

# Alcohol, Drug and Substance Misuse Policy

NHS West Essex Clinical Commissioning Group Policy Reference Number:  
WECCG95

**DOCUMENT CONTROL SHEET**

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**Change History:**

Version	Date	Reviewer(s)	Revision Description
V1.0	April 2017	Human Resources Business Partner Team	Adapted for use as the Shared Service Policy.

**Implementation Plan:**

<b>Development and Consultation</b>	Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.
<b>Dissemination</b>	This policy will communicate to staff representatives. It will be communicated electronically to all staff and managers and will be published on the CCG's intranet.
<b>Training</b>	There are no specific training requirements in order to implement this policy. However, managers will be able to access advice from the HR Department on the implementation and interpretation of this policy.
<b>Monitoring and Review</b>	All staff who meet the trigger points set out in this policy and proactively advises managers and record management compliance with this policy, which is reported to the CCG. The data identified from monitoring will be used to update the policy and ensure best practice as necessary.
<b>Equality and Diversity</b>	17/05/2017 - Equality Impact Assessment
<b>Associated Documents</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>

<b>References</b>	<ul style="list-style-type: none"><li>▪</li><li>▪</li></ul>
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**Document Status:**

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## **1.0 Introduction**

NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as ‘the CCG’) recognize that alcohol, drug or substance misuse by employees is an important health issue.

The CCG recognises its responsibilities to protect employees, patients, visitors and members of the public, by ensuring that all employees are competent to work, free from the influence of drugs, alcohol or any other substance including solvents or legal highs / NPS (novel psychoactive substances). The CCG should also aim to act as a role model to the population it serves.

The CCG recognises that it may be put at risk by employees who misuse alcohol, drugs or other substances, to such an extent that their health, work performance, conduct and working relationships are affected.

Employees have an implied duty of care to present for work in a fit condition.

All health service staff have a duty of care for patients, visitors and other staff and should they have reasonable grounds to have concerns regarding issues related to alcohol or drug misuse of their colleagues, then this must be reported to their line manager.

It is essential that all employees recognise the seriousness of any misuse of drugs, alcohol or other substances. Alcohol, drug or substance misuse is treatable. The success of treatment is linked to the individual acknowledging their problem and seeking help.

This policy aims to encourage employees with alcohol, drug or substance misuse problems to seek help voluntarily and also to provide a clear framework for the management of these employees in a supportive way, with the help of the Occupational Health and Wellbeing (OH) Service.

## **2.0 Scope**

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This policy applies to all CCG staff members, including Governing Body Members and Practice Representatives, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).

### 3.0 Definitions

For the purposes of this policy, the following definitions apply:

**Alcohol Misuse:** any drinking of alcohol, either intermittent or continual, which interferes with a persons' health and social functioning and / or work capability or conduct.

**Drug:** a substance which alters the way in which the body or mind works. The term "drug" applies to alcohol, drugs controlled under the Misuse of Drugs Act 1971, prescribed drugs, over the counter medication and solvents. It also applies to novel psychoactive substances (NPS) sometimes known as "legal highs". It is acknowledged that nicotine and caffeine are also drugs, but these will not be addressed through this policy.

**Drug Misuse:** use of illegal drugs and the problematic use, whether deliberate or unintentional of prescribed drugs, novel psychoactive substances, over the counter medication and solvents.

**Misuse:** refers to use that creates problems or harm, either for the individual or others. This could include using drugs or drinking alcohol in a way that adversely affects health (both physical and psychological), results in law-breaking, or the use of prescribed drugs in a way other than that intended by the person who prescribed them.

Misuse covers three main areas:

- inappropriate use, where use may aggravate an existing condition or situation, or is carried out in potentially dangerous or inappropriate circumstances;
- habitual use, where the individual becomes dependent on the effects of the substance to the extent that the desire for these effects becomes a dominant concern in their lives;
- excessive use, which can lead to physical and mental illness or antisocial behaviour.

