. The consent of the member of staff should normally be sought, but if there is a serious concern and they refuse to give their consent, the management referral should proceed.

16 Rehabilitation

Every effort will be made to ensure the employee returns to his/her job on completion of the rehabilitation programme. In cases where the employee is not considered fit to return to the same job or where doing so, may undermine recovery, efforts will be made to find suitable alternative employment. This may include, where reasonable, a period of retraining.

If, after returning to employment during or following the rehabilitation programme there is a recurrence of the substance misuse issue, each individual case will be considered on its merits at that time. A further opportunity may be given to commence an additional rehabilitation programme if appropriate, however, disciplinary action may be considered if all avenues have been exhausted and no improvement has been made. This could include dismissal.

If a programme of rehabilitation is introduced then the employee can take sick leave whilst seeking support and will therefore be entitled to the benefits that accrue.

If an employee is required to complete a rehabilitation period in line with the Management of Attendance Policy, then normal arrangements (as outlined in that Policy) will apply. Where a rehabilitation period is attached as a sanction to a formal warning (for example reduced hours) the employee will be responsible for complying with this condition.

17 Involving the Police and Professional Bodies

The possession of illegal drugs with the intent to distribute, use or supply is a criminal offence and the CCG has a duty to report this to the police immediately. If as a result of either an internal or police investigation there is evidence that illegal drugs are/have been on the CCG premises or in the possession of CCG staff, then the matter will be dealt with as potential gross misconduct in accordance with the CCG Disciplinary Policy and may lead to termination of employment.

Incidents involving allegations of professional misconduct relating to alcohol or substances may be reported to the appropriate professional body.

18 Corporate Hospitality and Work Related Social Functions

Employees whose role involves entertaining for business purposes or representing the CCG at events at which alcohol is served, are considered to be attending work related events, even though they may occur outside normal working hours. Therefore the employee must remain professional and fit for work at all times.

At work related social functions, the CCG expects employees to demonstrate responsible behaviour and to act in a way that will not have a detrimental effect or impact negatively on the CCG's reputation.

19 Driving

In line with the Road Traffic Act 1988, employees driving in the course of their work should never attempt to do so whilst under the influence of alcohol and/or drugs. No employee should feel that the nature of their job makes it difficult for them to abide by drink and/or drug driving legislation. Anyone who has a concern about this should consult their line manager. If an employee is convicted of a drink and/or drug driving offence they must report this to their line manager as soon as it is known. A decision will then be made, with HR advice, as to the action to be taken and the employee may be subject to disciplinary action.

20 Performance and Conduct

The CCG distinguishes between the employee for whom alcohol and or substance misuse is a problem and misconduct involving alcohol or substances which will be dealt with under the CCG's Disciplinary Policy. All issues will be treated with the strictest confidence.

Substance misuse can affect the performance of staff in several ways and it may not be appropriate to deal with every situation in the same way. There may be an immediate situation requiring resolution or an ongoing performance issue to be managed.

All employees must be fit to commence their duties and must remain so throughout their working day. If an employee is unfit or becomes unfit, in the managers' opinion, because of substance misuse, they will not be allowed to commence work or will be sent home to recover. On return to work they will be subject to a return to work interview which may, according to the circumstances, result in disciplinary action being instigated. (Please refer to the CCG's Disciplinary Procedure).

Some acts of misconduct while under the influence of any substance may be so serious that they must be considered as acts of gross misconduct rendering the employee liable to dismissal. (Please refer to the CCG's Disciplinary Procedure). This will include endangering the health and safety of themselves, colleagues or other persons.

Misconduct will also include being found to be illegally in possession of, the supply of, or taking of a controlled or uncontrolled drug at work or outside of work if that has a bearing on their suitability to continue in post.

Should any individual refuse help or discontinue a programme of treatment, this should not in itself be grounds for disciplinary action. However, unacceptable behaviour and standards of work, or actions endangering patients, members of the public or other staff will be dealt with through normal disciplinary procedures. Every case will be individually considered.

If it is felt that the individuals' state is not drugs or alcohol related and they need medical attention, then they should be taken to a first aider, a casualty unit or their GP depending on the circumstances.

The CCG will endeavour to offer help and assistance with any employee who has a substance misuse issue, however, it is also the responsibility of the employee

to accept this help and assistance to improve their condition. If they choose not to accept this help and assistance and their condition continues to be cause for concern, then action may be taken under the appropriate policy, e.g. Managing Work Performance, Management of Attendance and Disciplinary policies.

