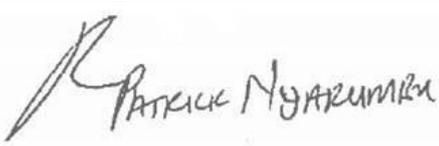




# Staff Alcohol and Substance Use, Addictions and Dependence Policy

Policy number and category	HR 09	Human Resources
Version number and date	2	April 2025
Ratifying committee or executive director	Transforming our Culture & Staff Experience Sub Committee	
Date ratified	April 2025	
Next anticipated review	April 2028	
Executive director	Executive Director of Strategy, People and Partnerships	
Policy lead	People Partner	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

## Policy context

Birmingham and Solihull Mental Health NHS Foundation Trust (the Trust) is committed to protecting the health, safety and wellbeing of its staff, service users, and those who come into contact with its services. The Trust wishes to provide a working environment which ensures health, safety and positive work performance.

The Trust recognises its responsibilities under the Misuse of Drugs Act 1971, and that use of, dependence on and addiction to alcohol or substances poses a threat to service delivery, and may negatively effect attendance at work, performance and relationships with colleagues. This document provides a framework for managing use, dependence and addiction in the context of promoting wellbeing of employees.

## Policy requirement

This policy applies to all employees. Where potential misconduct arises, managers are required to refer to the Trust Disciplinary Policy.

## Change Record

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
April 2025	2	David Barros Howe People Partner	Three yearly review	TCSE

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# 1 Introduction

## 1.1 Rationale:

- The Trust is committed to safeguarding the health and wellbeing of staff. Alcohol or substance use or dependence is seen as a challenge to staff's holistic wellbeing and social health, for which staff are encouraged to seek support for specialist treatment.
- The Trust is committed to creating a safe and productive work environment that enables optimum service delivery. A framework for managing problematic substance use and dependence is required to enable this.
- This policy is designed to raise awareness of and understanding of alcohol and drug use and dependence in the workplace, and help all staff, managers and employee representatives in the identification and management of potential substance use, or dependence and issues.
- Promoting recovery, rehabilitation and support will be used as the overarching approach, but if a serious disciplinary incident occurs, for example, one which compromises the safety of the Trust's working environment or service users, the disciplinary policy (and/or the Maintaining High Professional Standards process for medical and dental staff) may be used in conjunction with support for recovery to ensure that service users are safeguarded.

## 1.2 Scope:

- This policy applies to all permanent and temporary staff including bank staff, volunteers, students, and those on honorary contracts.
- Where concerns arise with staff not directly employed by the Trust but carrying out work on Trust premises or on behalf of the Trust, such delivery partners staff, contractors, staff on secondment and agency staff, the employing organisation will be notified.
- This policy covers the use of alcohol, solvents, legal and illegal drugs, prescription and over-the-counter medication and other substances that could adversely effect performance and health and safety.

### 1.3 Principles:

- Our values of compassion, inclusion and commitment describe our core ethics and principles. They guide our culture and are underpinned by our everyday behaviours.



- The Trust recognises the difference between staff who acknowledge that they experience problematic substance use or dependence concerns and who seek assistance for it, or who may not yet acknowledge it, and those who are in breach of the Trust's Disciplinary Policy.
- The Trust considers problematic substance use and dependence to be a health and social issue for which the individual requires specialist treatment and support. The Trust will provide appropriate advice, support and assistance. Employees, staff on secondments, volunteers and students who come forward will be treated sensitively and in confidence within the constraints of any legal requirements. However, staff must be aware that where behaviour results in gross misconduct as a result of use or dependence, or an individual fails to comply with treatment plans or accept help and assistance, this may result in disciplinary action alongside rehabilitation.
- The Trust is committed to providing compassionate support to staff who are dealing with problematic substance use and dependence. This includes access to HELP Employee Assistance which is part of Optima Health. Their services are confidential, independent, and unbiased, and are available 24/7, by calling 0800 019 4748.
- The Trust is committed to being inclusive and ensuring that individuals with disabilities and from diverse backgrounds are able and encouraged to access the full range of mental health services available.

## 2 The policy:

2.1 All staff are responsible for reporting for work on time, and for being capable of performing their duties in a safe and satisfactory manner, and not under the influence of alcohol, drugs or any other harmful substance.

2.2 All staff will be accountable for behaviours such as consuming alcohol or using any substance which may effect performance, put service users or visitors at risk prior to starting work, during breaks, whilst on-call or at work or personal functions on or off site if the individual is returning to work or is going to be on-call after the event.