# HR and ODL Shared Service

Hertfordshire, West Essex,  
Bedfordshire & Luton  
CCGs

#### **4 Policy Statement**

The aim of this policy is to promote the general health of CCG employees, to avoid unnecessary sickness absence, to ensure effective work performance and to provide a working environment which ensures, as far as possible, the health and safety of all patients, visitors and staff.

This policy aims to support, encourage and promote supportive measures for staff rather than taking punitive measures. If an employee admits to having an alcohol, drug or substance misuse problem, the CCG will seek to support them in the first instance, rather than take immediate disciplinary action.

The CCG encourages any employee who is experiencing difficulties in relation to alcohol, drug or substance misuse, to access the CCG's Occupational Health Service and/or the employee assistance programme (where this is in operation) for support and advice.

The CCG recognises that it has a responsibility to provide support and promote the rehabilitation of any employee who may have problems with alcohol, drug or substance misuse, who identifies this to their line manager and who is committed to and active in, accepting help.

#### **5 Responsibilities**

The CCG Board and line managers are responsible for ensuring that employees, individuals registered with the bank, agency staff, locums, staff on honorary contracts and hospital volunteers are aware of this policy and that it is adhered to.

##### **Line Managers**

Line managers are required to:

- be aware of the signs of alcohol, drug and substance misuse and the effects on performance, attendance and the health of employees;
- ensure that their employees understand the policy and are aware of the rules and consequences of the use of alcohol, drugs and other substances;
- ensure employees are aware of the support that is available to them should they have a problem;

- monitor the performance, behaviour and attendance of employees as part of the normal supervisory relationship;
- intervene at an early stage where changes in performance, behaviour, sickness or attendance levels are identified to establish whether alcohol, drug or other substances are an underlying cause (see appendix 1).
- having identified an “at risk” employee, the line manager should be sympathetic, giving every encouragement to the employee to volunteer for treatment.
- the manager should meet with the employee at the earliest opportunity to inform the employee of their concerns; ask their employee for their view of the problems and the reasons behind them; signpost the employee to this policy and support available; explain the consequences of continued lowered work performance / conduct or attendance. A record of this discussion should be retained on the employee’s personal file and a date agreed to meet to review the situation.
- line managers, Human Resources and Occupational Health may all play a part in advice, counselling and signposting to treatment (see appendix 3).

## Employees

All employees have a personal responsibility in relation to the health and safety of themselves and others in the workplace and:

- must be aware of and comply with, the obligations set out in this policy;
- take responsibility for their own behaviour with regards to alcohol consumption, drug use and taking prescribed and over the counter medication;
- should take action by reporting colleagues to their manager who they believe may be under the influence of drug or substance abuse, or may have witnessed such behaviour from a colleague which has impacted on their work.
- present a professional, courteous and efficient image to those with whom they come into contact with at all times;
- adopt a reasonable attitude towards drinking, drug taking and taking prescribed and over the counter medication;
- should encourage colleagues to follow the guidance set out in this policy;
- should seek help, or encourage others to seek help, if necessary;
- present at work on time and fully capable of performing their duties without impairment due to drugs, alcohol or other substances.

The decision to undergo treatment is the responsibility of the employee and no employee will be forced to accept assistance. However, they must be advised of the potential consequences of failure to seek help.

If an employee is currently taking drugs prescribed to them by their GP / Specialist and they feel that the side effects may affect their ability to perform their duties safely they should discuss this with the line manager.

### **Human Resources**

#### **Human Resources will:**

- Support and provide advice to managers and employees in the operation of this policy.
- Maintain and update the Alcohol and Substance Abuse Policy and guidance to ensure they are in line with organisational and legislative changes.

## **6. PROCEDURE**

The following stages are designed to provide a framework for sensitively and effectively managing issues that arise under this policy with appropriate support to the employee concerned. In some circumstances, however, a staged approach may not be appropriate or it may be appropriate to deal with the matter immediately under the CCG's Disciplinary Policy. Please see Section 6.2 for examples of such instances.

### **6.1 Informal - Stage 1**

Alcohol or substance misuse / abuse may affect the performance of an individual in several ways and it may not be appropriate to deal with every situation in the same way.