Staff may deny having an alcohol or substance misuse problem. If this happens, the situation should be dealt with by making clear what improvement is required in their performance, behaviour or absence, within a stated timescale and how the situation will be monitored. The member of staff should also be advised who they can approach confidentially for help and advice.

HR advice and support is available to managers throughout the investigation process and, if there is no improvement within the timescales given, the relevant line manager must contact HR, who will provide further advice and support on how to proceed in accordance with the CCG's policies.

21 Medical Suspension

As with any problem affecting ability to work, initial action must be taken by the line manager. It is important to identify any ongoing problem at an early stage when help can be made available. It would not normally be necessary to suspend an employee pending investigation, unless there could be a risk to themselves, a patient or another member of staff. Medical suspension (if necessary) must be carried out in accordance with the organisation's Management of Attendance policy.

22 APPENDICES

Appendix 1	Signs of Alcohol and Substance Misuse
Appendix 2	Guidance for managers when dealing with employees with a suspected alcohol or substance misuse problem
Appendix 3	How the body metabolises alcohol
Appendix 4	Sensible drinking guidelines
Appendix 5	Sources of help
Appendix 6	Equality Impact Assessment
Appendix 7	Sustainability Impact Assessment

SIGNS OF ALCOHOL AND SUBSTANCE MISUSE

The following symptoms may be evident if an individual has a drug or alcohol problem:-

- Frequent short term absence
- Poor timekeeping
- Unexplained absences from work area
- Sudden mood changes or unusual irritability or aggression
- Repeated accidents or mishaps
- Difficulty in recalling instructions or details
- Impaired job performance
- Appearing withdrawn or preoccupied
- Deterioration in relationships with colleagues, patients or management

(This list is not exhaustive)

However it is important to remember that the above symptoms may also signify other problems.

GUIDANCE FOR MANAGERS DEALING WITH EMPLOYEES WITH A SUSPECTED ALCOHOL OR SUBSTANCE MISUSE PROBLEM

Where a Manager suspects an employee has an alcohol or substance misuse problem they should take the following steps:-

DO

- Arrange to meet the employee in private
- Confirm that the meeting is informal
- Consider offering the employee the opportunity to be accompanied by a Trade Union representative or colleague at the meeting
- Discuss this policy and the help available
- Focus on work performance, attendance at work, relationships with colleagues and patients
- Be objective and factual
- Be consistent and specific
- Be non-judgmental
- Show concerns for the employee. Listen to what is said about personal problems
- Offer the opportunity of specialist help and advice if you feel there is a need
- Keep clear records of any discussions that have taken place
- Agree future action
- Arrange regular meetings to monitor progress
- Refer the employee to occupational health, counselling or support services giving time off for appointments

If at any point during the discussion clarity is required seek further advice from your HR representative

DON'T

- Comment on the employee's private life
- Rely on impressions or rumours for which documented evidence is lacking
- Make vague accusations
- Argue about the employee's problems
- Leave any room for uncertainty about the employee's situation and what needs to be done to rectify it
- Treat employees inconsistently

How the Body Metabolises Alcohol

The alcohol in your drink is absorbed into your body through the stomach and small intestine. Food slows down the rate of absorption - that's why alcohol affects you more quickly on an empty stomach. From here, it's distributed via the bloodstream throughout the body, reaching your heart, brain, muscles and other tissues. This happens very quickly - within a few minutes. Usually, though not always, this has a pleasant effect. Your body can't store alcohol, so it has to get rid of it - mostly via your liver. First, the liver changes alcohol into acetaldehyde - a highly toxic substance. This turns into acetate, a harmless substance, which is passed out in the urine. Some alcohol is also excreted through the breath and sweat. Your body's ability to process alcohol depends on various things, like your age, weight and sex. Your body breaks down alcohol at a rate of about one unit per hour - and no, there's no way you can speed this up!

The amount of alcohol in the blood is known as the blood alcohol concentration or BAC. Your BAC depends on how much you've drunk and how quickly you drank it.

Other important factors affecting BAC are:

Your size and weight: If you're small, your blood alcohol volume is obviously less than that of someone who is larger. So the same amount of alcohol will probably affect you more.

