

ALCOHOL AND SUBSTANCE MISUSE POLICY

July 2017

Date Issued:	November 2017
Date to be reviewed:	3 years or if statutory changes are required

Policy Title:	Alcohol and Substance Misuse Policy	
Supersedes:	Previous Alcohol and Substance Misuse at Work Policy	
Description of Amendment(s):	New Policy for CCG employees	
This policy will impact on:	All staff	
Financial Implications:	No change	
Policy Area:	HR	
Version No:	1	
Issued By:	eMBED Health Consortium	
Author:	HR Policy Lead - on behalf of Hull CCG	
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Review Date:	19th July 2020	
APPROVAL RECORD	Social Partnership Forum (SPF) Sub Group	
	SPF	
	Governing Body – GDPR Amendments	23 March 2018
Consultation:	All Staff via website	November 2017
SLT Members	Consultation:	



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1. POLICY STATEMENT

- 1.1 NHS Hull CCG (the CCG) is committed to promoting the wellbeing of all its employees, and recognises that alcohol and substance misuse cannot only affect their health but also attendance, work performance and relationships with colleagues, and safety of colleagues, stakeholder and patients.
- 1.2 This policy applies to all employees, and any agency or contract staff (including honorary contracts) whilst they are working for the CCG and strictly forbids:
 - the use, possession or sale of illicit drugs on CCG premises and if this situation occurs, disciplinary action will be taken which may lead to summary dismissal and notification to the police
 - the consumption of alcohol whilst on duty.

2. PRINCIPLES

- 2.1 This policy will be communicated to staff via team meetings/team brief and approved policies will be published on the CCG's website.
- 2.2 Support will be available to all Line Managers in the implementation and application of this policy.

3. IMPACT ANALYSIS

3.1 Equality

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached at Appendix 4. As a result of the initial screening, the policy does not have an impact on the equality strands as the policy provides information for all staff levels, encourages employees with problems to seek help voluntarily and also provides a clear framework for the management of these employees in a caring and supportive way, regardless of their equality status.

3.2 Bribery Act 2010

BRIBERY ACT

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.



The Bribery Act applies to this policy.

4. MONITORING & REVIEW

- 4.1 The policy and procedure will be reviewed and audited periodically by the HR Team in conjunction with the senior leadership team and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCG's Data Protection and Confidentiality and related policies and procedures.

5 POLICY PURPOSE & AIMS

- 5.1 The purpose of this policy is to provide managers with guidance for managing the effects of alcohol and/ or substance misuse by employees, agency and contract staff. All such matters must be handled by managers with sensitivity and in confidence, with any information being released to other parties on a "need to know" basis only.
- 5.2 This policy also provides support for all staff with managing the effects of alcohol and or substance misuse. All employees have an obligation to take reasonable care of themselves and others who could be affected by their actions at work. The CCG recognises that this can be put at risk by employees who misuse alcohol and substances to such an extent that their health, work performance, conduct and working relationships are affected in addition to the health and safety of patients.
- 5.3 The CCG is concerned about and has an obligation to take care of the health, safety and welfare of its employees. Whilst this policy sets out the CCG's aims to protect and maintain the health, safety and welfare of employees and others in the workplace by reducing the risk of alcohol and/or substance misuse related harm in accordance with the Health & Safety at Work Act 1974; the same principles will also be adopted in dealing with any form of compulsive or addictive style of behaviour.

6 DEFINITIONS

- 6.1 Alcohol and/ or substance misuse in the context of this policy is defined as:
'Behaviours resulting from the misuse of alcohol, drugs and other substances which harm or have the potential to harm the individual, (both physically and/ or mentally), and, through the individual's actions, other people and the environment or is impacting on their ability to deliver their role appropriately.'
- 6.2 Misuse can be divided into three different types:
- Inappropriate use, where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances.
 - Habitual use, where an individual becomes dependent to the extent that the desire for the effects becomes a dominant concern in their life, to the detriment of other aspects of their life.

- Excessive use, which can lead to short or long term physical and mental impairment, illness or anti-social behaviour. Intoxicating substance changes the way the user feels mentally or physically.

It includes alcohol, illegal drugs, legal drugs, prescription medicines (e.g. anti-depressants), solvents, glue, lighter fuel etc.

