

**BARNSELY CLINICAL COMMISSIONING
 GROUP**

**ALCOHOL, DRUG AND SUBSTANCE
 MISUSE AND SMOKEFREE POLICY**

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THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT

DOCUMENT CONTROL

Version No	Type of Change	Date	Description of change
V.1		May 2014	With CCG/Staff Side for initial comments
1.1	Approved	June 2014	Approved at the June 2014 Governing Body.
1.2	Review	January 2016	Minor changes following review by CSU HR Lead and Head of Assurance
1.3	Approved	February 2016	Changes approved by ESG
1.4	Review	February 2018	<ul style="list-style-type: none"> • Added cross reference to Fraud, Bribery and Corruption Policy • Include references to the Managing Performance Policy in Section 4 (Concerns Regarding Work Performance) • Updated references to sources of advice and support in Section 5 • Clarified that smoking on premises during working hours may be dealt with as a disciplinary matter (Section 6).
1.5	Approved	February 2018	Changes approved by EEC

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DEFINITIONS

Intoxicating Substance:	A substance that changes the way the user feels mentally or physically. It includes alcohol, illegal drugs, legal drugs, prescription medicines, solvents, glue and lighter fuel but is not limited to these.
Controlled Drugs:	These are drugs covered by the Misuse of Drugs Act 1971. They include both drugs with no current medical uses as well as medicinal drugs that are prone to misuse. All are considered likely to result in substantial harm to individuals and society.
Harmful/problematic use or misuse:	Use of an intoxicating substance or substances that harms health, physical, psychological, social or work performance but without dependency being present.
Dependency:	A compulsion to keep taking an intoxicating substance either to avoid the effects of withdrawal (physical dependence) or to meet a need for stimulation or tranquilising effects or pleasure (psychological dependence).
Addiction:	A state of periodic or chronic intoxication produced by the repeated intake of an intoxicating substance. This creates a dependency which can have serious detrimental effects on the individual who will have great difficulty discontinuing their use.
'For Cause' Testing:	'Testing for alcohol or substance misuse where an employee is suspected of being unfit because of possible intoxication or following return to work after detoxification treatment or as part of an agreed abstinence programme.
Alcohol/Substance Misuse in the workplace is either:	Consumption of, or dependence on a substance that continually or repeatedly interferes with an employees work performance, conduct and/or attendance

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or Consumption or overindulgence of a substance resulting in unacceptable conduct or dangerous and unreasonable behaviour. This could be classed as gross misconduct and treated as a disciplinary matter.

Chain of Custody: The stringent process for collecting, handling, transporting, storing and testing biological samples for alcohol or drug misuse to prevent any possible contamination or interference. The purpose is to ensure that the results of any biological testing can indisputably be connected with the individual who produced the test sample.

SECTION A – POLICY

1. Policy Statement, Aims and Objectives

- 1.1. NHS Barnsley Clinical Commissioning Group (CCG) is committed to supporting and protecting the health, safety and welfare of its employees. It is recognised that alcohol, drug / substance misuse and smoking are health issues and, as such, the CCG will aim to provide the help and support that may be necessary for an employee to overcome problems with any of these issues.
- 1.2. This policy aims to reinforce an empathic, confidential and consistent management approach, promoting support and rehabilitation for employees dealing with alcohol, drug/substance misuse and also support for smoking cessation.
- 1.3. This policy:
 - Promotes a healthy and safe working environment and maintains a healthy workforce
 - Provides a procedure for managers to deal effectively with issues related to alcohol, drug/substance misuse and smoking in order to maintain acceptable standards of work and performance
 - Ensure the CCG complies with its legal duty to ensure the workplace is smoke-free
 - Protects the reputation of the CCG
 - Encourages employees with problems related to alcohol, drug / substance or smoking to seek help and accept treatment at the earliest opportunity
 - Ensures that employee's use of alcohol, drug / substance misuse or smoking does not impair the safe and efficient running of the CGG, or result in health and safety risks to themselves or others.
- 1.4. This policy covers the misuse of alcohol, illegal drugs, prescription drugs, substances and smoking including e-cigarettes/smokeless cigarettes.

