

Reference Number: FOI202223/382
From: Other
Date: 09 January 2023
Subject: Details of Trust policy covering alcohol and/or other substance use by employees

- Q1 Does your authority have a distinct policy covering alcohol and/or other substance use by employees of the authority? If so, on what date was this policy implemented? What policy did this supersede? Please provide a copy of your current alcohol and substance use policy.
- A1 [Yes, please see attached – Alcohol Drugs or Solvent Misuse v4.2 - Extended](#)
- Q2 Does your authority's current occupational health policy include sections or subsections which cover the use of alcohol and/or other substances by employees of your authority who are registered healthcare professionals, including but not limited to alcohol and/or substance addiction and/or impairment at work due to substance use? If so, on what date was this policy implemented? Please provide a copy of your current occupational health policy
- A2 [Information not held - We do not have a standalone Occupational Health policy.](#)
- Q3 What policy within your authority covers performance management issues related to alcohol and substances within the workplace, including but not limited to impairment at work due to alcohol or substance use, and/or criminal activity either during or outside of work hours related to alcohol and substance use? On what date was this policy implemented? Please provide a copy of the current policy in which this information is included.
- A3 [Information not held - No specific policy](#)
- Q4 If there is a concern regarding a registered healthcare professional employee's alcohol or substance use, please outline the process applied within your authority for dealing with the issue, with reference to pathways for the employee concerned, and who has responsibility for decision making for any given pathway the employee is placed upon, and how decisions are made as to how the pathways are implemented.
- A4 [Included in the attached policy - Alcohol Drugs or Solvent Misuse v4.2 - Extended](#)

Alcohol, Drugs or Solvent Misuse

Policy

For completion by Author			
Author(s) Name and Title:	Janet Doran, Head of HR Reviewed by Rachael McDonald, HR Business Partner		
Scope:	Trust Wide	Classification:	HR
Version Number:	4.2	Review Date:	01/06/2022
Replaces:	Alcohol and Drugs Misuse Policy v4.1		
To be read in conjunction with the following documents:	Disciplinary Policy Capability Policy Managing Attendance Policy Procedure for Handling Concerns about the Performance & Health of Medical Staff Special Leave Policy		
Document for public display:	Yes		
Executive Lead	Joanne Twist		

For completion by Approving Committee			
Equality Impact Analysis Completed:		Yes	
Endorsement Completed:	No	Record of Changes	No
Authorised by:	Partnership Forum	Authorisation date:	05/01/2021

For completion by Document Control					
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Policy Statement

The Liverpool Heart & Chest Hospital NHS Foundation Trust (LHCH), as an organisation directly concerned with health care and health promotion is keen to promote sensible and responsible practices in relation to alcohol and raise awareness regarding the potentially damaging consequences to health caused by drug and solvent misuse.

Alcohol, drug and solvent related issues are wider than dependency issues and occasional excessive drinking/drug/solvent misuse can negatively affect an employee's health and well-being in their personal and work life. The impact of alcohol/drug and solvent misuse and how it impairs performance, safety or interpersonal work relations is a matter for employers and employees.

The Trust wishes to promote sensible and responsible practices in relation to alcohol and raise awareness regarding the potentially damaging consequences to health caused by drugs and solvent abuse.

Alcohol/drug and solvent misuse for the purpose of this policy refers to the use of illegal drugs and the misuse of legal drugs, solvents and alcohol.

The Trust has set out this policy in order to deal with alcohol/drug and solvent related problems sympathetically, fairly and consistently.

This policy aims to:

- Raise awareness amongst the workforce of the use and misuse of alcohol
- Raise awareness amongst the workforce of drug abuse issues
- Raise awareness amongst the workforce of solvent misuse issues
- Facilitate the early identification of problems related to alcohol / drug and solvent misuse amongst the workforce and ensure the provision of appropriate support and / or treatment
- Outline the correct management of employees suspected of having alcohol / drug/solvent misuse problem
- Achieve a balance between supporting employees who come forward with a problem and the overriding need to preserve:
 - The health, safety and welfare of employees and others with whom they come into contact
 - The organisation's reputation
 - The delivery of high-quality, effective services

1. Roles and Responsibilities

Director of Strategy & Organisational Development

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The Director of Strategy and Organisational Development is responsible for the development and implementation of this policy.