Your sex: Women can't drink as much as men. Women are generally smaller. They also have proportionately less body water and more body fat - and alcohol doesn't dissolve easily in fat. That's why, drink for drink, women end up with more alcohol in their blood than men.

Your water level: If you're dehydrated, alcohol will have a greater effect than if your body's water concentration is normal. That's why drinking alcohol in summer or after exercise affects you more.

The amount you've eaten: If you drink a unit of alcohol on an empty stomach, almost all of it will be absorbed in an hour. But if there's food in your stomach, the process will be slower and the alcohol reaches your brain and the rest of your body more slowly.

Sensible Drinking Guidelines

Sensible drinking is drinking in a way that is unlikely to cause yourself or others significant risk of harm.

The Government advises that:

- Adult women should not regularly drink more than 2 - 3 units of alcohol a day
- Adult men should not regularly drink more than 3 - 4 units of alcohol a day
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1 – 2 units of alcohol once or twice a week and should not get drunk.
- A further recommendation is that everyone should aim to have two alcohol free days each week.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time, e.g. it is sensible not to drink when driving or when taking certain medications.

Binge Drinking

Binge drinking is essentially drinking too much alcohol over a short period of time e.g. over the course of an evening, and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them.

Further information on calculating the units of alcohol in drinks is available on the NHS Choices website

<http://www.nhs.uk/Tools/Pages/Alcohol-unit-calculator.aspx>

People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease or. For women, are more likely to have an unplanned pregnancy.

After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow the body to recover.

What is a unit?

A unit of alcohol is 10ml of pure alcohol. Counting units of alcohol can help to keep track of the amount drunk.

SOURCES OF HELP

Occupational Health:

Scarborough Site
Scarborough Hospital
Woodlands Drive
SCARBOROUGH
YO12 6QL
Tel: (01723) 342168

York Site
Centurion House
Centurion Park
Tribune Way
Clifton Moor
YORK YO30 4RY
Tel: (01904) 725099

Scarborough and Ryedale Local Hospital

Scarborough Hospital
Tel: 01723 342168

Local Alcohol Helpline Numbers

The following local non-statutory services offer confidential, free, advice, information and support for anyone concerned about their own or anyone else's drinking.

The Cambridge Centre, Scarborough
23 Alma Square
Scarborough
North Yorkshire
YO11 1JR

Cambridge Centre Alcohol services – We offer a number of alcohol specific services including one to one structured alcohol support, an accident and emergency link services and a young women's alcohol service.

Tel: 01723 367475
Email: info@cambridgecentre.org.uk
Website: www.cambridgecentre.org

York Alcohol Advice Service
City of York Council
West Offices
Station Rise
York

YO1 6GA

Public Health Substance Misuse Team - The York Public Health Team are the partnerships responsible for delivering the drug and alcohol strategy at a local level. They do this by ensuring that the work of the local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully.

Tel: 01904 554513

Email: candat@york.gov.uk

Website:

http://www.york.gov.uk/info/200505/alcohol_drugs_and_substance_abuse/230/alcohol_drugs_and_substance_abuse

National Helpline Numbers

NHS Change 4 Life – Cutting Down on Alcohol

Online Tool - Tips and Advice for cutting down on alcohol.

Website: <http://www.nhs.uk/Change4Life/Pages/cutting-down-alcohol.aspx08009178282>

Alcoholics Anonymous

Self help fellowship of men and women offering support and advice to people with alcohol problems or concerns.

Tel: 0845 769 7555

Email: help@alcoholics-anonymous.org.uk

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

FRANK (National Drugs Helpline)

Helps you find out everything you might want to know about drugs (and some stuff you don't). For friendly, confidential advice, Talk To FRANK.

Tel: 0300 123 6600

Email: frank@talktofrank.com

Website: <http://www.talktofrank.com/>

Drinkline

Drinkline offers the following services:

- *Information and self-help materials*
- *Help to callers worried about their own drinking*
- *Support to the family and friends of people who are drinking*
- *Advice to callers on where to go for help*

Tel: 0300 123 1110

Website: <http://www.patient.co.uk/support/drinkline>

Narcotics Anonymous

N.A. is a non-profit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean.

