



HEALTH AND SAFETY POLICY (APPENDIX "I") ALCOHOL, DRUGS AND WORK POLICY

| DOCUMENT INFORMATION | |
|-----------------------------------|--|
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| Ratifying committee/group: | Health, Safety & Risk Group |
| Date of ratification: | November 2018 |
| Date of Issue: | November 2018 |
| Review due by: | November 2021 |
| Version: | V6 |

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1. Introduction

- 1.1 This document, which applies to all employees; sets out the Trust's Policy in respect of any employee whose proper performance of their duties is impaired, or may be impaired as a result of drinking alcohol or taking drugs.
- 1.2 Staff employed or who may be employed on driving duties, including students undertaking training courses, must report for duty with zero blood alcohol level (see guidelines - Section 5). Any member of staff including those staff in non-driving roles, who report for duty after heavy consumption of alcohol, will in the interests of safety be suspended from duty for that day.

2. Scope

- 2.1 This policy is designed to ensure that all employees are made aware of their responsibilities regarding alcohol, drugs and work and to encourage employees with alcohol or drug related problems to seek help.

3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

- 4.1 The aim of this policy is to emphasise that the consumption of alcohol and drugs, even in small amounts, may adversely affect the safety, performance, conduct or efficiency of an employee as well as the safety and well-being of other employees and patients.
- 4.2. The prohibition on drinking before duty, possession of, or consumption of, alcohol on duty applies equally to volunteers and contractor staff.
- 4.3 To encourage an employee with a drug or alcohol related problem to come forward and to seek help.

- 4.4 To identify employees whose performance is impaired by alcohol and/or drugs and to problems that may arise
- 4.5 To make employees aware that work performance and safety can be impaired by the taking of drugs, including those medically prescribed or available without prescription
- 4.6 To make employees aware that to use, possess, consume, store or sell illicit drugs on Trust premises or to report for work having taken such drugs will result in disciplinary action which may lead to summary dismissal
- 4.7 To promote the health and well-being of employees and to minimise problems at work arising from drug and alcohol abuse
- 4.8 **In order to ensure the Health and Safety of its employees the Trust reserves the right to undertake random testing.**

5. Roles and Responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board are to ensure that there suitable and sufficient arrangements and adequate resources for the management of risks or concerns highlighted as a result of drug and alcohol incidents and issues.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall responsibility for having an effective alcohol and drugs policy in place within the Trust and for meeting all statutory requirements and adherence to guidelines.

5.3 Executive Directors

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring there are adequate resources available to fulfil the requirements of this policy.

5.4 Director of Patient Care and Service Transformation

- 5.4.1 The Director of Quality and Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Quality and Patient Care is responsible for:

- Coordinating and ensuring the implementation and continued development of the policy throughout the Trust
- Communicating the Trust's commitment to the management of drugs and alcohol throughout the organisation
- Identifying & interpreting new legislation and Government guidance in to relation drugs and alcohol
- Advising the Chief Executive, Directors and Board on issues relating to drugs and alcohol.

5.5 Managers and Supervisors

5.5.1 Managers and Supervisors Responsibilities include:

- To be familiar with and to enforce the policy and guidelines
- To effectively and appropriately intervene where an employee's performance appears to be affected by alcohol or drugs
- To be aware of and to monitor changes in work performance, attendance, sickness and accident patterns and to take appropriate action where necessary.
- To seek expert/professional advice where there are identifiable symptoms of alcohol or drug related problems. This should include seeking the advice of the HR Department and the referral of the employee to Occupational Health.
- To respect the requirement of staff confidentiality
- To take a non-judgmental approach when counseling or interviewing employees
- To review the list of safety critical posts periodically in their area of responsibility and to recommend any changes to their Director/Manager
- To ensure that both staff and contractors and volunteers working in their area of responsibility comply with the policy
- To consider carefully, if called on in an emergency while off duty and having been drinking, if it is appropriate to take charge, or give guidance, while being impaired by alcohol (this may also be limited by registration).
- To be aware of the legal considerations surrounding drugs and work including the obligation to notify the Police of incidents involving illegal drugs in the workplace.