There may be an immediate situation requiring resolution or an ongoing performance issue to be managed, for example:

- an incident may occur as a result of an employee being under the influence of alcohol, drugs or other substances;
- a pattern of regular absences may emerge or a complaint may be received about an employee which indicates that there may be an alcohol, drug or substance misuse / abuse;

- apparent lack of performance or a gradual deterioration over a period of time.

Guidance regarding recognising symptoms of alcohol, drug or substance misuse can be found in appendix 1.

As with any problem affecting the ability to work, initial action must be taken by the line manager. It is important to try to identify any ongoing problem at an early stage, so that help can be made available to the employee as soon as possible. Advice should be sought from Human Resources as soon as there is cause for concern.

It would not normally be necessary to suspend the employee pending investigation, unless they are deemed to be a risk to themselves, colleagues, patients, visitors or members of the public or if their conduct is deemed to be potential gross misconduct.

However, the employee may be suspended from work if they arrive at their place of work whilst under the influence of alcohol, drugs or other substances. In such circumstances, suspension and disciplinary action may be appropriate, in accordance with the CCG's Disciplinary Policy and procedures (see 6.2 Formal - stage 2).

The line manager, following discussion with the employee, should refer cases of suspected or admitted alcohol, drug or substance misuse / abuse to OH, with the verbal consent of the employee. However, if the employee refuses to consent to the OH referral and the line manager believes that there is a serious concern eg that the employee is a risk to themselves, colleagues, patients, visitors or members of the public, then an referral to OH should be completed regardless.

Possession of or dealing in illegal drugs or other substances will be reported immediately to the police and will be investigated under the CCG's Disciplinary Policy.

The employee may deny having an alcohol, drug or substance misuse problem. If this happens, the situation should be dealt with by making clear what improvement is required in performance, behaviour or levels of attendance, within a stated timeframe and indicate how the situation will be monitored.

If an employee admits to an alcohol, drug or substance misuse problem, the line manager should advise the employee about what support can be provided. Information regarding internal and external sources of advice and support can be found in Appendix 3 or from the Employee Assistance Programme (where this is in operation).

Consideration may need to be given to re-assignment to alternative duties during and / or following rehabilitation, depending on the circumstances.

If after help and support the situation is not improved, the employee should be advised of the implications of continuing problems with their performance, behaviour or levels of attendance and that this may ultimately result in formal action, including consideration of dismissal.

A summary in writing should be provided to the employee of the support offered, advice provided and the agreed pathway from this point onwards. A copy of this summary should be placed on the employees file.

## 6.2 Formal – Stage 2

If there is no improvement to the required standard within the timescales set out, the line manager must contact Human Resources who will provide further advice and support on how to proceed formally in accordance with the relevant CCG policy (eg Disciplinary Policy, Attendance Management Policy, or Work Performance Policy) once this has been determined.

If whilst under the influence of alcohol, drugs or other substances at work, an employee were to behave in a way which could be considered to be gross misconduct, formal action will be taken in accordance with the CCG's Disciplinary Policy.

Examples of potential gross misconduct include (but are not limited to):

- physical or verbal assault;
- inappropriate conduct including indecent behaviour;
- malicious or negligent damage to property;
- threat to the health or safety of a patient, visitor, colleague or member of the public;

- conduct that brings the CCG into disrepute.

In such circumstances, irrespective of whether support may also be appropriate for an underlying problem, formal disciplinary action will be taken in accordance with the CCG's Disciplinary Policy. Such formal action may result in suspension from work and a formal sanction, up to and including summary dismissal on the grounds of gross misconduct.