2. Legislation and Guidance

- 2.1. The following legislation and guidance has been taken into consideration in the development of this procedural document.
 - Misuse of Drugs Act 1971.
 - Health and Safety at Work Act 1974.
 - Data Protection Act 1998.
 - Management of Health and Safety at Work Regulations 1992.
 - Corporate Manslaughter.
 - The Employment Rights Act 1996.
 - Equality Act 2010.
 - Road Traffic Act 1988.

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- Transport and Work Act 1992.
- Human Rights Act 1998.

3. Scope

- 3.1 This policy applies to those members of staff that are directly employed by NHS Barnsley CCG and for whom NHS Barnsley CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract/contract for service, secondment in or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Barnsley CCG or working on NHS Barnsley CCG premises and forms part of their arrangements with NHS Barnsley CCG. As part of good employment practice, agency workers are also required to abide by NHS Barnsley CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Barnsley CCG.

4. Accountabilities and Responsibilities

- 4.1 Overall accountability for the health, safety and welfare of the workforce lies with the Chief Officer. Responsibility is delegated to the following:

Head of Governance and Assurance	Has delegated responsibility for: <ul style="list-style-type: none"> • Maintaining an overview of the corporate ratification and governance process associated with the policy.
Head of HR	Has delegated responsibility for: <ul style="list-style-type: none"> • Leading the development, implementation and review of the policy • Providing advice and guidance to managers and employees in relation to this policy • Assisting in the monitoring of effectiveness of measures to address alcohol or drug/substance misuse through the analysis of reasons for sickness absence • Encouraging referral to the Occupational Health Service and/or Employee Assistance Programme (counselling) where appropriate • Advising managers when it is more appropriate to deal with an issue via the Disciplinary Policy.
Line Managers	Have delegated responsibility for: <ul style="list-style-type: none"> • Creating an open and honest environment to support employees who may come forward with concerns for themselves or others • Understanding their duties and responsibilities in relation to this policy • Ensuring the policy is communicated to employees and to encourage employees who believe they may have issues to seek support.

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	<ul style="list-style-type: none"> • Identifying and responding effectively to employees with problems • Recognising and acting appropriately where an employee has symptoms which may indicate there is a problem • With the agreement of Human Resources, requesting alcohol or drug / substance testing where this course of action is justified and legal. • Making appropriate referrals to Occupational Health • Respecting the right of employees regarding confidentiality as they would if they had any other medical or psychological problem (except where there is a duty to inform a professional body, e.g. NMC/GMC or where there is an issue of health and safety/safeguarding) • Arranging suitable transport and/or alternative duties, where practicable, if an employee is unfit to drive/carry out usual duties due to prescribed medication.
All Staff	<p>Have delegated responsibility for:</p> <ul style="list-style-type: none"> • Being familiar and compliant with this policy and procedure • Taking personal responsibility for their own health, safety, well-being and performance at work • Seeking help should they have problems relating to alcohol, drug / substance misuse or smoking • Seeking advice if they have concerns about a colleague in relation to alcohol, drug / substance misuse • Complying with their professional codes of conduct • Informing their line manager if they have been prescribed medication that may significantly affect their behaviour or performance • declaring any convictions as a result of substance misuse eg drink driving offences (failure to do so could result in disciplinary action and counter fraud investigation).
Occupational Health	<p>Has responsibility for:</p> <ul style="list-style-type: none"> • Provision of clinical advice and support for managers and employees who identify potential problems in themselves or colleagues • Provision of the appropriate level of confidential support to employees who are referred by their manager because of concerns about their well-being • Promoting awareness of alcohol or substance misuse problems and encouraging early identification of individuals in need of help. • Advocating the use of abstinence programmes where appropriate.

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Employee Assistance Programme	Has responsibility for: <ul style="list-style-type: none">• Providing a confidential counselling service for employees experiencing concerns with alcohol, drug / substance misuse or smoking cessation• Referral on to specialist agencies as required.
Staff Side Representatives	Have responsibility for: <ul style="list-style-type: none">• Providing support for staff who are experiencing problems with alcohol, drug / substance misuse or smoking cessation• Liaising with the employee, the line manager and Human Resources regarding the best way forward for an employee• Encouraging employees to take personal responsibility for their own health, safety and well-being and performance at work.

5. Dissemination, Training and Review

5.1. Dissemination

5.1.1. The effective implementation of this procedural document will support openness and transparency. NHS Barnsley CCG will:

- Ensure all staff and stakeholders have access to a copy of this policy via the organisation's website.
- Ensure that relevant training programmes raise and sustain awareness of health and wellbeing.