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Individual Responsibilities

All employees are individually responsible for taking all reasonable precautions to ensure their fitness for work. Employees have a responsibility for their own health and safety in the workplace and employees must take personal responsibility for their own alcohol and/or substance use. Managers may, however, periodically wish to remind employees of their individual responsibility for this.

Under no circumstances should an employee report for work, while under the influence of alcohol or illegal drugs.

Employees must not sell, possess, purchase, supply or use alcohol or illegal drugs on CCG premises including any external premises at which they are working, based or visiting. This includes meal breaks on or off site/ CCG premises, which are classed as working time under the Working Time Regulations. Failure to adhere to the above constitutes gross misconduct and will be dealt with in accordance with the CCG's Disciplinary policy and may lead to prosecution. Misuse of legal or prescription drugs or other legal substances during work time will also be dealt with in this manner.

Employees who are taking prescribed medication must inform their Manager if they think it may have an adverse effect on their ability to carry out their duties.

Employees must not drive vehicles which are leased by the CCG for them to use on CCG business or vehicles which are their property for the purposes of work whilst under the influence of alcohol or other illegal substances. This may lead to prosecution.

All employees must be fit to commence their duties and must remain so throughout their working day.

Employees who have an alcohol or drug problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter with their Line Manager, with occupational health, their GP, local alcohol/ substance misuse agency or with a national helpline (see Appendix 5). Where it is problematic to approach a direct line manager due to the nature of the issue, another line manager or director can be approached. This applies to all reference to line manager within the policy.

Employees should familiarise themselves with the Policy, its aims and their responsibilities in relation to alcohol and/ or substance misuse.



7.2 **Manager's Responsibilities**

Managers have a responsibility to provide support to staff and to investigate any issues in relation to alcohol and/ or substance abuse. Line Managers who suspect an employee of having an alcohol or drug problem should discuss the situation with the employee, urging them to seek advice and support. Managers are expected to discuss alcohol or substance misuse concerns involving their employees with the HR department before taking any action.

Appendix 1 gives details of the signs and effects of alcohol and/ or substance misuse and Appendix 2 gives guidance for Line Managers.

Where a Manager suspects that an employee is under the influence of alcohol or substances at work, immediate medical suspension should be considered. They should seek the opinion of another senior manager and notify their HR representative before any decision is made to suspend an employee. Section 19 of this policy makes reference to the procedure when suspending an employee.

Line Managers should ensure that their staff are aware of and are given time to familiarise themselves with the policy, its aims and their responsibilities in relation to alcohol and/ or substance misuse. All policies are available on the CCG's website and familiarisation is particularly relevant as part of the induction process but may also be appropriate at other times, such as the introduction of a new policy.

7.3 **Role of HR**

The HR department will provide advice and support to managers and employees in the implementation and review of this policy.

8 IMPLEMENTATION

8.1 This policy will be communicated to staff via team meetings/team brief and will be published on the CCG's website.

8.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's Disciplinary procedure.

9 TRAINING & AWARENESS

Training and support will be available to all line managers in the implementation and application of this policy.

10 MONITORING & AUDIT

The policy and procedure will be reviewed periodically by Human Resources in conjunction with managers and Trade Union representatives where applicable. Stress related absence will be reviewed as part of the workforce reports, recommending any action where required.

11 POLICY REVIEW

- 11.1 The policy and procedure will be reviewed after 3 years in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately. Staff will be informed of any changes to this policy or legislation.

12 ASSOCIATED DOCUMENTATION

Attendance Management Policy
Disciplinary Policy and Procedure
Managing Stress in the Workplace Policy
Whistleblowing Policy

APPENDICES

- Appendix 1 Signs and effects of Alcohol and or Substance Misuse
Appendix 2 Procedure for dealing with employees with a suspected alcohol or substance misuse problem
Appendix 3 Sources of help
Appendix 4 Equality Impact Assessment Guidance and Form



PART 2

PROCEDURE

13 Support

The CCG wants to encourage and support employees who may have an alcohol and/ or substance misuse, dependency or problem by assisting them in seeking help and supporting them in overcoming alcohol and/or substance misuse related problems. Where these are suspected, the manager is encouraged to arrange a private, informal meeting to discuss their concerns, the information in this policy and the support that is available. Guidance on conducting this meeting can be found in Appendix 2.