2.3 Staff who are supporting service users with problematic substance use, and dependence must maintain professional boundaries. Staff who require professional support with any difficulties arising from working with service users managing these issues must escalate through the usual management route for supervision and guidance.

2.4 Staff attending work functions on or off site must ensure that alcohol consumption does not lead to inappropriate behaviour, including (but not limited to) harassment or damage to company property. Behaviour which brings the Trust into disrepute as a result of intoxication, or which breaches the Trust's Behavioural Profile, will be referred to the disciplinary process.

2.5 Staff must not consume, have in their possession, or trade any illegal drugs on Trust premises or whilst on or off duty. Any associated behaviours that raise concern as to their legality may lead to disciplinary action, professional body advice or referral and police involvement.

2.6 If managers have reasonable grounds to suspect an individual is under the influence of drugs and/or alcohol (potential signs are listed in Appendix 3), then they can refer them for immediate medical screening, particularly if their role involves driving. However, the individual must give consent for screening to occur, and they must be informed of the reasons behind this request.

- The process for alcohol testing involves a practitioner from Occupational Health using a breathalyser to complete a breath test. If the result is negative, this is followed by an oral fluid PoC collection.
- The process for drugs testing involves an Occupational Health practitioner getting an oral fluid sample, using a swab which is placed inside the individual's mouth. If this is positive, then the sample will be analysed at a UKAS-approved laboratory to confirm the result. A suitability report is written and given to the manager following these tests.
- The process for referring an employee for screening is in Appendix 2.

- If an employee refuses to participate in testing without a reasonable justification, then they may face disciplinary action.

### **3 The procedure** (consisting of)

#### **3.1 Managers:**

- 3.1.1 Ensure that they and their staff are aware of the policy and know how to seek appropriate advice and support if they identify they have a problem.
- 3.1.2 Maintain confidentiality and protect the individual's dignity at work. Ensure staff who come forward with problematic substance use and dependency do not face stigma and are treated with respect and compassion.
- 3.1.3 With problematic substance use and dependency, early intervention and identification is essential to support employees with overcoming the problem, instead of waiting for an incident to occur. Initially broach the subject with the employee where there are reasonable grounds for concern in a sensitive and supportive manner, encouraging the individual to seek support voluntarily. Appendix 3 details signs which can indicate there are reasonable grounds for concern that an employee is experiencing negative impacts of substance use. These signs can also indicate mental health problems, stress or be caused by the side effects of prescription drugs, so each case must be considered on an individual basis.
- 3.1.4 If the staff member says that they are experiencing difficulties with alcohol or substance use, the manager must make a referral to Occupational Health for advice and guidance on the management of issues of substance and/or alcohol use or dependency.
- 3.1.5 If the individual discloses problematic substance use or physical dependence due to substance use, examine if the substance use is/has been triggered by work-related stress or a high workload. If so, liaise with the divisional People Team representative to discuss the next steps.
- 3.1.6 Make a referral for immediate medical screening (only with the employee's consent) if the individual attends for work apparently under the influence. If the employee does not have a reasonable justification for declining screening, then this may be escalated in line with the Disciplinary Policy.
- 3.1.7 Undertake a risk assessment where appropriate, referring to the People Team or Health and Safety for guidance if required.
- 3.1.8 Signpost individuals to agencies for support, such as their GP surgery who can refer the employee on to specialist services. Change, Grow, Live is a

charity in Birmingham delivering commissioned substance use services, and Solihull Integrated Addictions Service (SIAS) delivers commissioned substance use services for Solihull. Nationally, Alcoholics Anonymous and Narcotics Anonymous are other sources of support. The contact details for these organisations are in Section 3.6.

- 3.1.9 Managers should seek advice from the People Team and the Safeguarding Team if an employee's alcohol or substance use has implications that may effect the safety or wellbeing of others. While substance use or misuse itself does not typically constitute a safeguarding issue, there are instances where related behaviours may require safeguarding consideration. For example:
- **Domestic abuse:** Alcohol or substance use may contribute to incidents of domestic abuse, which could require a safeguarding referral.
  - **Child safety concerns:** If an employee is suspected of driving a child or providing care under the influence of substances, this may warrant a safeguarding assessment due to potential risk.
  - **Vulnerable adults:** If substance use is believed to place a vulnerable adult, such as an elderly relative or dependent with disabilities, at risk, safeguarding procedures may need to be considered.

In these cases, managers should seek advice to determine the appropriate course of action, ensuring that both employee confidentiality and the safety of others are upheld.