5.6 Head of Risk & Security

5.6.1 Head of Risk & Security will be responsible to the Director of Patient Care and service Transformation for the development and implementation of effective Trust wide health and safety policies and procedures.

5.7 The Risk Department

5.7.1 The Risk Department will support the Head of Risk & Security in managing risks throughout the Trust. They will provide specialist advice and support to line managers and undertake investigations, safety audits and inspections.

5.8 Staff Responsibilities

5.8.1 All Staff will:

- Understand and accept their responsibilities not to report for duty if they are under the influence of alcohol or drugs
- To be familiar with all aspects of the policy and the disciplinary implications resulting from a breach of the policy
- To seek help if they have a drinking or drug problem
- To avoid covering up or colluding with colleagues whose behaviour and performance is affected by alcohol or drugs
- To urge colleagues to seek help if they have problems arising from the use of alcohol or drugs
- To approach their manager if they believe that they have or are developing a drinking or drug problem
- To ascertain whether there will be any side effects which may affect work performance as a result of taking medication
- To notify Occupational Health if they are taking any drug that may affect their

- driving ability
- To inform their manager if the taking of medication is likely to affect their work performance

6. Definitions

6.1 The term “Drugs” as used in this policy, is defined in two ways:

- Drugs which are used as medication for a medical problem. These drugs are usually prescribed by doctors; some can be purchased directly from a chemist.
- Drugs which are taken for all reasons other than for medical purposes, which include the use of illegal drugs.

6.2 The Term “Alcohol” as used in this policy is defined as the following:

- a drink containing ethanol, commonly known as alcohol, although in chemistry the definition of alcohol includes many other compounds
- a centrally acting drug with a depressant effect
- addictive when consumed repeatedly or in high doses and the state of addiction to ethanol is known as alcoholism.

7. Drugs

7.1 As with alcohol, drugs can severely affect work performance and therefore staff and managers must comply with the following:

- Not attend work having consumed or being in the possession of an illegal drug. Any such incidents identified will be reported to the Police.
- Advice should be sought from GP’s as to whether prescribed drugs might affect an individual’s performance to drive or operate in a safety critical position. If in doubt advice must be sought from the Trust’s Occupational Health Advisors.
- Similar advice must be sought with regards to non-prescription medicines purchased from Pharmacists.

8. Alcohol

8.1 The Trust expects all employees to take a responsible approach to drinking alcohol and all employees must take care that their level of alcohol consumption does not interfere with their duties at work. Alcohol consumed in any quantity adversely affects work performance.

8.2. Employees in safety critical posts have a particular responsibility to ensure that their performance is in no way impaired as a result of alcohol consumption. They should be aware that there is no safe level of alcohol consumption. Managers in safety critical posts should also take account of the demands likely to be placed on them by a 24 hour service.

Safety Critical Posts are:

- All Control Room Staff and Managers
- All Operational Managers and Ambulance Personnel including Paramedics, Technicians, Emergency Care Assistants, Emergency Care Practitioners, Ambulance Care Assistants, High Dependency, Logistics drivers .
- All Training Officers
- All On Call Staff e.g. Duty Officers, On Call Directors and IT Support
- All Specialist Nurses/Specialist Paramedic /Specialist Practitioner
- Volunteer Car Drivers and Community Responders
- BASIC Doctors
- Associate Ambulance Practitioner (AAP)

8.3 With this in mind, the standards expected of staff include:

- Not consuming or possessing alcohol whilst on Trust operational premises, whilst on duty or about to report for duty
- Not purchasing alcohol whilst on duty
- Not consuming alcohol prior to duty or during breaks in the working day, including meal breaks spent outside of Trust premises
- Not reporting for duty if they are under the influence of alcohol
- Not consuming alcohol if they are on call and may be required to report for duty
- Not consuming alcohol or purchasing alcohol whilst wearing the Trust's uniform, unless this is an authorised social event.

9. Abbreviations

- GP'S – General Practitioners
- BASIC – British Association for Immediate Care

10 Committee Structures

10.1 **Quality and Safety Committee:** This Committee monitors and reviews on behalf of the Board the Trust's clinical and non-clinical Risk Management issues which may include drugs and alcohol issues.