Tel: 0300 999 1212

Email: meetings@ukna.org

Website: <http://ukna.org/>

1. Equality Impact Analysis											
Policy / Project / Function:	Substance Misuse Policy										
Date of Analysis:	December 2014										
This Equality Impact Analysis was completed by: (Name and Department)	Workforce Service										
What are the aims and intended effects of this policy, project or function ?	The purpose of this policy is to provide managers with guidance for managing the effects of substance misuse by employees, agency and contract staff. This policy sets out the CCG's aims to protect and maintain the health, safety and welfare of employees and others in the workplace by reducing the risk of alcohol and/or substance misuse related harm in accordance with the Health & Safety at Work Act 1974.										
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • Absence Management Policy • Disciplinary Policy and Procedure 										
Who does the policy, project or function affect ? Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Employees</td> <td style="text-align: right;">✓</td> </tr> <tr> <td>Service Users</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: right;">✓</td> </tr> <tr> <td></td> <td style="text-align: right;">agency and contract workers</td> </tr> </table>	Employees	✓	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	✓		agency and contract workers
Employees	✓										
Service Users	<input type="checkbox"/>										
Members of the Public	<input type="checkbox"/>										
Other (List Below)	✓										
	agency and contract workers										

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Age	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Sexual Orientation	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Disabled People	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Gender	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Transgender People	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Pregnancy and Maternity	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Marital Status	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Religion and Belief	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	This has been considered and has a neutral impact.
Reasoning	This policy does not actually or potentially discriminate against this group. Support is available for staff who require it and the policy directs managers to the Management of Attendance Policy where appropriate. This has been equality impact assessed separately				

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected at Oct 2014	
General	Total number of employees in the CCG is 118
Age	62.71% of staff are aged 30-55 16.1% of staff employed are under 30 21.19% of staff are over 55
Race	90.67% of staff employed in the CCG declared themselves White 6.78% of staff are not stated/undefined 0.85% of staff declared themselves Black 0.85% of staff declared themselves Other 0.85% of staff declared themselves Mixed
Sex	79.66% of staff employed are female 20.34% of staff employed are male
Gender reassignment	No information
Disability	82.2% of staff employed declared themselves as having no disability 16.95% of staff did not declare /undefined 0.85% of staff declared a disability
Sexual Orientation	70.33% of staff described themselves as heterosexual 28.82% did not wish to respond /undefined 0.85% described themselves as bisexual
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (51.69%) 33.05% were undefined or did not wish to declare 7.63% of staff declared other faith or religious beliefs 6.78% declared themselves Atheist 0.85% of staff declared their faith Islam
Marriage and civil partnership	59.32% of employees are married. 36.45% are single/divorced/legally separated/widowed 2.54% are undefined 1.69% of employees are in a civil partnership
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input checked="" type="checkbox"/> employment data</p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Consultation has taken place with Trade Union representatives and employees</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, but provides a framework for all staff to be provided with support in managing the effects of substance misuse</p>

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			
Race (All Racial Groups)	✓			
Disability (Mental and Physical)	✓			
Religion or Belief	✓			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	✓			
Transgender	✓			
Marital Status	✓			
Age	✓			

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input checked="" type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
<p>Red</p> <p>Stop and remove the policy</p>	<p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p>Remove the policy</p> <p>Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</p>	<p>No wording needed as policy is being removed</p>
<p>Red Amber</p> <p>Continue the policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p>The policy can be published with the EIA</p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></p>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Brief Summary/Further comments	
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Approved By		
Job Title:	Name:	Date:
Chief Officer	Simon Cox	12/05/2015



Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Substance Misuse Policy
What is the main purpose of the document	The purpose of this policy is to provide managers with guidance for managing the effects of substance misuse by employees, agency and contract staff.
Date completed	December 2014
Completed by	Human Resources Advisor

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	N/A		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		

	<p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models</p>			
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>	N/A		
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups?</p>	1	<p>This policy will offer support to anyone who struggles with substance misuse and details the support mechanisms in place, therefore promoting a healthier personal and work life.</p>	<p>Effective promotion of this policy will further enhance the positive effects of this policy.</p>
Community Engagement	<p>Will it promote health and sustainable development?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p>	N/A		
Buildings	<p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it increase safety and security in new buildings and developments?</p> <p>Will it reduce greenhouse gas emissions from</p>	N/A		

	<p>transport (choice of mode of transport, reducing need to travel)?</p> <p>Will it provide sympathetic and appropriate landscaping around new development?</p> <p>Will it improve access to the built environment?</p>			
Adaptation to Climate Change	<p>Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?</p>	N/A		
Models of Care	<p>Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it promote prevention and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>	N/A		