- 3.1.10 Provide support in line with policy guidance on taking time off for medical appointments, for the individual to access any treatment, rehabilitation or support required.
- 3.1.11 If the individual is to remain at work during their treatment period, the manager should schedule regular meetings to support their wellbeing and keep track of their progress.
- 3.1.12 If the individual is to be absent from work during their treatment, upon their return it is vital to put ongoing support in place to prevent relapse. This includes Occupational Health appointments and regular check-ins to support their wellbeing and recovery.
- 3.1.13 Manage any absence from work due to problematic substance use or dependence in line with the Health, Wellbeing and Attendance Policy. Problematic alcohol and/or substance use is not classed as a disability under the 2010 Equality Act. However, illnesses or diseases which may have resulted from dependency, such as liver cirrhosis, will be treated the same as any other disability.

3.1.14 Refer any matter of misconduct or gross misconduct associated with alcohol or substance use or other dependency to the disciplinary process, and associated referral to the professional body. Any matters of a criminal nature will be referred to the police with People Team support. Seek advice from the Safeguarding Team and also consult both the Managing Safeguarding Allegations Concerning People in a Position of Trust (also known as PiPOT) policy and the Fitness to Practice policy.

3.1.15 Refer the incident via Eclipse, the risk management system, to ensure incidents are being monitored.

3.1.16 Keep appropriate documentation to demonstrate support offered to staff.

3.1.17 If following treatment the individual relapses, the manager must have a supportive discussion with the staff member and re-refer them to Occupational Health. They should signpost them again to specialist services for support and ensure they are supported with regular wellbeing check-ins.

### **3.2 Occupational Health Department:**

3.2.1 Provide support, information and advice to managers and staff, producing a report arising from any referral.

3.2.2 Provide a supportive confidential assessment, counselling, rehabilitation and referral service to staff.

3.2.3 Undertake testing as required, in order to support the Trust identifying if someone has attended work under the influence.

3.2.4 Undertake educational, training and health promotion activities associated with problematic substance use and dependency, including training on early intervention and how to identify presenting concerns.

### **3.3 The People Team:**

3.3.1 Provide appropriate advice to managers and staff in line with this policy.

3.3.2 Advise on the appropriate referral into another policy such as the Health, Wellbeing and Attendance Policy or the Disciplinary Policy.

3.3.3 Provide guidance in instances of criminal activity.

### **3.4 Staff side and Trade Union Representatives:**

3.4.1 Provide support to their members in accordance with this policy.

3.4.2 Union Health and Safety Reps are encouraged to raise awareness through communication and compliance with this policy.

### **3.5 Employees:**

3.5.1 Comply with the provisions within this policy.

3.5.2 Ensure that when they report for work, throughout their shift, breaks and on-call period, they are safe to undertake their duties and are not under the influence of alcohol, drugs or substances. Staff should take into consideration that alcohol, drugs and substances may remain in the system after consumption, and if they drive into work or during work then this should be accounted for prior to their shift beginning.

3.5.3 Notify their manager if they are experiencing side effects that influence their ability to perform their duties as a result of taking prescribed or over-the-counter medication. This does not require the individual to report the health condition for which they are taking the medication.

3.5.4 Acknowledge and seek support for any problematic substance use, and dependence experiences, seeking help from their line manager and Occupational Health as well as any external agency.

3.5.5 Reasonably co-operate with any support provided by the Trust, e.g.

- Participating in Occupational Health assessments: If referred by their manager due to concerns about alcohol or substance use impacting performance, staff should attend scheduled Occupational Health appointments to discuss support options, unless they have a valid reason to be excused.
- Complying with treatment or support recommendations: For example, if Occupational Health or external agencies recommend specific interventions (e.g., counselling, rehabilitation programs, or adjustments to workload), the employee should engage with these recommendations, provided they are reasonable and feasible.
- Providing accurate information: Staff should be transparent with managers or Occupational Health professionals regarding any substance use concerns that may impact their performance, helping the Trust to arrange suitable support.
- Respecting work policies on testing: If there are grounds to request a drug or alcohol test, staff are expected to comply with the testing process unless they have a reasonable justification for declining.

- 3.5.6 Act reasonably in accordance with their professional standards by:
- escalating concerns about a colleague who may be using substances and/or alcohol sensitively and appropriately; and/or
  - self-referring yourself to your professional body if you have a concern about your conduct, competence, health or wellbeing that may impair (negatively effect) your ability to practise safely and effectively.