People Committee

The People Committee will monitor performance against this policy.

HR Operational and Education Group

This group will be responsible for the ratification and review of the policy through delegated responsibility from the People Committee. The group will ensure appropriate management and staff side consultation when reviewing the policy and will monitor its applications and outcomes

Employees are Responsible for:

- Maintaining sensible and safe drinking levels;
- Ensuring the safety and welfare of themselves and others;
- Discussing concerns with a senior member of staff if they believe a colleague is working under the influence of drink /drugs or solvents, whilst retaining confidentiality;
- Encouraging colleagues to seek help if appropriate;
- Avoiding covering up for, or colluding with a colleague;
- Ensuring that the effects of alcohol/drugs and solvents or alcohol does not impair their own effectiveness;
- Seeking help from their Manager, Occupational Health, Staff Counselling or an outside agency when concerned about their own drinking or use of drugs/solvents;
- Not attending work under the influence of drink /drugs or solvents.

Managers are Responsible for:

- Ensuring that they fully understand the requirements of this policy and that it is fully implemented into their area of responsibility;
- Ensuring that employees are fully conversant with the policy and therefore understand what is expected from them;
- Being aware of the potential effects of alcohol/drug and solvent misuse and drug abuse and be alert to and monitor changes in their employee's work performance, attendance, sickness and accident patterns;
- Ensuring early intervention when there are indications of potential problems and encourage employees to seek help at the earliest possible stage;
- Ensuring the confidential nature of the procedure for dealing with problems under this policy;
- Removing from duty, employees who attend for work under the influence of drink / drugs or solvents and arranging for a subsequent meeting to discuss events when not under the influence.

Human Resources are Responsible for:

- Monitoring the implementation of the policy and ensure that procedures are managed fairly and consistently across the Trust;
- Providing guidance and support to Line Managers on the operation of the policy at all stages;
- Attending all formal meetings.

Occupational Health are Responsible for:

- Providing advice and guidance to Line Managers on how to identify whether work problems are related to alcohol/ drug/solvent misuse, and if so, how best to help the individual;
- Providing or arranging impartial, confidential service to employees which may include assessment, counselling, or referral to an appropriate agency;
- Monitoring progress, on behalf of the organisation and the employee, with respect to the work implications of their condition and treatment;
- Advising management and employees of any modifications to duties, hours, workload and responsibilities which may facilitate continuation at work or rehabilitation to work in support of managing the health problem.

Trade Unions:

The Trust recognises the important role Trade Unions play in supporting employees with alcohol/drug/solvent misuse related issues in the workplace. The Trust will work in conjunction with the Trade Unions in supporting and addressing alcohol/drug and solvent misuse

2. Document Control Standards

Employee's must not consume or be under the influence of alcohol or take/be under the influence of non-prescribed drugs/solvents during working hours or when available for work, including on-call.

Alcohol may not be taken on Trust premises by employees' at any time without prior permission from an Executive Director.

Solvents (for personal use as per this policy) may not be taken on Trust premises by employees' at any time.

Illegal drugs may not be taken onto Trust premises by employees' at any time. Employee's found to be using or to be in the possession of illegal drugs will be subject to the Trust's Disciplinary Procedure.

Employees' who believe they are suffering from an alcohol/drug or solvent related problem should seek support from their Line Manager, Human Resources or Occupational Health, where confidential support and/or counselling may be provided.

Employees who suspect that a colleague has an alcohol/drug or solvent related problem have a responsibility to inform their Manager or Human Resources. Successful treatment of those individuals relies on early identification of the problem.

This policy applies to all employees. The organisation also expects agency and casual workers, contractors, volunteers and others working on its behalf to comply with this policy. Failure to do so is likely to result in the working arrangements being terminated.

Medical staff will be managed in accordance with for Handling concerns about the Conduct, Performance and Health of Medical Staff Policy.