5.1.2. This policy will be disseminated by email via a staff bulletin, placed on the intranet and made available via the organisation's website. Staff are notified by email of new, updated or policies under review.

5.1.3. A number of policies are related to this policy and should be read in conjunction as follows:

- Disciplinary Polic.
- Managing Concerns with Performance Policy
- Managing Sickness Absence Policy
- Grievance Policy
- Working Time Regulations Policy
- Acceptable Standards of Behaviour Policy.

5.2. Training

- 5.2.1. All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR department.

5.3. Review

- 5.3.1. As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Barnsley CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.
- 5.3.2. The policy will be reviewed every two years, and in accordance with the following on an as and when required basis:
- Legislatives changes
 - Good practice guidelines
 - Case Law
 - Significant incidents reported
 - New vulnerabilities identified
 - Changes to organisational infrastructure
 - Changes in practice.
- 5.3.3. The Policy will be monitored and reviewed by the Equality and Engagement Committee.

SECTION B – PROCEDURE

1. Principles

- 1.1. Where an employee accepts responsibility for their behaviour and agrees to seek help, the matter should be dealt with using this procedure. In other cases and where other breaches of conduct have occurred such as a serious breach of health and safety standards, where the employee has behaved in a violent or threatening manner or placed an individual at risk of harm, then the matter may be dealt with in accordance with the Disciplinary Policy.
- 1.2. Employees who attempt to 'cover up' in a work situation for a colleague who puts themselves, others or the reputation of the CCG at significant risk may be subject to disciplinary proceedings.
- 1.3. Employees must not use any performance altering substance at any time whilst on duty, during breaks (including lunch breaks), or any period of time before commencing work which may affect their performance. The exception to this would be where an employee is receiving treatment for a health condition and has informed their line manager accordingly and it is taken account of in their duties.
- 1.4. It is unacceptable for employees to drive whilst under the influence of any intoxicating substance. This includes driving to / from work and during work time. It should be noted that some prescribed medication will also affect an individual's ability to drive safely.
- 1.5. Employees must not consume alcohol, illegal drugs, substances or smoke (including electronic cigarettes) at any time on CCG premises.
- 1.6. Employees must not bring alcoholic drinks for consumption or illegal drugs or substances onto the premises.
- 1.7. Employees must inform their line manager if they are unable to carry out any work related task safely due to alcohol, drug / substance misuse or prescribed medication use.
- 1.8. It is unacceptable for employees to attend for work smelling of alcohol or if they have recently consumed alcohol as this can seriously undermine their capability and / or credibility. Should an employee present for work smelling of alcohol they will be considered unfit for work and will be sent home. This will be paid leave. Standards of safety, conduct and performance will be taken into account when making this decision.

2. Employee Requesting Assistance

- 2.1. When an employee believes they have an alcohol, substance or drug problem, or feels they may be developing one, they should seek specialist advice as soon as possible by speaking to their GP, line manager, HR or Occupational Health services.
- 2.2. If a line manager is approached by a member of staff they should seek advice from Human Resources and ensure they have taken a file note of the discussion with the employee.
- 2.3. Misuse may not be a disciplinary offence if it occurs outside workplace and will be dealt with as a health issue. The aim is to rehabilitate and support an individual whilst at work or back to work if they are absent due to alcohol or drug/substance misuse.
- 2.4. Contact will be made with Occupational Health to agree the best course of action. Where it is confirmed that the employee has an alcohol or drug / substance misuse problem they will be referred to an appropriate agency, for example GP, Drugs and Alcohol Team, employee assistance programme, residential or in patient programme. A recovery programme will then be devised in partnership with the appropriate agency.
- 2.5. Once a course of action has been determined, it is important to come to a decision about reasonable timescales for supportive treatment / counselling. This will be based on the advice from Occupational Health and following discussion with Human Resources, the individual and the line manager. If appropriate, members of the employee's family will be involved in this discussion as well as their representative.
- 2.6. The outcome of the discussion could be to ask the employee to agree to sign an abstinence agreement which could include agreeing to be subject to testing if legal and required.
- 2.7. Following recovery the situation should be monitored for an agreed period. If after returning to employment, during or following the rehabilitation programme, there is a recurrence of the drug or alcohol problem, then the situation will be assessed on a case by case basis. A further opportunity may be given to commence an additional rehabilitation programme if appropriate.
- 2.8. Employees who decline a referral for diagnosis and / or specialist help, or discontinue an agreed course of action before its satisfactory completion and continue to produce an unsatisfactory level of work performance or conduct, could be subject to action under the disciplinary procedure.