### 3.6 Support from External Organisations:

- HELP Employee Assistance which is part of Optima Health. Their services are confidential, independent, and unbiased, and are available 24/7, by calling 0800 019 4748. See Connect for further details.
- Change, Grow, Live (substance use services for Birmingham) – 0121 227 5890. [Change Grow Live | Charity | We can help you change your life](#)
- Solihull Integrated Addictions Service (SIAS) (drug and alcohol support for Solihull) – 0121 301 4141. [About SIAS \(Solihull Integrated Addiction Services\) - SIAS \(sias-solihull.org.uk\)](#)
- Recovery Near You (Rehab support in Birmingham) – 0203 553 0324. [Alcohol Rehab & Drug Rehab Birmingham - Recovery.org.uk](#)
- Alcoholics Anonymous – 0800 9177 650. [Home - Alcoholics Anonymous Great Britain \(alcoholics-anonymous.org.uk\)](#)
- Narcotics Anonymous – 0300 999 1212. [Welcome to UKNA | UKNA | Narcotics Anonymous in the United Kingdom](#)
- British Doctors and Dentists Group - 07792 819966. <http://www.bddg.org/>
- The British Doctors and Dentists Families Group – 07860 125119 <http://www.bddg.org/families-group-of-bddg/>
- Doctors Support Network – info@dsn.org.uk <https://rmbf.org/supporting-organisation/doctors-support-network/>

### 3.7 Signs of dependency on gambling

3.7.1 Where there are [signs of dependency on gambling](#), gambling addiction or the effect on colleagues being impacted by gambling addiction in their families then, aside from referring for support and counselling through our more general routes, managers should be aware that there are more local specialist services available to potentially support colleagues in understanding and tackling the harm they may be experiencing.

3.7.2 There is a local gambling support team at Aquarius. You can contact them at [Adult Gambling Support Service | Have a Gambling Problem? \(aquarius.org.uk\)](#) You will notice that there is a phone option for that referral to the local third sector team which is based in Edgbaston.

People can also self-refer to the West Midlands Gambling Clinic which provides specialist psychological therapies, treatment, and recovery to individuals harmed by gambling. [Homepage - Gambling Harms](#)

3.7.3 Managers might want to attend the trusts own recovery college course which is designed to provide information on gambling and problem gambling, to raise awareness and confidence to talk about gambling and to explore personal experiences of gambling addiction and recovery. Details can be found by emailing [recoverycollege@bsmhft.nhs.uk](mailto:recoverycollege@bsmhft.nhs.uk) or calling 0121 301 3992.

#### 4 Responsibilities:

Post(s)	Responsibilities	Ref
<b>All employees</b>	The responsibilities of employees in accordance with this policy are: <ul style="list-style-type: none"> <li>• To be aware of the policy and adhere to the standards of this policy at all times</li> <li>• To project a professional image and encourage public trust and confidence.</li> </ul>	
<b>Service, Clinical and Corporate Directors</b>	Ensure that managers within the defined service area of responsibility apply the policy and procedures fairly, consistently and in a timely manner.	
<b>Policy Lead</b>	Ensure that the policy and procedure is maintained, is up to date, and is consistent with any relevant employment legislation and utilised correctly.	
<b>Executive Director</b>	To ensure any concerns in regard to the policy are considered as appropriate and it is reviewed in line with any legislative changes.	
<b>Managers</b>	The responsibilities of Managers in accordance with this policy are to: <ul style="list-style-type: none"> <li>• Apply this policy in a fair and consistent manner with regard for health and safety of employees, service users and members of the public</li> <li>• Challenge issues as they arise from this policy and apply the policy as appropriate</li> <li>• Ensure all members of their team are aware of the policy</li> <li>• Treat concerns raised under this policy sensitively, confidentially and seriously</li> <li>• Carry out risk assessments where required</li> </ul>	

5 **Development and Consultation process:**

<b>Consultation summary</b>		
<b>Date policy issued for consultation</b>	June 2024	
<b>Number of versions produced for consultation</b>	3	
<b>Committees / meetings where policy formally discussed</b>	<b>Date(s)</b>	
JOSC	04/2024	
<b>Policy Development &amp; Management Group</b>	14/08/2024	
<b>Transforming Culture and Staff Experience Committee</b>	03/04/2025	
<b>Where received</b>	<b>Summary of feedback</b>	<b>Actions / Response</b>
Prior to committees	Tone & Values	The policy embeds trust values, whilst the language has been softened to be more supportive to employees.
Prior to committees	Equality, Diversity, and Inclusion	The Equality Impact Assessment has been updated.
PDMG/TCSE	Scope	The policy includes volunteers, students, etc. It clarifies that problematic substance use includes alcohol, prescription drugs, and gambling.
PDMG/TCSE	Managerial Responsibilities	Managers are now required to actively consider work-related stress as a potential contributing factor to substance use and to carry out stress risk assessments where appropriate.
PDMG/TCSE	Safeguarding Responsibilities	The new policy introduces guidance on when alcohol and substance use may intersect with safeguarding concerns. Managers are now directed to