3. Procedure

3.1 Legal Implications

The Health and Safety at Work Act 1974 places a general duty on the Trust to ensure, as far as is reasonably practicable, the health, safety and welfare at work of its employees and to provide a safe environment.

Employers are obliged to take reasonable steps to ensure that employees are not acting under the influence of alcohol/drugs or solvents drugs if this is likely to risk the health and safety of others. Employees themselves have a duty not to place their colleagues, patients in their care, or themselves at risk of injury.

Consuming alcohol or taking drugs/using solvents, either on or off duty, where this affects the performance of duties, will be a fair reason for dismissal under the Employment Rights Act 1996 on grounds of either capability and / or misconduct.

Under the Misuse of Drugs Act 1971 it makes the production, supply and possession of controlled drugs unlawful, and therefore, the Trust has a legal duty to inform the police if any incidents are discovered on site.

Please see the Toolkit for a list of Controlled Drugs (note the list is not exhaustive)

3.2 Prescribed Medication

Employees taking prescribed or other medication should speak to their Line Manager and contact the Occupational Health Department for advice if they think that the medication they are taking may have an adverse effect on their ability to carry out their duties.

3.3 Alcohol Misuse

Alcohol is a legal drug but can still be dangerous as it has the potential for abuse and physical dependence. Drinking can impact on life in many different ways and can have a short term and long term impact on health.

3.4 Drug Misuse

A drug is any substance which, when introduced into the body, creates a change in perception and/or mood and/or in how the body functions. The following list of drugs are included:

- Alcohol
- Amphetamines
- Anabolic steroids
- Barbiturates
- Cannabis
- Cocaine
- Ecstasy
- LSD
- Medicines (prescribed and over counter)
- Opiates
- Everyday substances such as glue, lighter fuel and solvents

3.5 Solvent Misuse

Solvent abuse involves inhaling the fumes from domestic and industrial products creating a strong intoxication. Examples of some solvents are:-

- Fast drying glues and adhesives,
- Assorted paint and petroleum products,
- Lighter fluid, dry-cleaning fluids, assorted aerosol sprays,
- Surgical spirit, cleaners etc.

These lists are not exhaustive.

3.6 Effects of Alcohol/Drugs and Solvent Misuse

3.6.1 Signs and effects of alcohol misuse

Alcohol misuse / problem drinking may be either intermittent or continual, and identified where it definitely and repeatedly interferes with a person's health, social functioning and / or work capability or conduct.

Signs and effects of alcohol misuse may include the following:

- Poor performance
- Uncharacterised behaviour
- High sickness/absence and patterns of absence, e.g., frequent absence on Mondays, or at weekends
- Poor disciplinary record
- Excessive tardiness or breaks
- Frequent errors of judgement or memory loss
- Lethargy, facial flushing, hand tremor, smelling of alcohol
- Poor personal appearance and hygiene

The list is not exhaustive.

There is no single characteristic that can identify problem drinkers. However the above may indicate the presence of an alcohol related problem, especially when occurring over a period of time.

There is growing recognition that alcohol can contribute to inefficient working, accidents at work, absenteeism and health problems. For example, drinking before work or before driving can cause serious accidents. This is due to reduced physical co-ordination and reaction speed. It also affects thinking, judgement and mood. This highlights the importance for employees not to drink before coming to work, and not to drink heavily the evening before coming to work. Given that it takes the body an average of one hour to process one unit of alcohol (half a pint of beer, one small glass of wine) it is easy to see how an employee could be under the influence well into the next day following a heavy drinking session.

3.6.2 Signs and effects of drug misuse include the following:

- Sudden mood changes
- Unusual irritability or aggression
- A tendency to become confused
- Abnormal fluctuations in concentration and energy
- Impaired job performance
- Poor time-keeping
- Increased short-term absence
- A deterioration in relationships with colleagues, customers or management
- Dishonesty and theft (arising from the need to maintain an expensive habit)

This list is by not exhaustive.

It must also be remembered that the above could also be caused by other factors such as stress, and so should only be used as indicators.