3. Dealing with Suspected Alcohol / Drug Intoxication

- 3.1. Where a line manager suspects, or is advised that, an employee is under the influence of alcohol or other substances whilst in the workplace and considers the employee's condition likely to affect their performance, or to be a health and safety risk then the manager should take Human Resources advice and agree a plan of action.
- 3.2. In some circumstances it may be useful to obtain the opinion of another person who is aware of the 'normal' behaviours of the individual concerned, taking into account the sensitive nature of the problem and the individual's right to confidentiality.
- 3.3. Where it is agreed there is an issue the manager should arrange to speak to the individual, accompanied by Human Resources, in a private area and if practicable with the individual's trade union / professional organisation representative.
- 3.4. The manager should explain their concerns to the employee. If the employee admits they have taken alcohol, drugs, or other substances and / or are under the influence and the manager has concerns regarding the effect on performance / health and safety, the individual should be excluded from work on medical grounds on full pay and escorted off the premises.
- 3.5. If the manager believes that the individual is unfit to drive then arrangements should be made to take the individual home safely.
- 3.6. A date should be given to review the exclusion and it may be that the individual is only excluded for a 24 hour period in order to obtain further advice.
- 3.7. If the employee denies being under the influence of alcohol, drugs, or substances and the manager is not satisfied with their explanation as it is evident from the employee's actions and / or appearance, they should be asked again if they are under the influence and advised that if this is denied for a second time a test may be carried out with the employees consent.
- 3.8. The manager should explain to the employee the nature of the test and the possible consequences for the employee's employment if the test is positive i.e. disciplinary action. The employee will be asked to sign a consent form for testing. The testing procedure is outlined in Appendix 2.
- 3.9. If the individual refuses to take a test then they should be advised that a decision will have to be based on the evidence available. The individual will be excluded on full pay and will be escorted off the premises and an investigation should be undertaken.

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- 3.10. Subsequent action will depend on the result of the test and whether this is the first instance or a repeated occurrence and will need to take into account the seriousness of the behaviour and whether or not alcohol or drugs have been consumed. Particular attention should be paid as to whether alcohol or drugs have been consumed whilst at work and / or in the workplace. If necessary the Disciplinary Policy will be invoked in consultation with Human Resources.
- 3.11. If the test is positive the employee should be sent home, excluded on full pay and asked to report to work normally on their next working day or when they are fit for work. If necessary arrangements will be made to take the employee home and a disciplinary hearing will be convened following referral to Occupational Health.

4. Concerns Regarding Work Performance

- 4.1. Where a manager suspects that an employee has an alcohol, drug or substance problem which is affecting their work performance the line manager should contact Human Resources in the first instance.
- 4.2. Normally an informal discussion will then take place between the line manager and the member of staff, with Human Resources present if appropriate. The employee should be offered the opportunity to be accompanied by a colleague or staff side representative. The meeting should focus on the behavioural or work performance issues. It is important that the approach taken at this initial meeting is supportive and not confrontational, to give the employee the opportunity to request assistance. The performance issue(s) that have been occurring should be defined and possible reasons or causes discussed, not assumed.
- 4.3. If the employee admits to an alcohol, drugs, or substance problem then a decision will have to be made as to whether or not to invoke the Managing Performance policy.
- 4.4. If the employee states that the performance issues are due to, or compounded by, causes other than alcohol, drugs or substances (e.g. Domestic Violence) then the line manager will need to refer to the Managing Performance Policy and any other appropriate policies and all meetings should be documented.

5. Managing Alcohol, Prescribed Drug, Drug, and Substance Misuse as a Health Related Matter

- 5.1. Alcohol, drug, or substance misuse can lead to a number of health problems including addiction and / or health / behavioural disorders which may be amenable to treatment. Employees must notify their managers if they have been prescribed drugs which may significantly affect their behaviour / performance and this will be dealt with as a health matter in accordance with paragraph 2.
- 5.2. Where an employee has declared that they have a problem with alcohol, drug, or substance misuse they will be directed to the appropriate local services for support including:
 - Burleigh Court, 10 Burleigh Court, Burleigh Street, Barnsley, S70 1XY: telephone number 01226 779066.
- 5.3. Employees will also receive support from the Occupational Health Service and the Employee Assistance Programme.