In cases of alcohol and/ or substance misuse, Occupational Health advice will be sought and advice taken from other relevant parties (for example GP's, Social Services, Alcoholics Anonymous etc.) where appropriate. The consent of the member of staff should normally be obtained, but if there is a serious concern and they refuse to give their consent, the management referral should proceed.

Employees who have an alcohol and/ or substance misuse problem, or who suspect they may have a problem, are encouraged to seek help either by discussing the matter confidentially with their immediate manager, or an external agency (see appendix 5), Occupational Health, Human Resources or their General Practitioner.

Staff can also make a confidential self-referral to Occupational Health for help and support. Clinical details and advice to staff are kept in the strictest confidence and Occupational Health only divulge details with written agreement from the member of staff, except in cases where there may be a serious risk to that person, patients, other staff or the public. Requests for assistance will be treated in strict confidence and will in no way affect the employee's job security, benefits etc. Information will only be released to third parties on a "need to know" basis.

This document details various forms of support in sections 15 and 16, as well as further information which may be applicable dependent on the extent the effects the substance misuse has on the individuals performance and conduct at work.

14 Rehabilitation

If an employee is required to complete a rehabilitation period in line with the Attendance Management Policy, then normal arrangements (as outlined in that Policy) will apply. Where a rehabilitation period is attached as a sanction to a formal warning (for example reduced hours) the employee will be responsible for complying with this condition.

Every effort will be made to ensure the employee returns to his/ her job on completion of the rehabilitation programme. In cases where the employee is not considered fit to return to the same job or where doing so, may undermine recovery, efforts will be made to find suitable alternative employment. This may include, if necessary, where reasonable, a period of retraining.

If, after returning to employment during or following the rehabilitation programme there is a recurrence of the alcohol and or substance misuse issue, each individual case will be considered on its merits at that time. A further opportunity may be given to commence an

additional rehabilitation programme if appropriate, however, disciplinary action may be considered if all avenues have been exhausted and no improvement has been made. This could include dismissal.

If a programme of rehabilitation is introduced then the employee can take sick leave whilst seeking support and will therefore be entitled to the benefits that accrue.

15 Involving the Police and Professional Bodies

The possession of illegal drugs with the intent to distribute, use or supply is a criminal offence and the CCG has a duty to report this to the police immediately. If as a result of either an internal or police investigation there is evidence that illegal drugs are/ have been on the CCG premises including any external premises at which they are working, based or visiting or in the possession of CCG staff, then the matter will be dealt with as potential gross misconduct in accordance with the CCG Disciplinary Policy and may lead to termination of employment.

An employee who is charged with, or convicted of, a criminal offence (including receipt of a summons) must inform their line manager as soon as possible. In such circumstances the manager should seek advice from the Human Resources Department as to what course of action may be appropriate. Notification about criminal proceedings or a conviction will not necessarily lead to disciplinary action being taken. Following disclosure the CCG will determine what, if any, action will be taken after considering the facts of the case and the relevance of the charge or conviction to the job undertaken.

Incidents involving allegations of professional misconduct relating to alcohol or substances maybe reported to the appropriate professional body.

16 Corporate Hospitality and Work Related Social Functions

At work related social functions the CCG expects employees to demonstrate responsible behaviour and to act in a way that will not have a detrimental effect or impact negatively on the CCG's reputation.

Employees must be mindful of their behaviour when attending all work related social events, even if they occur outside of normal working hours; ensuring they are respectful to colleagues and avoid offense and abuse.

17 Driving

In line with the Road Traffic Act 1988, employees driving in the course of their work should never attempt to do so whilst under the influence of alcohol and/or drugs. No criterion of the job role should lead to employees potentially breaching drink and/or drug driving legislation. Anyone who has a concern about this should consult their line manager. If an employee is convicted of a drink and/or drug driving offence they must report this to their line manager as soon as it is known. A decision will then be made, with HR advice as to the action to be taken and the employee may be subject to disciplinary action.