## Appendix 1

### RECOGNISING SYMPTOMS OF ALCOHOL, DRUG OR SUBSTANCE MISUSE

#### GUIDANCE FOR MANAGERS

1. Employee should be periodically reminded of the CCG's Policy on Alcohol, Drug and Substance Misuse.
2. Whilst the CCG is supportive and sympathetic towards any employee with a genuine problem who needs help, all breaches of this Policy will be dealt with under the CCG's Disciplinary Policy and may constitute gross misconduct.
3. **Potential Signs of Alcohol, Drug or Substance Misuse**
  - poor timekeeping, frequent lateness, repeated brief periods of absence for trivial or inadequate reasons, impaired concentration and memory, tendency to become confused;
  - smelling of drink or under the influence of drink, drugs or substances during working hours;
  - absenteeism (uncertified or certified), particularly related to weekends and holidays;
  - sudden changes in behaviour, mood changes or levels of energy, irritability, lethargy, deterioration in personal hygiene, anxiety;
  - impairment of job performance, accident-proneness, minor accidents at work and accidents away from work; mistakes; errors of judgment;
  - deterioration in relationships with colleagues, borrowing money etc.
  - hand tremors, slurred speech, facial flushing, bleary eyes, poor personal hygiene;
4. **Potential Situations**

There are two potential situations that may arise:

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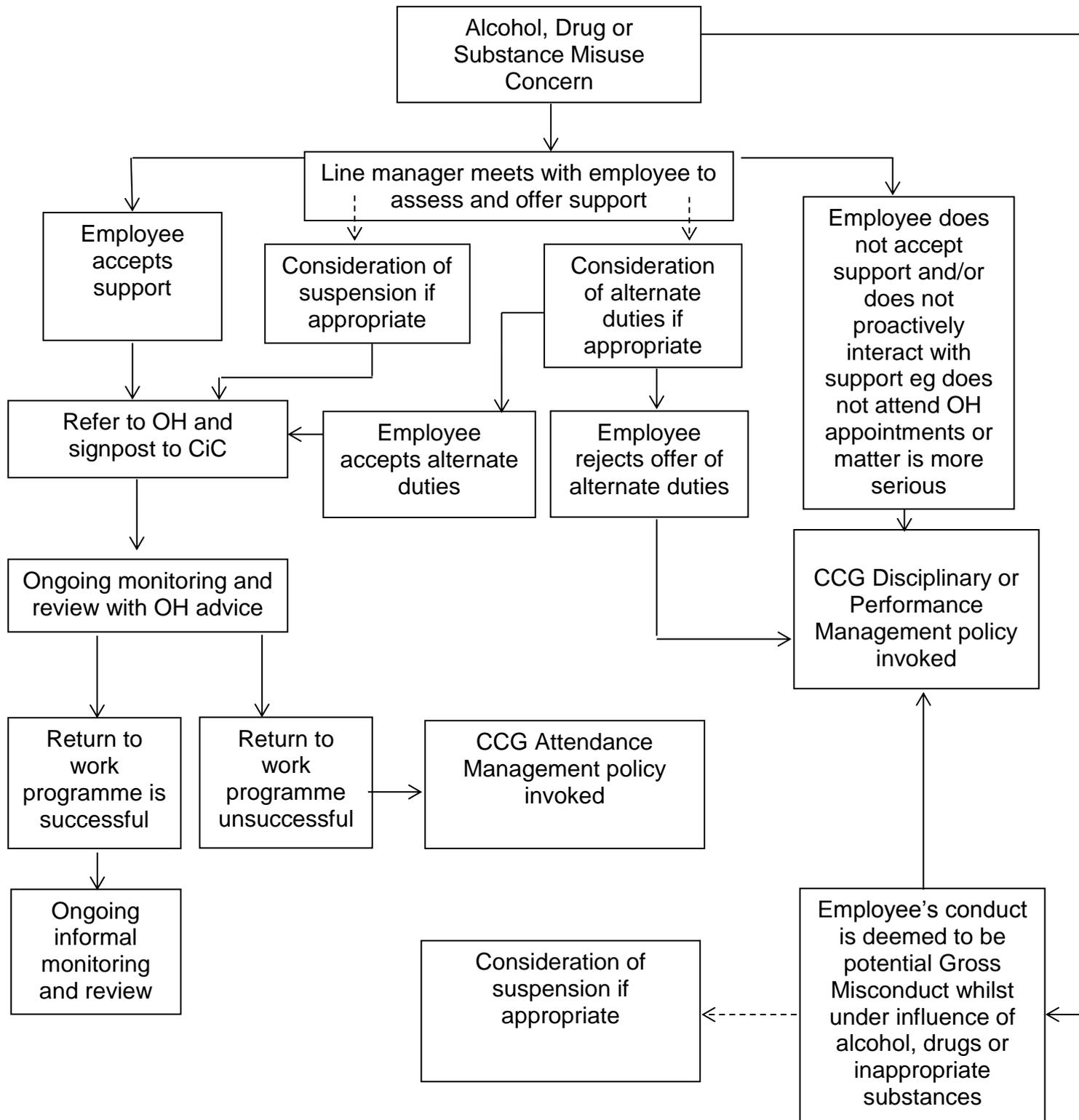
- a) an employee who has been discovered drinking alcohol, using drugs or other inappropriate substances whilst on duty or where this is suspected;
- b) an employee who reports for work who has been drinking and / or is under the influence of alcohol, drugs or other inappropriate substances.