3.6.3 Signs and effects of solvent misuse include the following:

Solvent abuse can result in:-

- A dazed appearance
- Unsteadiness
- Slurred speech and unpredictable behaviour.
- Possible vomiting, choking and on occasions unconsciousness
- Unexplained bad head ache
- Red rash around the mouth.

Under the influence of solvents, users can undertake dangerous and reckless acts and be at increased risk from accidents.

3.7 Management of Suspected Alcohol or Drug/Solvent misuse

Where any employee suspects that another employee has arrived on duty unfit to work due to the effects of alcohol, drugs or solvents or has been found to be drinking on duty (which included break periods) the matter should be immediately referred to the appropriate Line Manager either on duty or on call if out of hours. The manager to whom the matter is referred should meet with the employee before deciding what action should be taken. The emphasis will be on ascertaining the employee's fitness to work.

If, following a risk assessment (further details in the Policy Toolkit) it is considered that the employee is unfit to continue their work and may be at risk, place others in a risk situation or put patients at risk, the employee will not be allowed to continue working. The following options should be provided:

- Transport home
- Contact a relative/friend

The employee will be considered to be on sick leave for the remainder of their shift.

A further meeting should take place as soon as possible, ideally at the commencement of the employee's next shift. At the meeting the following points should be considered:

- Discuss the incident where the employee attended the workplace under the influence of alcohol, drugs or solvents.
- Where the employee indicates that they have a dependency problem offer support and refer to the Occupational Health Department and encourage the employee to see their GP. If the employee wishes, direct them to another support agency notifying Occupational Health accordingly.
- In the event that the employee does not indicate a dependency problem, consider next steps which may include a formal investigation into the events and suspension/exclusion from duty depending on the circumstances. Advice will be sought from an HR Business Partner/Advisor.
- Confirm the meeting outcome in writing to the employee.

At this meeting the employee will be given the right to be accompanied by a recognised Trade Union Representative, or a Workplace Colleague of their choice, management may be supported by a Human Resources Business Partner or HR Advisor.

In addition to the management options, if an employee states that they may have an alcohol, drug or solvent related problem they may choose to refer themselves to an appropriate external agency and there are useful contacts in the policy toolkit. In this instance Occupational Health should also be notified.

If, following Occupational Health medical advice, the employee is considered to have an alcohol, drug or solvent related problem and wishes to fully engage in any treatment/support offered this should be dealt with in accordance with Section 3.8 of this policy. Where the employee does not wish to engage in a programme of support to treat the problem the event leading to the referral will be dealt with in accordance with the Disciplinary Policy (see 3.10 of the Alcohol, Drug and Solvent Abuse Policy)

In the case of an employee whose work performance is suspected of being impaired through alcohol, drugs or solvent misuse this should also be dealt with in accordance with Section 3.8 of this policy.

3.8 Problem Drinking/Drug/Solvent Misuse

The Trust is committed to providing appropriate support at the earliest possible opportunity to any employee who has an alcohol, drug or solvent related problem. For this support to be effective however, the employee must:

- First recognise and accept that they have a problem
- Be willing to engage in a programme of treatment.

Management, Workplace Colleagues, Trade Unions, Occupational Health, Employee Assistance Programme and other staff support services can play an important role in encouraging the employee who has the problem to seek help.

During and after treatment the Trust reserves the right to redeploy the employee in his/her own interest or the interest of the service. This would only occur after treatment if medical opinion suggests that the employee should not return to their substantive post.

The employee must complete the treatment programme to the satisfaction of the treatment provider and the Trust. The employee must then return to a satisfactory level of performance

within the period specified by the Trust and on the advice of Occupational Health. This would ordinarily be for no longer than 3 months but may be extended in line with the treatment plan.

Where, exceptionally, time off work for treatment during the working day is needed, the Line Manager will need to be informed and provided with the reason for the need to take time off. The time off should be taken within the provisions of the Special Leave Policy depending on the length and nature of treatment required.