6. Support for Employees who Smoke

- 6.1. Employees who smoke will be encouraged to seek support to stop smoking. Local arrangements for accessing smoking cessation support will be publicised on the website and highlighted through the staff newsletter periodically.
- 6.2. Information is also available from:
 - www.smokefree.nhs.uk
- 6.3. Employees who do smoke during normal work hours must not do so on CCG premises, including the car park and in vehicles parked on the car park. Where this happens it will initially be dealt with informally at first and then if necessary through the disciplinary procedure.

Appendix 1

SIGNS OF ALCOHOL, DRUGS, OR SUBSTANCE MISUSE

Signs of alcohol, drug, or substance misuse are not always obvious and may be confused with other conditions or problems. It is sensible to bear in mind the possibility of alcohol, drug, or substance misuse when the following behaviours are observed. Please note that not all people with misuse problems display all these behaviours. Some of these behaviours may also indicate other problems which are not associated with alcohol, drug, or substance misuse. Where there is any doubt advice should be sought from Occupational Health and / or Human Resources.

- Abnormal fluctuations in mood and energy, irritability, impaired concentration, lethargy
- Tendency to become confused
- Poor timekeeping
- Repeated absences for trivial or inadequate reasons
- Increase in short term sickness absence
- Impairment of job performance
- Accident proneness, increased incidence of mistakes or errors of judgement.
- Deterioration of relationships with other people
- Hand tremors, slurred speech, facial flushing, bleary eyes, poor personal care and hygiene
- Smelling of alcohol or other substances
- Related driving offences or convictions.

Appendix 2

TESTING FOR ALCOHOL AND DRUG/SUBSTANCE MISUSE

1. 'For Cause' Testing

- 1.1. Any managers who have concerns regarding any employee as described within this policy can arrange for testing for either drugs or alcohol. This should only be done where absolutely necessary and after consultation with Human Resources.
- 1.2. Alcohol and drug testing will only be carried out at a manager's request if an employee is suspected to being unfit because of possible intoxication, following return to work after detoxification treatment, or as part of an agreed abstinence programme.

2. Testing for Alcohol

- 2.1. Where an employee is to undergo testing for alcohol they will be instructed to wait in a private area. The manager will explain to the employee the nature of the test for alcohol and the possible consequences for the employee's employment if the test is positive.
- 2.2. The employee will be asked to sign a consent form for testing. If the employee refuses to sign the consent form then the manager should make a note of this fact on the consent form and advise the employee that a view will have to be taken on the visual and sensory evidence available.
- 2.3. The manager will arrange a request for a breathalyser test, and the consent form will be sent to Occupational Health. A member of the occupational health department will carry out the test as soon as is practicable, usually within two hours.
- 2.4. If the test is positive (a breath alcohol concentration of over 35mcg/100ml is the driving threshold and this will be considered a positive result), the test will be repeated. If the second test is also positive, the employee will be suspended (with pay) pending disciplinary proceedings which could lead to dismissal.
- 2.5. If the test result shows a breath alcohol content below 35 mcg/100ml but above zero, the employee will not be permitted to resume any work that is deemed to be safety critical or otherwise likely to be affected by their consumption of alcohol, but will either be deployed back to work or sent home. The employee will be paid their normal basic rate for that day, excluding any enhancements. Depending on the circumstances, action may be instigated under the disciplinary procedure.

3. Testing for Drugs

- 3.1. Where an employee is to undergo testing for drugs they will be required to wait in a private area. The manager will explain to the employee the nature of the drugs test and possible consequences for the employee's employment if the test is positive.
- 3.2. The employee will be asked to sign a consent form and a member of the occupational health department will carry out the test as soon as is practicable. The employee will be required to provide a sample of hair, urine or blood for the test. The chain of custody process will be adhered to at all times.
- 3.3. While the test results are awaited the employee will be excluded from work on full pay. If the test is positive for any illegal drug, the test will be repeated. If the second test is also positive, further investigations and consultation could lead to disciplinary proceedings against the employee and possible dismissal.