10.2 **Health Safety & Risk Group:** The Health Safety & Risk Group is a statutory 'Committee' under current Health and Safety legislation. It provides a forum for Safety Representatives, Staff Representatives and specialist Managers to debate and monitor issues associated with Health and Safety, Welfare and Risk management, including infection control and to recommend changes or improvements to the Executive Team and Quality and Safety Committee. This Working Group reports to the Board through the Quality and Safety Committee.

10.3 **Occupational Health:** The Trust will commission Occupation Health Services to provide for the health and well-being of all SCAS staff. Such services will include pre and post-employment medical screening, vaccination programmes, confidential health assessment and advice, including risk assessment and advice following exposure to infection.

11. Policy Guidelines

The following guidelines are provided to assist staff in meeting the Trust's objectives.

11.1 Drugs

11.1.1 No one should attend work having consumed or in possession of an illegal drug. Any such incidents will be reported to the police. Advice should be sought from GP's as to whether prescribed drugs might affect an individual's performance to drive or operate a safety critical position, if in doubt advice must be sought from the Trusts Occupational Health Advisors. Similar advice must also be sought with regard to non-prescription medicines purchased from pharmacists.

11.2 Alcohol

11.2.1 The consumption of any alcoholic beverage is prohibited on any of the Trust's premises except during an arranged function held on Trust premises with the authorisation of the appropriate Director

11.2.2 To guarantee starting work with an alcohol level not more than 7 units should be taken in the 24 hours before booking on duty and none in the 8 hours immediately before reporting for duty.

11.2.3 The list below shows the number of units of alcohol in common drinks:

- A pint of ordinary strength lager (Carling Black Label, Fosters) - 2 units
- A pint of strong lager (Stella Artois, Kronenbourg 1664) - 3 units
- A pint of ordinary bitter (John Smith's, Boddingtons) - 2 units
- A pint of best bitter (Fuller's ESB, Young's Special) - 3 units
- A pint of ordinary strength cider (Woodpecker) - 2 units
- A pint of strong cider (Dry Blackthorn, Strongbow) - 3 units
- A 175ml glass of red or white wine - around 2 units
- A pub measure of spirits - 1 unit
- An alcopop (Smirnoff Ice, Bacardi Breezer, WKD, Reef) - around 1.5 units
- (Department of Health Guidance June 2007)

12. Help

12.1 Anyone who feels that they have, or are developing, a drink or drug problem should approach their Manager. It is the Trust's policy to ensure that any approach of this nature is treated sensitively and individuals may be referred to Occupational Health for advice and assistance where necessary. Employees may, however, also contact Occupational Health Service directly themselves

13 Sick Pay Arrangements

13.1 Employees who are not able to carry out their normal duties due to the nature of their medication will be required to undertake alternative duties as may be recommended by the Trusts nominated Occupational Health Physician and in accordance with the Trusts Management of Sickness Absence Policy.

13.2 Employees who are not able to work at all as a result of medication will be covered by normal sick leave and pay arrangements, in accordance with the Trust's Management of Sickness Absence policy.

- 13.3 Employees who are unfit for work as a result of a drinking or drug problem and are having treatment to overcome their problem will normally be managed in accordance with the Trust's Capability Policy and/or Management of Sickness Absence Policy whichever is most appropriate given the individual's circumstances.

14. Legal Considerations

- 14.1 If an employee possesses supplies or produces illegal drugs (e.g. heroin, cocaine and cannabis) on Trust premises, the organisation is required, by law, to notify the Police. This is also the case in respect of the supply of tranquillisers and sleeping tablets, except when medically prescribed.

- 14.1.1 It is an offence for the Trust to knowingly allow a person to continue to consume or be in the possession of illegal drugs on its premises and Managers should be aware of their responsibility in this respect.

14.2 Alcohol

Guidance notes, issued by the Driver and Vehicle Licensing Agency, on Medical Standards of Fitness to Drive recommend that where:

- Alcohol Misuse/Abuse and Alcohol Dependency, "causes disturbance of behaviour, related disease or other consequences, likely to cause the patient, his family or society harm...." should result in a "refusal or revocation (of the driving licence) for 3 years, during which no evidence of dependency or continued misuse must have occurred".
- Individuals must be aware of their obligations in respect of fitness to drive. The loss of their licence under this provision, where driving is an essential part of the job, is likely to result in dismissal.