18 Performance and Conduct

The CCG distinguishes between the employee for whom alcohol and/ or substance misuse is a problem, and misconduct involving alcohol or substances which will be dealt with under the CCG's Disciplinary Policy. All issues will be treated with the strictest confidence.

Alcohol and/ or substance misuse can affect the performance of staff 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.

Some acts of misconduct while under the influence of any substance may be so serious that they must be considered as acts of gross misconduct rendering the employee liable to dismissal. (Please refer to the CCG's Disciplinary Procedure). This will include endangering the health and safety of themselves, colleagues or other persons.

Misconduct will also include being found to be illegally supplying, in possession of, or taking a controlled or uncontrolled drug at work or outside of work if that has a bearing on their suitability to continue in post.

The CCG will endeavour to offer help and assistance with any employee who has a substance misuse issue; however, it is also the responsibility of the employee to accept this help and assistance to improve their condition. Should any individual refuse help or discontinue a programme of treatment, this should not in itself be grounds for disciplinary action. However, unacceptable behaviour and standards of work, or actions endangering patients, members of the public or other staff will be dealt with through normal disciplinary procedures. Every case will be individually considered.

If it is felt that the individual's state is not drugs or alcohol related and they need medical attention, then they should be taken to a first aider, a casualty unit or their GP depending on the circumstances.

Staff may deny having an alcohol and or substance misuse problem. If this happens, the situation should be dealt with by making clear what improvement is required in their performance, behaviour or absence, within a stated timescale and how the situation will be monitored. The member of staff should also be advised who they can approach confidentially for help and advice. Please refer to the CCG's Managing Work Performance, Attendance Management and Disciplinary policies.

Following implementation of informal procedures, if there is no improvement within the timescales given, the relevant line manager must contact Human Resources, who will provide further advice and support on how to proceed in accordance with the CCG's Disciplinary, Managing Work Performance, and Management of Attendance policies.

19 Suspension

All employees must be fit to commence their duties and must remain so throughout their working day. Where a Manager suspects that an employee is under the influence of alcohol or substances at work, immediate suspension should be considered. Suspension (if necessary) would be dealt with under the Attendance Management Policy and advice must be sought from HR.

Suspension applies where a manager has concerns with regards to an employee and their

ability to undertake work without risk to themselves, the service or others. They may ask the employee to remain off duty until Occupational Health advice is sought. Alternative duties or place of work may also be considered at this point to support the employee.

Where an employee is suspended, the manager must ask the employee to leave the premises. Suitable arrangements should be made for the employee to be accompanied and ensure they can get home safely.

In situations where an employee is being investigated for misconduct relating to alcohol and/ or substance misuse, it may be deemed necessary to suspend the employee pending investigation; but only where there could be a risk to the employee, service, or others. Suspension pending misconduct investigations would be dealt with in accordance with the Disciplinary Policy.



SIGNS AND EFFECTS OF ALCOHOL AND SUBSTANCE MISUSE

The following symptoms and indicators may be evident if an individual has a drug or alcohol problem:-

- Frequent short term absence
- Poor timekeeping
- Unexplained absences from work area
- Sudden mood changes or unusual irritability or aggression
- Repeated accidents or mishaps
- Difficulty in recalling instructions or details
- Impaired job performance
- Appearing withdrawn or preoccupied
- Deterioration in relationships with colleagues, patients or management
- Deterioration in hygiene or physical health
- Clumsiness
- Difficulty walking
- Slurred speech
- Sleepiness
- Poor judgement
- Dilated pupils
- Glassy red eyes
- Loud talking

This list is not exhaustive and it is important to remember that the above symptoms may also signify other problems.



PROCEDURE FOR DEALING WITH EMPLOYEES WITH A SUSPECTED ALCOHOL OR SUBSTANCE MISUSE PROBLEM

Where a Manager suspects an employee has an alcohol or substance misuse problem they should take the following steps:-

DO

- Arrange to meet the employee in private
- Confirm that the meeting is informal
- Consider offering the employee the opportunity to be accompanied by a Trade Union representative or colleague at the meeting
- Discuss this policy and the help available
- Focus on work performance, attendance at work, relationships with colleagues and patients
- Be objective and factual
- Be consistent and specific
- Show concerns for the employee.
- Listen to what is said about personal problems
- Offer the opportunity of specialist help and advice if you feel there is a need
- Keep clear records of any discussions that have taken place
- Agree future action
- Arrange regular meetings to monitor progress
- Refer the employee to occupational health, giving time off for appointments
- Treat each employee individually