The employee will be given time-off under the sickness provisions in their Contract of Employment and in line with the Managing Attendance Policy if they remain unfit for duty as a result of alcohol, drug or other solvent misuse on the understanding that they:

- Co-operate fully with any programme of support/treatment
- Agree to seek support from the Occupational Health Department who will liaise with the treatment agency regarding their attendance and co-operation with treatment

Where the employee has taken time off for treatment, arrangements for a return to work will be arranged with the Line Manager and HR and advice sought from Occupational Health as required.

Where an employee fails to complete the programme or to return to a satisfactory level of performance, the Trust may resume action in accordance with the Disciplinary Policy, Capability and Performance Policy, and Managing Attendance Policy as appropriate in the circumstances.

Should the employee, following the offer of support, be unwilling to acknowledge that they have a problem and decline help, their performance will be dealt with in accordance with the Disciplinary Policy.

It is recognised that work performance may continue to suffer as a result of drinking/drug/solvent misuse:

- During treatment or support
- After treatment
- Following a return to employment.

The impact of this and any repeat incidents of reporting to work under the influence of alcohol, drugs or solvents will be considered in the context of the individual circumstances. If appropriate, further opportunities to obtain help may be provided following advice from Occupational Health and Human Resources.

3.9 Refusal to Accept Offer of Help

If the employee refuses to accept they have a problem/ declines Occupational Health referral it should be made clear to the employee what the implications of non-cooperation are which may be:

- Commencement of disciplinary proceedings
- Continuation of action under the Disciplinary, Capability or Attendance Management Policy

3.10 Considerations for Disciplinary Action

Whilst acknowledging the Trust's overriding responsibility to ensure the safety of staff, members of the public and patients in its care, the management aim in relation to drug/alcohol/solvent abuse is rehabilitation with appropriate guidance and support provided by the Occupational Health Department.

Where a manager has reasonable belief (which can be substantiated) that an offence or work problem results from or reflects possible drug/alcohol/solvent abuse, this must be taken into account in determining the appropriate course of action.

In other than the most serious cases and where the manager and member of staff acknowledge the health problem and agree a course of action aimed at rehabilitation, disciplinary or other formal action will be inappropriate.

The Trust intends to distinguish between the employee for whom drinking or drug/solvent taking is becoming a problem and wishes to seek help, and misconduct due to poor performance or alcohol, drugs/substance use which will be dealt with under the Disciplinary and Capability Policy.

3.10.1 Misconduct

Misconduct involving alcohol/drugs/ solvents where the employee does not accept they have a problem will be treated under the Disciplinary Procedure. If during the course of a disciplinary investigation or interview, it becomes apparent and it's acknowledged by the employee that they have an alcohol/drug/solvent related problem, the following options are available:

- No disciplinary action is taken for this particular misconduct providing the employee recognises and accepts they have a problem and is willing to actively engage in an Occupational Health referral and in a programme of support.
- The misconduct is serious enough that it merits disciplinary investigation/action being taken in addition to a referral to the Occupational Health Department and engaging in a programme of support.
- Notwithstanding the Trust's willingness to support employees with an alcohol/drug/solvent related problem to retain their employment, and the employee being willing to seek help, the nature of the offence may be deemed as potential gross misconduct and dealt with in accordance with the Disciplinary Policy

If the matter goes ahead and a disciplinary sanction other than dismissal is given, the employee's behaviour and performance should be monitored over an agreed period following the disciplinary outcome.

Where treatment is received and improvements are noted and monitored, the employee will undergo no further disciplinary action. This may not be the case in the event of any subsequent failure to maintain acceptable standards of performance and conduct in relation to alcohol/drug/solvent misuse.

In the most serious cases where dismissal may be a consideration, if an employee accepts they have a problem related to alcohol/ drug/ solvent abuse and agrees to accept appropriate help and/or treatment, a lesser sanction may be applied.

3.11 Return-to-work support

Employees who overcome alcohol/drug/solvent related problems and successfully return to work can expect no detriment to their career prospects. If appropriate, and supported by Occupational Health advice the Trust will sympathetically consider redeployment.

Each person's recovery process is different and returning to work will be appropriate for different people at different stages of recovery, but a flexible return to work can form a useful part of a person's rehabilitation.