15. Disciplinary Considerations

- 15.1 In the event of any breach of policy as a result of alcohol or drug consumption the Trust's Capability or Disciplinary procedure will apply, whichever is most appropriate given the individual's circumstances.
- 15.2 The Trust will endeavour, where possible, to assist employees with drinking and drug related problems, in accordance with the Trust's Capability Policy. However, if an employee is unable to make sufficient progress despite the assistance available, the Trust cannot guarantee to retain such employees in employment
- 15.3 Employees who persistently refuse to undertake or continue with treatment will forfeit sick pay. Depending on the circumstances of each case, disciplinary action and/or termination of employment may also result. Claims of ignorance about the possible effects of the medication taken will not normally be regarded as an acceptable reason if there are any associated problems arising at work.
- 15.4 Reporting to work in the possession of illicit drugs, consuming, storing or selling illicit drugs on Trust premises is considered Gross Misconduct and will be dealt with as such in accordance with the Trusts Disciplinary Policy

16. Training

16.1 No training need has currently been identified.

17. Equality and Diversity

17.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.

17.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

17.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

17.4 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 6.

18. Monitoring

18.1 The effectiveness of this policy will be monitored in the following way.

| Standard process / issue | Monitoring and audit | | | |
|--|--|--|------------------------------|------------|
| | Method | By | Committee | Frequency |
| a) Incidents reported on Datix | Risk Team will monitor and report on all adverse incidents involving Drugs and Alcohol using the Trust's on-line reporting system Datix. | a) Risk Team b) Human Resources c) Occupational Health | Health Safety and Risk Group | Biannually |
| b) Incidents reported to Human Resources | Referral by Managers Referral by Managers | | | |

| | | | | |
|--|--|--|--|--|
| c) Involvement of Occupational Health Provider | | | | |
|--|--|--|--|--|

19. Consultation and Review

19.1 A consultation exercise on this policy will be carried with the stakeholders listed below.

19.2 This policy will be reviewed every three years or sooner if there are any changes to legislation or best practice.

| Stakeholder or Group Title | Consultation Period (From-to) | Comments received (Yes/No) |
|---|-------------------------------|----------------------------|
| Health Safety and Risk Group | 19/09/2018 - | |
| All managers and staff within the Trust | TBC | |
| Health, Safety and Risk Group | | |

20. Implementation (including raising awareness)

20.1 This policy will be and communicated to managers and staff within the Trust via the Communications Team.

20.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

21. Associated documentation

- Health and safety Policy
- Management of Sickness Absence
- Capability Policy
- Disciplinary Policy

22 Appendix 1: Review Table

| Version | Reason for change | Overview of change |
|---------|---|---|
| 4 | <p>Adoption of new policy template.</p> <p>Explanation of abbreviations</p> | <p>GP'S – General Practitioners ECP – Emergency Care Practitioner BASIC – British Association for Immediate Care</p> <p>In Appendix 2, reference to Director of Patient Care changed to Director of Quality and Patient Care.</p> <p>Reference to Director of IT changed to Associate Director of Information Management and Technology (IM&T).</p> <p>Reference to the Director Operations is changed to Chief Operating Officer.</p> <p>Reference to Information and IT policies being dealt with by IT Steering Group and the Quality and Safety Committee is changed to the IM&T Control Board and the Audit Committee.</p> |
| 5 | Review of policy | <p>4.4 Director of Patient Care: To read: Director of Patient Care and Service Transformation - All further references to the previous title to be amended accordingly.</p> <p>4.8: To Read Staff Responsibilities</p> |
| V6 | Review of policy following discussion at the HSRG meeting. | <p>Section 3: Aims changed to Equality Statement.</p> <p>Section 4: Roles and Responsibilities changed to Aims; and thereafter all the numbers of the subsequent sections have been changed so that they follow consecutively.</p> <p>5.6.1 has been changed to read: The Head of Risk and Security will be responsible to the Director of Patient Care and Service Transformation for the development and implementation of effective Trust wide health and safety policies and procedures.</p> <p>Section 23: Appendix 2: Responsibility Matrix: All references to Director of Quality and Patient care changed to</p> |