If at any point during the discussion clarity is required seek further advice from your HR representative

DON'T

- Comment on the employee's private life
- Rely on impressions or rumours for which documented evidence is lacking
- Make vague accusations
- Be judgemental
- Argue about the employee's problems
- Leave any ambiguity about the employee's situation and what needs to be done to rectify it



SOURCES OF HELP

Occupational Health – Tel: 01482 389333

Contact **NHS choices** for local sources of help

Website: [Find services - NHS Choices](#)

Let's Talk Depression and Anxiety Services in Hull

Website: <http://www.letstalkhull.org.uk/>

National Helpline Numbers

NHS Change 4 Life – Cutting Down on Alcohol

Online Tool - Tips and Advice for cutting down on alcohol.

Website: http://www.nhs.uk/Change4Life/Pages/cutting-down-alcohol.aspx0800_9178282

Alcoholics Anonymous

Self-help fellowship of men and women offering support and advice to people with alcohol problems or concerns.

Tel: 0845 769 7555

Email: help@alcoholics-anonymous.org.uk

Website: <http://www.alcoholics-anonymous.org.uk/>

FRANK (National Drugs Helpline)

Helps you find out everything you might want to know about drugs (and some stuff you don't). For friendly, confidential advice, Talk To FRANK.

Tel: 0300 123 6600

Email: frank@talktofrank.com

Website: <http://www.talktofrank.com/>

Drinkline

Drinkline offers the following services:

- Information and self-help materials
- Help to callers worried about their own drinking
- Support to the family and friends of people who are drinking
- Advice to callers on where to go for help

Tel: 0300 123 1110

Website: <http://www.patient.co.uk/support/drinkline>

Narcotics Anonymous

N.A. is a non-profit fellowship or society of men and women for whom drugs had become a major problem. They are recovering addicts who meet regularly to help each other stay clean.

Tel: 0300 999 1212

Email: meetings@ukna.org

Website: <http://ukna.org/>



Equality Impact Assessment:

Equality Impact Analysis:	
Policy / Project / Function:	Alcohol and Substance Misuse policy
Date of Analysis:	8 June 2016
This Equality Impact Analysis was completed by: (Name and Department)	HR team
What are the aims and intended effects of this policy, project or function ?	The aim of this policy is to provide guidance to those managing the effects of alcohol and/ or substance misuse by employees, agency and contract staff. This policy sets out the CCG's aims to protect and maintain the health, safety and welfare of employees and others in the workplace by reducing the risk of alcohol and/or substance misuse related harm in accordance with the Health & Safety at Work Act 1974.
Please list any other policies that are related to or referred to as part of this analysis	Management of Attendance Policy Disciplinary Policy and Procedure Managing Stress in the Workplace Policy
Who does the policy, project or function affect ? Please Tick ✓	Employees ✓ Service Users Members of the Public Other (List Below) ✓ Agency and Contract Staff

Equality Impact Analysis:

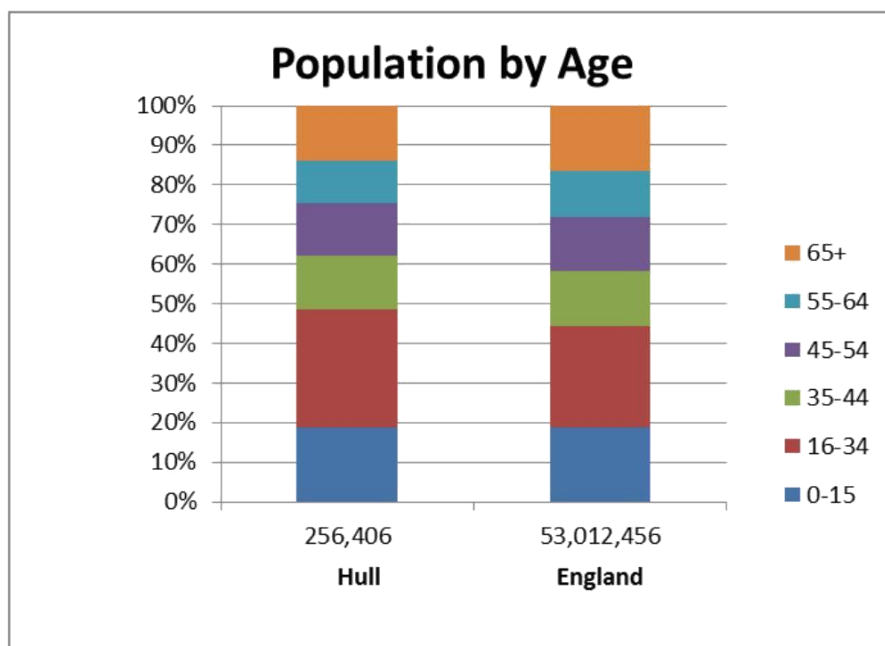
Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit (Employee data as at Oct 14)

Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit (Employee data as at Oct 14)

There are 50 GP practices in the Hull area which spans 7,154 hectares and, as a city, has relatively tight geographical boundaries with most of the 'leafy suburb' areas outside Hull's boundaries in East Riding of Yorkshire. As a result, Hull has a relatively high deprivation score, as measured by the Index of Multiple Deprivation 2010, with Hull ranked as the 10th most deprived local authority out of 326 (bottom 4%).

The resident population of Hull is 256,406 based on the 2011 Census data and 265,369 residents based on estimates from the local GP registration file as at October 2011. This equates to approximately 37 residents per hectare. The Joint Strategic Needs Assessment (JSNA) identifies considerable inequalities in health between Hull and England, and between populations within Hull.

Age



Compared to England, Hull has lower percentages of residents aged 10-19 years and 55+ years, but slightly higher percentages aged under 5, 20-34 years and 45-54 years. There is a relatively large difference between Hull and England for the age group 20-34 years, due to Hull's colleges and Universities.

There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The number of deaths occurring to Hull residents has decreased from 2,571 to 2,310 between 2001 and 2010. ONS estimated the resident population to



	<p>be 243,596 in 2001 compared to 260,424 residents based on the GP registration file, with the difference between these estimates narrowing over time. So, whilst it is difficult to quantify the exact increase in Hull's population, it has increased over recent years. Between 2010 and 2030, ONS estimate that Hull's population will increase from 266,100 to 311,900 residents, an increase of 17%.</p> <p>The figure above shows the population of Hull (2011 Census Data).</p>																
Race	<p>The percentage of the population from Black and Minority Ethnic (BME) groups has increased substantially since 2001. For the 2001 Census, it was estimated that 3.3% of Hull's population was not White British or White Irish, whereas Census data shows that this figure increased to 10.2% for 2011. There is no single BME group in Hull with much higher percentages compared to other groups. The 2011 census data shows:</p> <p>White British- 89.7% White Other - 4.4% Mixed – 1.3% Asian - 2.5% Black - 1.2% Other – 0.8%</p>																
Sex	<p>The gender split in Hull is approximately 50.1% men and 49.9% women. For 2008-2010, life expectancy in Hull was 75.7 years for men and 80.2 years for women compared to 78.6 years and 82.6 years for men and women respectively in England.</p>																
Gender reassignment	<p>No local information provided.</p>																
Disability	<p>According to the 2011 Census, it is estimated that approximately 19.7% of the Hull population lives with a long term health problem or disability compared with 17.6% for England. This information can be broken down further (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information) to include learning disabilities, physical disabilities, hearing impairments and visual impairments, as follows:</p> <table border="1"> <thead> <tr> <th>2012 Estimates</th> <th>Hull</th> </tr> </thead> <tbody> <tr> <td>Learning Disability (Age 18 – 64)</td> <td>4,078</td> </tr> <tr> <td>Learning Disability (Age 65 and over)</td> <td>762</td> </tr> <tr> <td>Physical Disability – Moderate (Age 18 – 64)</td> <td>12,222</td> </tr> <tr> <td>Physical Disability – Serious (Age 18 – 64)</td> <td>3,491</td> </tr> <tr> <td>Visual Impairment (Age 18 – 64)</td> <td>108</td> </tr> <tr> <td>Visual Impairment (Age 65 and over)</td> <td>3,263</td> </tr> <tr> <td>Hearing Impairment – Moderate or Severe (Age 18 –</td> <td>5,765</td> </tr> </tbody> </table>	2012 Estimates	Hull	Learning Disability (Age 18 – 64)	4,078	Learning Disability (Age 65 and over)	762	Physical Disability – Moderate (Age 18 – 64)	12,222	Physical Disability – Serious (Age 18 – 64)	3,491	Visual Impairment (Age 18 – 64)	108	Visual Impairment (Age 65 and over)	3,263	Hearing Impairment – Moderate or Severe (Age 18 –	5,765
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	64)																					
	Hearing Impairment – Moderate or Severe (Age 65 and over)	15,707																				
	Hearing Impairment – Profound (Age 18 – 64)	49																				