Where the employee has been absent, as the time draws near, a return-to-work plan will be made with the employee in consultation with Occupational Health and/or HR, taking into account advice from treatment agencies involved.

3.12 Relapses

Successful recovery from alcohol/ drug/solvent problems may involve an employee changing their reactions to life circumstances, their patterns of behaviour and thinking patterns. This takes time and involves the need for a willingness to incorporate new concepts and ideas.

Relapses do occur, especially in the early stages of recovery. Management may decide to take the potential for relapses after the return to work into account, especially if the employee has shown good progress before the relapse.

Monitoring that gradually decreases over an agreed period can be incorporated into the return-to-work support, depending on the frequency and nature of the relapses.

3.13 Confidentiality and Privacy

Employees with an alcohol/drug/solvent problem have the same rights to confidentiality and privacy as they would if they had any other medical or psychological condition.

Health information is sensitive personal data under the Data Protection Act. All information and reports surrounding possible alcohol/drug/solvent misuse must be handled securely and confidentially. This includes the recording of performance interviews with regard to both support and disciplinary action.

Care should be taken with the wording of emails and interdepartmental memos regarding supportive and disciplinary meetings. All employees have the right to see their personnel record and the right to privacy.

It is the employee's choice whether to be open with none, some or all colleagues about the reasons they may need extra time off and what they're doing about their problems. Openness can result in greater understanding and support for the person concerned; however, legally, this is and must be the choice of the employee.

Matters arising under the remit of this policy will be handled in the strictest of confidence and unwarranted disclosure of information will be regarded as a disciplinary matter. However, where legal issues require disclosure, the Trust will be forced to assist with enquiries, for example, where drug offences have been committed.

3.14 Police Involvement

The possession, supply, or intent to supply, of certain drugs is illegal, and may lead to criminal proceedings. If a Line Manager is aware or suspects that an employee is acting in an illegal manner the involvement of the police should be considered. The matter should be referred to the Director of Strategy & Organisational Development for advice. The Director of Strategy & Organisational Development will then decide whether to notify the police.

If the police decide not to instigate proceedings, Line Managers must themselves consider what further investigations and actions are needed.

If the police are simultaneously conducting their own enquiries, the Line Manager investigating the incident should make every effort to conduct the investigation in co-operation with theirs. If there seems to be a danger that investigations by management may prejudice police enquiries or court proceedings, the Line Manager should consult the police and the Trust's own legal advisors before proceeding. The police should not have a veto on investigation(s) that management properly believes should be conducted at the same time as police enquiries.

An alcohol-related incident may be reported to the police as necessary.

3.15 Involving Professional Bodies

Incidents involving allegations of professional misconduct by a registered healthcare professional may be reported to the appropriate statutory body by the appropriate professional Head or Director of Strategy & Organisational Development.

3.16 Information and Resources

Providing information and resources will enable Line Managers and employee's to understand more about alcohol/drugs/solvent misuse, to recognise its symptoms and side effects and encourage people to seek help by making them aware of the support that is available. The Trust will aim to raise awareness through various inductions, health and safety training, management training and general health and wellbeing promotions / campaigns.

4. Policy Implementation Plan

The Director of Strategy & Organisational Development will be responsible for implementation of this policy.

This Policy has been consulted widely throughout the Trust with Managers and Staff Side partners.

The policy will be implemented on a Trust wide basis. The policy will be made available on the intranet and disseminated to all wards / departments.

Managers have a responsibility to ensure employees have read and understood this policy and procedure. New employee's will be informed of the policy as part of their Trust Induction.

Employee and management awareness will be provided via divisional and corporate structures. Employee awareness will be raised via the Trust Newsletter, Team Brief and Corporate Communications.

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5. Monitoring of Compliance

The effective implementation of this policy will be monitored by the HR and Education Group with delegated responsibility from the People Committee.

Equality Analysis

Introduction and Guidance

The change in terminology from “equality impact assessment” to “analysis of the effects” is intended to put more focus on the quality of the analysis and how it is utilised in decision making and less on the production of a document. It is not a one-off exercise but an on-going and cyclical process.