4. Limitations of Drug Testing

- 4.1. A positive test does not in itself imply impairment, but it is a marker for behaviour involving misuse of drugs that may affect safety at work. Generally speaking these tests cannot determine when the drugs were taken as many drugs may be detected a considerable time after use. Also the tests cannot indicate whether the user is a habitual user or not.

5. Refusal to Undergo Testing

- 5.1. If an employee refuses to sign the consent form or fails to supply a sample for alcohol or drugs testing the manager should remind the employee of the possible sanctions and give them a further chance to comply. If the employee still refuses the manager should carry out a thorough investigation into the reason why. If no good reason is provided the manager should seek advice from Human Resources. Disciplinary proceedings may be applied.

Appendix 3

SUGGESTED ABSTINENCE AGREEMENT

Date:

Name:

Address:

Dear Employee,

Re. Return to work agreement

Following our discussion on **date**, I am writing to confirm that I have been advised by Occupational Health that you are now ready to commence a phased return to normal duties. It is proposed that you should return to work:

- On **date**
- As **Job Title**
- And in line with the following agreement which will remain in force until **date**

Under the terms of this agreement you undertake not to drink alcohol at a level that is likely to interfere with your health or performance at work.

Or

Please note that our Occupational Health Physician has advised total abstinence for the duration of this agreement.

In addition, under the terms of this agreement you agree to:

- Keep all regular medical appointments and comply with any treatment regime and/or care programs as recommended. Meet with Occupational Health as agreed for them to review your progress and report back to management regarding your work capability
- Undergo periodic alcohol testing at the request of Human Resources and arranged by Occupational Health. This testing will be unannounced and will take place in Occupational Health during a normal working day.

Before the end date for this agreement, I will meet with you to review your progress and may decide to extend the period of this agreement. If so, I will notify you in writing and provide you with the reasons for my decision.

Please note that any failure to comply with any of this agreement could result in disciplinary action.

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This agreement will be reviewed on a three monthly basis.

Two copies of this agreement are enclosed and I would be grateful if you could sign one copy and return it to me by **date** to confirm your acceptance.

Signed by:

Employee:..... Date:

Manager:..... Date:.....

Appendix 4

Equality Impact Assessment

Title of policy or service	Alcohol, Drugs and Substance Misuse and No Smoking Policy	
Role of officers completing the assessment	Head of HR and Head of Governance and Assurance	
Date assessment	13/12/2017	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> Including partners national or regional 	<p>To provide a process and framework for alcohol, drugs and substance misuse and smoking at the workplace. To provide the necessary support to employees and managers to manage each case in line with good practice. Related policies include Managing Performance, Disciplinary, Sickness Absence and Health and Safety. The aim is for the policy to comply with statutory requirement and with NHS Litigation Authority Standards and best practice.</p>

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<p>What outcomes do you want to achieve</p>	
<p>Give details of evidence, data or research used to inform the analysis or impact</p>	<p>A draft of this policy has been circulated for review by the following:-</p> <ul style="list-style-type: none"> • BCCGs Information Governance Manager, • BCCGs Equality and Diversity Lead, • Staff Side Union Representative, • Local Counter Fraud Officer • BCCG staff. <p>The final policy has been signed off by BCCGs Chief Nurse and the Equality and Engagement Committee.</p>
<p>Give details of all consultation and engagement activities used to inform the analysis of impact</p>	<p>As above.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

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2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		For sample testing least invasive option should be utilised
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

IMPORTANT NOTE: If any of the above results in ‘**negative**’ impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to the action plan below.

3. Action plan				
Issues identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No anticipated detrimental impact has been identified on any equality group. The policy adheres to NHSLA Standards and best practice and makes all reasonable provision to ensure equity of access to all staff.	There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic – therefore there is no required action identified.	The policy will be consulted on widely and will be monitored via the Equality and Diversity Steering Group.		

ALCOHOL, DRUG AND SUBSTANCE MISUSE AND SMOKEFREE POLICY

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Head of HR	Date of next Review:	2 years after its implementation date

Once complete, this form must be emailed to the Equality Lead Barnsleyccg.equality@nhs.net for sign off

<p>Equality Lead signature:</p> <p>Date: 22.02.2018</p>	
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