	Hearing Impairment – Profound (Age 65 and over)	402																				
Sexual Orientation	There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Hull however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.																					
Religion, faith and belief	According to the 2011 Census, 54.9% of the population have identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder of the population did not state anything (7.2%) or stated 'no religion' (34.8%).																					
	<table border="1"> <thead> <tr> <th>Religion</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>54.9%</td> </tr> <tr> <td>Buddhist</td> <td>0.3%</td> </tr> <tr> <td>Hindu</td> <td>0.2%</td> </tr> <tr> <td>Jewish</td> <td>0.1%</td> </tr> <tr> <td>Muslim</td> <td>2.1%</td> </tr> <tr> <td>Sikh</td> <td>0.1%</td> </tr> <tr> <td>Other Religion</td> <td>0.3%</td> </tr> <tr> <td>No Religion</td> <td>34.8%</td> </tr> <tr> <td>Religion Not Stated</td> <td>7.2%</td> </tr> </tbody> </table>		Religion	2011	Christian	54.9%	Buddhist	0.3%	Hindu	0.2%	Jewish	0.1%	Muslim	2.1%	Sikh	0.1%	Other Religion	0.3%	No Religion	34.8%	Religion Not Stated	7.2%
Religion	2011																					
Christian	54.9%																					
Buddhist	0.3%																					
Hindu	0.2%																					
Jewish	0.1%																					
Muslim	2.1%																					
Sikh	0.1%																					
Other Religion	0.3%																					
No Religion	34.8%																					
Religion Not Stated	7.2%																					
Marriage and civil partnership	This protected characteristic generally only applies in the workplace. Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.																					
Pregnancy and maternity	There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010.																					

Equality Impact Analysis:

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive) 1: Application success rates <i>Equality Groups</i> 2: Complaints by <i>Equality Groups</i> 3: Service usage and withdrawal of services by <i>Equality Groups</i> 4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>	<p>Yes employee data has been used to support the monitoring of the impact of this policy in the future. The employee data is not included due to the low number of CCG employees and concern around anonymity</p> <p style="text-align: center;">No <input style="width: 50px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Consultation has taken place both locally and nationally with Trade Unions and staff</p> <ul style="list-style-type: none"> • SLT • CCG Employees • SPF Sub group • SPF • Governing Body (approval)
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, but support is available for those who require it and the policy directs managers to other policies, where appropriate, which has been equality impact assessed separately.</p>



Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			This has been considered and has a neutral impact.
Race (All Racial Groups)	✓			As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. However this potential impact is minimised due to the development of the 'portal' facilities detailed in the action plan.
Disability (Mental and Physical)	✓			This has been considered and has a neutral impact.
Religion or Belief	✓			This has been considered and has a neutral impact.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			This has been considered and has a neutral impact.

Pregnancy and Maternity	✓			This has been considered and has a neutral impact.
Transgender	✓			This has been considered and has a neutral impact.
Marital Status	✓			This has been considered and has a neutral impact.
Age	✓			This has been considered and has a neutral impact.

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language removing this risk.	CCG Communications	April 2015	Complete

Equality Impact Findings:	
Analysis Rating:	Green
Red – Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.
Red Amber – Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
Amber – Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.
Green – No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

Brief Summary/Further comments	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
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Signatures	
Other Comments	
Confirmed by (manager):	
Corporate Affairs	Mike Napier, Associate Director of
(Name and Title) Date:	 15.03.17