It is important that you conduct your equality analysis (EA) from the very beginning of the process of development (be it a strategy, policy, practice, provision or decision). The person who is responsible for the development, or is advising the decision maker, needs to undertake the assessment with appropriate support. If working in partnership a collaborative approach saves time, shares expertise and knowledge and avoids duplication of effort.

You must demonstrate that:

- engagement with the appropriate stakeholders has taken place in **accessible** and **proportionate** ways
- comprehensive equality monitoring of all engagement activities that you have initiated has taken place with all stakeholders (e.g. if a particular provision is targeted at a specific group, e.g. disabled people, it is still important to monitor all equality categories)
- evidence relating to dates and venues and/or methods used to engage is available
- feedback has informed and influenced developments.

In the case of reviewing and updating current practice you must ensure that any lack of engagement or incomplete monitoring in the past is rectified during the updating process.

EA applies to all activities including analysing the cumulative effect of a number of decisions when made together, and the implementation of something that has been developed by an external body e.g. a government department.

The “**protected characteristics**” (PCs) listed in the Equality Act 2010 and covered by the Equality Duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Civil partnership and marriage are also covered but not for all aims of the duty. **Protected Groups** (PGs) are based on the protected characteristics. These groups must be considered during the EA process.

Please note that it is not possible to include all the required information in the boxes below. The following is a framework for noting key points within which you must refer to underlying documents and other supporting detail. When completing this you will find it helpful to refer to the “Equality Analysis Checklist” at the end of this document for additional information.

A copy must be kept within your department for audit purposes.

To keep up to date on the latest guidance go to the website of the Equality and Human Rights Commission: www.equalityhumanrights.com

6. Equality Analysis Framework

Tick Category (after completion of assessment)	Not Relevant (NR)	√	Relevant (R)	
Signature of Manager/Group Responsible	Janet Doran			
Date	31 st December 2015			

Department/Function	Human Resources
Lead Person	Janet Doran, Head of HR
Contact Details	Janet.doran@lhch.nhs.uk
Name of Strategy/ Policy/ Procedure/Service to be Analysed (including procurement)	ALCOHOL /DRUGS/SOLVENT MISUSE POLICY
Is this a new or existing Strategy/Policy/Procedure/Service?	Existing
<p>1. What are the main aims and/or objectives of the strategy/ policy/procedure/service and to what extent is equality a relevant consideration? (e.g. a policy that lists the frequency of checking the temperatures of hospital fridges would have no relevance to equality (NR) but a change or cut back to a current service would have relevance (R)).</p> <p>Take account of the protected characteristics (PC's)/ groups and outline your reasons for your chosen category in as much detail as possible. Tick "R" or "NR" at the top of this page. If "NR" has been chosen finish here once your reasons have been given in the box on the right.</p>	<p>The Trust wishes to promote sensible and responsible practices in relation to alcohol and raise awareness regarding the potentially damaging consequences to health caused by drugs and solvent abuse.</p> <p>Alcohol/drug and solvent misuse for the purpose of this policy refers to the use of illegal drugs and the misuse of legal drugs, solvents and alcohol.</p> <p>The Trust has set out this policy in order to deal with alcohol/drug and solvent related problems sympathetically, fairly and consistently.</p>
<p>1. How will you scope your equality analysis?</p> <p>2. Fill in details under the headings in the box on the right.</p> <p>You may want to involve other key people and organisations at this</p>	<p>How do the aims of the development relate to equality? (Consider purpose, operational context, beneficiaries, intended results and needs including those of PGs.)</p> <p>Which groups could be usefully engaged? (Consider ways by which you can engage with</p>