		consult the PiPOT policy and safeguarding teams when necessary.
PDMG/TCSE	Procedures	The process for Occupational Health testing has been updated, including consent requirements and a step-by-step approach to referral.
PDMG/TCSE	Support Framework	The policy now details a wider range of internal and external support available.
PDMG/TCSE	Audit and Assurance	A new section on Audit and Assurance has been introduced, committing the Trust to: <ul style="list-style-type: none"> <li>• bi-annual audits of referrals to Occupational Health.</li> <li>• Monitoring cases escalated to the Operational People Team.</li> <li>• Annual training for managers on early identification and intervention.</li> </ul>

## 6 Reference documents:

- Disciplinary Policy
- Fitness to Practice Policy
- Health, Wellbeing and Attendance Policy
- Managing Safeguarding Allegations Concerning People in a Position of Trust Policy

## 7 Bibliography:

- Agenda for Change Terms and Conditions Handbook
- [CIPD: Drug and alcohol misuse at work: Guidance for people professionals](#).
- Equality Act 2010.
- Health and Safety at Work Act 1978.
- Mental Capacity Act 2005.
- Misuse of Drugs Act 1971.

## 8 Glossary:

- None

## 9 Audit and assurance:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Referrals to Occupational Health	People Team	Audit	Every 6 months	TCSE
Cases escalated to People Team for support.	People Team	Audit	Every 6 months	TCSE
Training provided for managers	People Team	Training	Annually	TCSE

## 10 Appendices:

**Appendix 1** - Equality Impact Assessment

**Appendix 2** - Management Process for Referring for Occupational Health Testing

**Appendix 3** - Potential Signs of Substance Use for Managers and Considering the Appropriate Actions

## Appendix 1

### Equality Analysis Screening Form

A word version of this document can be found on the People Team support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Policy</b>	Staff Alcohol and Substance Use, Addictions and Dependence Policy		
<b>Person Completing this policy</b>	Amy Randall	<b>Role or title</b>	People Graduate Trainee
<b>Division</b>	Corporate	<b>Service Area</b>	People and Culture
<b>Date Started</b>	July 2024	<b>Date completed</b>	July 2024
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
This policy aims to help the Trust maintain high standards of service, by ensuring staff are protected from the dangers of alcohol and substances, and that their wellbeing is managed effectively.			
<b>Who will benefit from the policy?</b>			
Staff and managers, along with service users and carers.			
<b>Does the policy affect service users, employees, or the wider community?</b>			
The policy impacts employees and ensures there are appropriate support mechanisms in place for their benefit if they are using substances or alcohol. This will also benefit the care given to service users.			
<b>Does the policy significantly affect service delivery, business processes or policy?</b>			
The policy will make service delivery safer and more effective for service users and carers, as well as staff members.			
<b>Does it involve a significant commitment of resources?</b>			
This will not involve a significant commitment of Trust resources.			
<b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>			

The policy will help to ensure that the Trust is supporting staff members to maintain attendance and improve their health and wellbeing.				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			The policy will not have a negative impact due to age, as it outlines how to deal with concerns regardless of age. Trust employees can be split into two large age ranges. The first group is between 26-40 years old, who comprise of 36.18% of the workforce, and ages 41 to 60 who account for 49.02% of the workforce.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>			X	There will not be a detrimental impact due to disability, as the policy sets out a way to raise concerns, regardless of employees' disabilities. Analysis of employees' data shows that there is a small proportion of employees in the Trust who have indicated that they have a disability – 7.26%. There is, however, a higher percentage who have chosen not to specify – 11.36%.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				