| | | |
|--|--|---|
| | | <p>Director of Patient Care and Service Transformation.</p> <p>Director of Clinical Services changed to Director of Patient Care and Service Transformation.</p> <p>Clinical Review Group changed to Patient Safety Group.</p> <p>Section 24: Appendix 3: Equality Impact Assessment</p> <p>The headings on the second part of the form, namely Positive impact, Negative impact and Reasons have been put in bold; and the words 'it could disadvantage' have been deleted.</p> <p>The headings, Disability, Sexual Orientation and Religion/Belief added and put in bold.</p> <p>The words Disabled people; Lesbians, gay men and bisexuals are no longer in bold type.</p> <p>The reference to Trans people has been deleted.</p> <p>The word, Notes has been put in bold.</p> <p>Section 25: Appendix 4: The format and content of Part A and Part B has been amended. The EQIA Action plan has been added.</p> <p>Section 26: Appendix 5: Ratification checklist.</p> <p>The name of the Accountable Group Chair has been added, namely Philip Astle, Chief Operating Officer.</p> <p>4.8 Word breath removed from random testing.</p> <p>11.2.2 word zero removed. Open bracket sign removed from front title page</p> <p>5.8.1 Safety Critical Posts amended</p> <p>Associated removed from Associate Director title</p> |
| | | |

23. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

| Policy Group | Lead Director / Officer | Working Group | Committee | Board Ratification |
|--|--|---|------------------------------|--|
| Strategies | As appropriate | As appropriate | As appropriate | Required |
| Standing Orders & Standing Financial Instructions | Chief Executive + Director of Finance | Not applicable | Audit Committee | Required |
| Corporate Policies | Chief Executive +Director of Patient Care and Service Transformation | As appropriate | Quality and Safety Committee | Required/ Committee decision |
| Health and Safety Policies and Procedures | Director of Patient Care and Service Transformation | Strategic Health, Safety and Risk Group | Quality and Safety Committee | Health and Safety Policy – Required H&S Appendices – Committee decision |
| Control of Infection Policy and Procedures | Director of Patient Care and Service Transformation | Clinical Review Group | Quality and Safety Committee | Required |
| Personnel Policies and Procedures | HR Director | Staff Consultation Group | Quality and Safety Committee | Required for new policies. Committee decision for revisions |
| Financial Policies and Procedures. | Director of Finance | Not applicable | Audit Committee | Required for new Policies. Committee decision for procedural changes. |
| Operational Policies and Procedures | Chief Operating Officer | As appropriate or through Team Meeting | Quality and Safety Committee | Committee decision |
| Information and IT Policies and Procedures | Director of Information Management and Technology (IM&T). | Information Management and Technology Control Board | Audit Committee | Committee decision |
| Emergency Operational Centre Policies and Procedures | Chief Operating Officer | As appropriate | Quality and Safety Committee | Committee decision |

| | | | | |
|----------------------------------|-------------------------------|-----------------------|------------------------------|--------------------|
| Clinical Policies and Procedures | Director of Clinical Services | Clinical Review Group | Quality and Safety Committee | Committee decision |
|----------------------------------|-------------------------------|-----------------------|------------------------------|--------------------|

24. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: **Alcohol, Drugs and Work Policy**

Officer completing assessment: Steve Dodd Non - Clinical Risk Manager

Telephone: 07785 975050.