<p>stage and you may find that you need to change your plans as you work through the questions.</p>	<p>stakeholder groups and seek out new sources of information to help fill gaps.)</p>
	<p>What aspects are relevant to equality? (Consider each part of the development and any related issues.)</p>
	<p>Which PCs are relevant? (If potential impact on PCs could vary you may need to prioritise.)</p>
	<p>What equality information is available? (Consider local, regional and national data, other related information e.g. Joint Strategic Needs Assessment (JSNA), Community Strategy and anecdotal information.)</p>
	<p>What are your information gaps? (There is a shortage of information regarding some PCs)</p>
<p>3. How will you analyse your equality information?</p> <p>Fill in details under each heading in boxes to right</p>	<p>Using information to understand the effect on equality. (Take an overview of the information but be wary of drawing general conclusions e.g. “this benefits everyone”. It may be that outcomes will differ between PCs or targeted interventions are required.)</p>
	<p>Findings of your analysis. (This can result in 4 decisions: no major change / adjust what was proposed / continue as planned / stop and re-think or remove. If there is a need for an action plan at this stage develop one.)</p>
	<p>Documenting your analysis. (It is important to record details of your assessment and analysis. Public authorities subject to the specific duties must publish their analysis.)</p>
	<p>Next steps. (When you have decided on your course of action you may consider it helpful to invite views on your findings. It is important that you can validate the conclusions that you have arrived at.)</p>
<p>4. How will monitoring and review be carried out? EA is an on-going process that does not end once implementation has begun.</p> <p>Plan a review timetable taking into account any specific requirements that have been identified and enter in box to right.</p> <p>(NB Ensure that procurement activity of any size identifies the equality, diversity and human rights requirements, including evaluation, monitoring and review arrangements, within tender and contract documents)</p>	

<p>5. Are you ready to have the development signed off and publicised? Although EA is an on-going process there is a stage when adoption and signing off can occur.</p> <p>Fill in details under each heading in boxes to right</p>	<p>Decision makers must be clear about how the EA has informed and influenced content and have due regard to the findings when giving final approval.</p>
	<p>The specific duties require that equality information is published and recommend that the EA is published alongside the development, policy or decision that it relates to.</p>
<p>6. List the additional supporting evidence and sources of information that have informed this EA in box to the right.</p>	

Equality Act 2010 – Background Information

Protected characteristics (PCs) are: age, disability, gender reassignment, pregnancy & maternity, race, religion or belief, sex and sexual orientation. **Marriage and civil partnership** are only covered by the first aim of the general duty outlined within the Equality Act 2010.

Those covered by the general duty must in the exercise of their functions have regard to the 3 “aims” or “arms” of the duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act (*i.e. removing or minimising disadvantage suffered by people due to their PCs*)
- Advance equality of opportunity between people who share a protected characteristic and those who do not (*i.e. taking different steps to meet the needs of people from protected groups (PGs) where these are different from the needs of other people*)
- Foster good relations between people who share a protected characteristic and those who do not (*i.e. encouraging people from PGs to participate in public life or in other activities where their participation is disproportionately low.*)

Disabilities must be catered for and meeting the above requirements may involve treating some people more favourably than others.

The **general duty** applies to all Schedule 19 listed bodies e.g. health bodies, police and transport authorities, government departments. Other organisations that carry out public functions are also covered by the general duty e.g. voluntary sector or private bodies that carry out public functions. There are a few exceptions – if in doubt seek legal advice.

The **specific duties** apply to virtually all bodies listed in Schedule 19 and require the listed body to:

- Publish sufficient information to demonstrate compliance with the general duty across all functions including: information on the effect that its policies and practices have had on people who share relevant PCs, to demonstrate the extent to which it furthered the aims of the general duty for employees and for others with an interest in its functions. (*Public authorities with fewer than 150 employees are exempt from the employee provision*)
- All public authorities must **publish**: evidence of analysis that they have undertaken; details of the information considered; details of engagement they undertook; **prepare** and **publish** equality objectives that must meet one or more aims of the general duty.
- The published information must also be considered before preparing objectives that are specific and measurable; how progress will be measured must be stated. **Information on objectives must be published at least every 4 years** in an accessible format either separately or as part of another document. **Progress must**

be reported on annually and it is recommended that this is done incrementally throughout the year.

To keep up to date on the latest guidance go to the website of the Equality and Human Rights Commission: www.equalityhumanrights.com

7. Endorsed By:-

Name of Lead Clinician/ Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date

8. Record of Changes

Section Number	Version Number	Date of Change	Description of Amendment	Description of Deletion	Description of Addition	Reason