In either of these situations, in liaison with Human Resources, the line manager should:

- ask the employee if they have been drinking alcohol, using drugs or other substances and when this happened;
  - in order to reach a judgment on whether the employee is competent to continue their duties, the line manager should consider the following:
    - how evident is it that the employee has been drinking / is under the influence of drugs or other inappropriate substances? Does the employee admit to consuming alcohol, drugs or other inappropriate substances?
    - what is their behaviour like?
  - if it is determined that the employee should be suspended from duty pending investigation, the suspension should be carried out in accordance with the CCG's Disciplinary Policy.
  - If the employee is suspended from work, it is the responsibility of the suspending manager to take reasonable steps to organise transport or escort the employee home.
  - Following suspension, an investigation will be carried out in accordance with the CCG's Disciplinary Policy.
5. Blood / breath tests or other physical proof of alcohol, drug or substance use should not be requested and instead a judgment must be made about the behaviour of the employee at that time.
  6. The CCG encourages any employee who is experiencing difficulties in relation to alcohol, drug or inappropriate substance misuse to access the employee assistance programme.

Appendix 2

ALCOHOL, DRUG & SUBSTANCE MISUSE – Flow Chart



## Appendix 3

### ALCOHOL AND SUBSTANCE MISUSE

#### EXTERNAL SUPPORT REFERENCES

##### Employee Assistance Programme

The CCG encourages any employee who is experiencing difficulties in respect of alcohol or substance misuse to access the employee assistance programme, where this is in operation. This is a completely confidential service which is available 24 hours a day, 7 days a week, 365 days a year. To find out more about the EAP services that may operate in the CCG, please refer to the intranet or contact your HR Business Partner.

**Alcoholics Anonymous** – a fellowship who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism

UK Helpline: 0845 769 7555

Email: [help@alcoholics-anonymous.org.uk](mailto:help@alcoholics-anonymous.org.uk)

Website: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

**Drinkline** – runs a free, confidential helpline for people who are concerned about their drinking, or someone else's

Telephone: 0300 123 1110

**Samaritans** – provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress, despair or suicide.

Helpline: 08457 90 90 90 (24hrs)

**Narcotics Anonymous** – a confidential service run by volunteers who are recovering addicts, available 24 hours, 7 days a week

UK Helpline: 0300 999 1212

Email: [help@ukna.org](mailto:help@ukna.org)

**National Drugs Helpline** – a free & confidential service 24 hours, 7 days a week

Telephone: 0800 77 66 00

Email: [frank@talktofrank.com](mailto:frank@talktofrank.com)

**AddAction** – drug and alcohol treatment agency which provides links to local groups

Telephone: 020 7251 5860

Email: [info@adaction.org.uk](mailto:info@adaction.org.uk)

Website: [www.addaction.org.uk](http://www.addaction.org.uk)

**Action on Addiction** – registered charity with treatment centres for all addictions throughout England, also providing support for families and children

Telephone: 0300 330 0659

Email: [admin@actionaddiction.org.uk](mailto:admin@actionaddiction.org.uk)