| |
|--|
| 1. What is the main purpose of the strategy, function or policy? |
| To provide a framework for reporting internal and external incidents with regards to alcohol and drugs related incidents and how to investigate them. Also explains the organisation structure and accountability for managers and staff |
| 2. List the main activities of the function or policy? (for strategies list the main policy areas) |
| Provides clear guidelines and accountabilities on how to carry out actions and investigations. Defines clear standards and expectations of managers and staff. It also details the committees with responsibility for performance monitoring that will be provided by the Trust. |
| 3. Who will be the main beneficiaries of the strategy/function/policy? |
| Staff, Managers, Patients, Contractors |
| 1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups? |

| | | Positive Impact | Negative Impact | Reasons |
|---------------------------|---|-----------------|-----------------|---|
| GENDER | Women | N/A | N/A | No impact either positive or negative identified |
| | Men | N/A | N/A | No impact either positive or negative identified |
| RACE | Asian or Asian British People | N/A | Yes | If English not first language may effect employee's ability to understand /follow procedures and policy |
| | Black or Black British People | N/A | Yes | If English not first language may effect employee's ability to understand /follow procedures and policy |
| | Chinese people and other people | N/A | Yes | If English not first language may effect employee's ability to understand /follow procedures and policy |
| | People of Mixed Race | N/A | Yes | If English not first language may effect employee's ability to understand /follow procedures and policy |
| | White people (including Irish people) | N/A | N/A | If English not first language may effect employee's ability to understand /follow procedures and policy |
| DISABILITY | Disabled People | N/A | Yes | If English not first language may effect employee's ability to understand /follow procedures and policy |
| SEXUAL ORIENTATION | Lesbians, gay men and bisexuals | N/A | N/A | No impact either positive or negative identified |
| AGE | Older People (60+) | N/A | N/A | No impact either positive or negative identified |
| | Younger People (17 to 25) and children | N/A | N/A | No impact either positive or negative identified |
| RELIGION/BELIEF | Faith Groups | N/A | N/A | No impact either positive or negative identified |
| | Equal Opportunities and/or improved relations | N/A | N/A | No impact either positive or negative identified |

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

| | | |
|---|--------------------------|-------------------------------------|
| 5. If you have indicated that there is a negative impact, is that impact: | | |
| | Yes | No |
| Legal (it is not discriminatory under anti-discriminatory law) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Intended | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Level of Impact | High | Low |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form. | | |
| 6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below: | | |
| Use clear, simple language | | |
| 6(b). Could you improve the strategy, function or policy positive impact? Explain how below: | | |
| Use clear, simple language | | |
| 7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How | | |
| N/A | | |
| Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead. | | |
| Signed: <i>S Dodd</i> | | |
| Name: Steve Dodd, Non – Clinical Risk Manager | | |
| Date: 02/09/18 | | |

25. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Alcohol, Drugs and Work Policy.

Officer completing assessment: Stephen Dodd.

Telephone: 07785 975050.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

| | |
|--------------------|--------------------------|
| Gender | <input type="checkbox"/> |
| Race | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> |
| Sexual Orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> |
| Religion/Belief | <input type="checkbox"/> |

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

| Equality Target Groups | Summary of consultation planned or taken place |
|------------------------|--|
| Gender | |
| Race | |
| Disability | |
| Sexual Orientation | |
| Age | |
| Religion/Belief | |

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

| Equality Target Groups | Title/type of/details of research/report |
|------------------------|--|
| Gender | |
| Race | |
| Disability | |

| | |
|-----------------------|--|
| Sexuality Orientation | |
| Age | |
| Religion/Belief | |

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

26. Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

| | |
|--|--|
| Policy Title | Alcohol, Drugs and Work Policy. |
| Author's Name and Job Title | Stephen Dodd, Non-clinical Risk Manager. |
| Review Deadline | 19 th Sept 2018 |
| Consultation From – To (dates) | 21//09/2018 – 10/11/2018 |
| Comments Received? (Y/N) | |
| All Comments Incorporated? (Y/N) | |
| If No, please list comments not included along with reasons | |
| Equality Impact Assessment completed (date) | 02/09/2018 |
| Name of Accountable Group | Health Safety and Risk Group |
| Date of Submission for Ratification | 21/09/2018 |

Section 2: To be completed by Accountable Group

| | |
|---|--|
| Template Policy Used (Y/N) | |
| All Sections Completed (Y/N) | |
| Monitoring Section Completed (Y/N) | |
| Date of Ratification | |
| Date Policy is Active | |
| Date Next Review Due | |
| Signature of Accountable Group Chair (or Deputy) | |
| Name of Accountable Group Chair (or Deputy) | Philip Astle, Chief Operating Officer. |