**SAMPLE NHS Lanarkshire Conditional Agreement**

(this should be tailored based on individual circumstances and Occupational Health Advice)

**Employee Name**

NHS Lanarkshire wishes to support all employees that acknowledge having an alcohol and/or substance misuse problem.

To allow you every opportunity to achieve a successful outcome, the following measures will be put in place.

The aim is to allow you to overcome your problem, whether that maybe complete abstinence or drinking within sensible limits.

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|  | **Agreement**  |
| 1 | **INSERT NAME** will be allocated to you as a mentor/buddy for a period of XX MONTHS.  |
| 2 | You will be allocated day duty shifts for a period of **xx** months. |
| 3 | You will have no clinical patient contact for the first month (if relevant). During this first month will you be given the opportunity to update mandatory training. You shall undertake a designated project (details to be include). |
| 4 | You must report to the nurse in charge/supervisor/team leader at the start of each shift and every time you have the opportunity to return to the workplace if you are away on breaks or attending errands. |
| 5 | You will be allocated patient contact (if relevant) after a satisfactory assessment of performance and attendance by your manager. |
| 6 | For a period of xx months you shall be temporary redeployed to xxx and undertake xx duties, after which time it will be reviewed. |
| 7 | You are required to attend a regular rehabilitation programme as deemed appropriate and provide frequent formal updates to your line manager.  |
| 8 | You are required to attend Occupational Health on a regular basis in order that they can maintain contact with you and contact with your rehabilitation programme |
| 9 | You will be subject to random testing for a period of xxx months. |
| 10 | You will not be eligible to undertake any additional hours(excess/overtime/bank) shifts for a period of xxx months, after which time it will be reviewed |
| 11 | **INSERT NAME** shall be your named contact should you require any support/guidance. |

I hereby agree to the above and fully understand what is required of me and am aware that should I fail to comply with any aspect of this agreement and/or the Alcohol and Substance Misuse Policy it may lead to disciplinary sanctions and possible termination of employment.

**Employee**

**Signed by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager**

**Signed by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**