Website: [www.actionaddiction.org.uk](http://www.actionaddiction.org.uk)

### **Sick Doctors' Trust**

Helpline: 0370 444 5163

Website: [www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

Email: [help@sick-doctors-trust.co.uk](mailto:help@sick-doctors-trust.co.uk)

### **British Doctors and Dentists Group Helpline**

Telephone: 0845 920 0169

### **NHS Direct**

Telephone: 0845 46 47

Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**Appendix 4: Equality Impact Assessment Stage 1 Screening**

<b>Title of policy, service, proposal etc being assessed:</b>
Alcohol, Drug and Substance Misuse Policy

<p><b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims</p> <p>The aim of this policy is to promote the general health of CCG employees, to avoid unnecessary sickness absence, to ensure effective work performance and to provide a working environment which ensures, as far as possible, the health and safety of all patients, visitors and staff.</p> <p>This policy aims to support, encourage and promote supportive measures for staff rather than taking punitive measures. If an employee admits to having an alcohol, drug or substance misuse problem, the CCG will seek to support them in the first instance, rather than take immediate disciplinary action.</p> <p>The CCG encourages any employee who is experiencing difficulties in relation to alcohol, drug or substance misuse, to access the CCG's Occupational Health Service and/or the employee assistance programme (where this is in operation) for support and advice.</p> <p>The CCG recognises that it has a responsibility to provide support and promote the rehabilitation of any employee who may have problems with alcohol, drug or substance misuse, who identifies this to their line manager and who is committed to and active in, accepting help.</p>
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<p><b>How will these outcomes be achieved?</b> What is it that will actually be done?</p> <p>This policy aims to encourage employees with alcohol, drug or substance misuse problems to seek help voluntarily and also to provide a clear framework for the management of these employees in a supportive way, with the help of the Occupational Health and Wellbeing (OH) Service.</p>
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<p><b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off</p> <p>Staff</p>
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## Evidence

**What evidence have you considered?** Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

**Disability** Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

**Gender reassignment (including transgender)** Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment.

No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

**Marriage and civil partnership** Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

<p><b>Pregnancy and maternity</b> Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.</p>
<p><b>Race</b> Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.</p>
<p><b>Religion or belief</b> Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.</p>
<p><b>Sex</b> Detail and consider evidence on men and women. This could include access to services and employment.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.</p>
<p><b>Sexual orientation</b> Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.</p>
<p><b>Carers</b> Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.</p> <p>No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the</p>

relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

**Other identified groups** Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

No local assessment. Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

### Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Policy Forum established. Members include representatives of CCGs and Trade Unions

How have you engaged stakeholders in testing the policy or programme proposals?

Policy Forum established. Members include representatives of CCGs and Trade Unions

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Policy Forum established. Members include representatives of CCGs and Trade Unions

### Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Adapted from the existing Alcohol and Substance Abuse policies (where applicable) developed in conjunction with, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Also considered was the relevant Luton And Dunstable University Hospital policy.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

**Eliminate discrimination, harassment and victimisation**

Policy based on other organisation’s policies and best practice.

**Advance equality of opportunity**

Policy based on other organisation’s policies and best practice.

**Promote good relations between groups**

Policy based on other organisation’s policies and best practice.

**Next Steps**

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

New HR monitoring system being developed

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

Publication alongside the policy

**Health Inequalities Analysis**

**Evidence**

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

Policy based on other organisation’s policies and best practice.

**Impact**

**2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group

and in different geographical locations that your work applies to? Policy based on other organisation's policies and best practice.
<b>3. How can you make sure that your work has the best chance of reducing health inequalities?</b> Policy based on other organisation's policies and best practice.
<b>Monitor and Evaluation</b> <b>4. How will you monitor and evaluate the effect of your work on health inequalities?</b> New HR monitoring system being developed

## Quality Impact Initial Assessment.

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.

What is the impact on:

<b>Patient Safety?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
<b>Patient Experience?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
<b>Clinical Effectiveness?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>

If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

<b>Name of person(s) who carried out these analyses: Paul Curry</b>
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<b>Date analyses were completed: 17 May 2017</b>
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