<b>Gender</b>	X			The policy sets out a consistent way for managers to raise concerns, regardless of gender. More men than women are alcohol/substance dependent. However, the Trust profile has a higher percentage of female employees at 72.17% compared to 27.83% male.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
<b>Marriage or Civil Partnerships</b>	X			This policy outlines the escalation of concerns, regardless of marriage or civil partnership status. There will not be a detrimental impact due to marital status.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			The policy outlines the process to deal with concerns equally. There will not be a detrimental impact due to maternity/paternity status.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect in relation to pregnancy and maternity?				
<b>Race or Ethnicity</b>	X			The policy guides managers on escalating concerns appropriately and equitably, regardless of race or ethnicity. There will not be a detrimental impact due to race or ethnicity. The Trust profile shows 40.78% BME and 46.67% White. 8.99% left blank and 3.54% did not state.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	X			There will not be a detrimental impact due to religion or belief, as the policy is applied consistently regardless of religion. The Trust

				profile shows the religion of its workforce- 39.8% Christian; 15.59% do not wish to disclose; 12.24% Atheism; 9.51% Islam; 9.22% are unspecified; 8.12% 'Other'; 3.02% Sikhism and 2.04% Hinduism. In facilitating conversations around alcohol or substance use, managers should be mindful of cultural and religious beliefs that may prohibit alcohol consumption, ensuring discussions are conducted sensitively and with respect for diverse backgrounds to avoid potential stigma.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			The policy provides guidance to support employees, regardless of their sexuality. This will not disadvantage employees based on their sexual orientation. The Trust profile of employees' sexual orientation shows 74.34% Heterosexual/straight; 12.13% declined to respond; 8.77% unspecified; 2.08% Gay or Lesbian and 2.15% Bisexual.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	X			There will not be a detrimental impact due to transgender or gender reassignment. The policy details how to escalate concerns appropriately for all staff members, regardless of if they have undergone or are undergoing gender reassignment.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
<b>Human Rights</b>	X			There will not be a detrimental impact on human rights.
Affecting someone's right to Life, Dignity and Respect?				

Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
				X
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				
EDI Leads will work to decrease any detrimental impacts that are reported.				
How will any impact or planned actions be monitored and reviewed?				
By being given feedback on any escalation of substance use.				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Ensuring there are communications across the Trust about the policy, and that this communication is not reliant on having electronic devices.				
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a> . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis				

## **Appendix 2 – Management Process for Referring for Occupational Health Testing**

Referrer a request on Optima Health’s MyOH portal stating that they need to arrange a Drug and Alcohol Test.

The referrer will need to select “Suspect Alcohol or Drug Misuse on the ‘Referral Reasons’ part of the form. The referrer will also need to provide the Employee’s personal and contact details, and an idea of when is best to get the appointment booked (for example, when they are next due to be in work).

The Optima Client Service Team will book this appointment and share the details with the manager, who will then need to ensure the employee is made available to attend the appointment.

Following the test, a report will be made available to the manager on Optima Health’s portal, MyOH.

## **Appendix 3 – Potential Signs of Substance or Alcohol Use for Managers and Considering Appropriate Actions**

The purpose of this toolkit is to help managers to identify if there may be alcohol and/or substance use which is causing problems with work performance. If these signs occur simultaneously, or there is a pattern of these signs, then this may indicate that the employee is using substances and/or alcohol.

### **ABSENCE**

- Unauthorised leave being used regularly.
- High levels of sick leave (including frequent self-certified sick leave)
- Frequent Monday and/or Friday absences
- Excessive lateness, e.g. returning late from meal breaks, leaving work early
- Frequent unbelievable explanations for absence.
- Regular accidents at work or at home.
- Lack of concentration.
- Irregular patterns of working.
- Fluctuating between high and low productivity.

### **WORKING UNDER THE INFLUENCE**

- Hands shaking.
- Smelling of alcohol.
- Being evidently under the influence of substances when coming into work.

### **DECLINING PERFORMANCE**

- Going over deadlines.
- Making errors.
- Reduced decision-making skills.

### **POOR RELATIONSHIPS AT WORK**

- Increasing irritability.
- Receiving complaints from colleagues.
- Asking to borrow money from colleagues.
- Becoming more isolated from team members.

### **DISHONESTY AND THEFT**

- Theft comes under the Disciplinary process for staff members. This would usually result in dismissal.

### **CONSIDERATIONS FOR LINE MANAGERS**

- What is the nature of the issue, and what could be the reason behind it?
- Are there other reasons why the employee's performance is declining?
- What indications are there of alcohol and/or substance use? (look above for guidance)

- Has an incident or near miss occurred?
- Has the employee had similar behaviour in the past?
- Has the employee had substance or alcohol dependency before?
- What are the responsibilities of the employee?
- Does the employee use equipment?
- Does their role require high levels of concentration?
- Are they a threat to themselves or others?