

## Alcohol and Substance Misuse at Work Policy (HR-017)

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## 1. INTRODUCTION

It is essential that all employees of the Trust carry out their duties effectively, efficiently and in a manner that is safe both for themselves and others. There is an expectation that whilst on duty, members of staff present themselves in a way that will instil in our patients and others, the confidence that we are providing the quality of service which they need and deserve.

This policy is concerned with all forms of problems associated with substance misuse and includes alcohol, controlled drugs, prescribed and self-prescribed drug, glues, gases and solvents. The policy forms part of the organisation's health and safety arrangements designed to provide a safe, healthy workplace for all staff, clients and members of the public.

**Care Quality Commission (CQC)** – Essential Standards of Quality and Safety.

This policy supports the compliance with the Care Quality Commission Regulation 10.

Outcome 12 '**Requirements relating to workers**' People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experiences.

Outcome 14 '**supporting staff**' which states people are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.

Outcome 16 '**assessing and monitoring the quality of service provision**' Patients who use the service will benefit from quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## 2. SCOPE

This policy applies to all Trust employees, contractors and students irrespective of age, race, colour, religion/belief, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership in line with the Equality Act 2010.

All employees will be treated in a fair and equitable manner, recognising any special requirements of individuals where adjustments need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of this policy being implemented.

## 3. POLICY STATEMENT

Whilst the Trust is concerned with ensuring that a safe environment is provided, it recognises that this can be put at risk by employees who misuse alcohol or substances to such an extent that it affects their health, work performance, conduct and relationships at work.

This Policy has been developed in order to provide early practical support, time and sympathetic consideration for staff experiencing misuse problems whilst also providing a safe environment for clients and other staff. It applies to all employees and aims to:

- Facilitate the rehabilitation of employees who develop alcohol/substance misuse problems.
- Promote a progressive change in attitude towards sensible drinking and alert employees to the risks associated with excessive consumption of alcohol.
- Identify and support employees whose misuse of alcohol or other substances may pose a risk to themselves, clients or colleagues and facilitate their rehabilitation.
- Offer encouragement and assistance to employees who suspect or know that they have

alcohol or substance related problems to seek help at an early stage from the appropriate agencies.

- Not allow individuals to work where substances are affecting their performance.
- Forbid the use, possession or sale of illicit drugs on Trust premises and if the situation occurs, take disciplinary action which may lead to summary dismissal and notification to the police.
- Not allow staff to consume alcohol whilst on duty
- Safeguard any medicine or drug being used for working purposes within the Trust.
- To encourage staff to report potential problems associated with alcohol and substance misuse by providing safe and confidential reporting arrangements.
- Resolve any problems associated with an employee whose performance is impaired through alcohol or substance misuse.
- Take formal action as appropriate if abuse affects work.
- Take an approach which supports managers in excluding unsafe work practices which is consistent and fair to employees.

### 3.1. What is Substance Misuse?

In this policy, misuse refers to the use of illegal drugs and the misuse, intentional or unintentional, or other substances and drugs; both prescribed and self-prescribed, including alcohol and solvents. Substance misuse can harm the user both physically and mentally and possibly other people and the environment, through their actions.

Misuse covers three main areas:

- Inappropriate use, where use may aggravate an existing condition or situation, or is done in potentially dangerous or inappropriate circumstances.
- Habitual use, where the individual becomes dependent upon the effects of the substance to the extent that the desire for these effects becomes a dominant concern in their lives, to the detriment of other aspects of their lives and work.
- Excessive use, which can lead to mental and physical illness or antisocial behaviour.

### 3.2. Signs of Alcohol or Substance Misuse

The workplace can provide many opportunities for 'misuse' to be detected if the symptoms are made known to all staff. It may be a symptom, or a cause of a variety of problems at work or home. Clearly, the earlier that any difficulties are identified, the greater the likelihood is of the success of any offered assistance.

Some of or all of the following may be indicators or signs of alcohol/substance misuse:

- **Absenteeism** – multiple, unauthorised absences, large amounts of sick leave, absence on particular days (i.e. near the weekend or after payday), lateness to work, both in the morning and after lunch, leaving early, frequent absences from post, frequent occurrences of certain types of illness etc.
- **High level of increasing incidents or accidents** – both in and out of work. Studies of accidents where alcohol is involved have been estimated around 20%.
- **Low performance standards** – including missed deadlines, slow working, poor judgement and lack of attention to detail, unreliability and forgetfulness.
- **Lack of concern** – for appearance, personal hygiene, general physical incapacity and in the case of alcohol misuse, tremors and the smell of alcohol may be evident.
- **Paranoia** – unpredictable reaction to criticism, unreliability, avoiding colleagues, borrowing money, physical or verbal abuse of colleagues.

### 3.3. Confidentiality

The policy invokes strict confidentiality on the employee, the Occupational Health Department and, if they are involved, the manager and the treatment agency. Normal rules of confidentiality will govern all personal records.

However, the recipient of a disclosure may need to inform an authorised person where there is a risk to the employee's health and wellbeing or a criminal act may have occurred, in order to ensure that the allegation is dealt with in a proper manner. In all such cases, the individual will be informed that action is planned.

## **4. DUTIES AND RESPONSIBILITIES**

### **4.1. Chief Executive**

The chief executive will assure the Board that this policy is acted on through delegation to the appropriate business units and committees.

### **4.2. Trust Board**

- Ensure that this policy is acted on through delegation of responsibility for the development and implementation of the policy to the appropriate directors and committees.
- Ensure the policy, procedure and guidelines comply with UK law requirements
- Ensure the policy and procedures are monitored and reviewed formally through the appropriate committees e.g. TCNC

### **4.3. Directors and Assistant Directors**

The directors and assistant directors will ensure that this policy is acted on through a process of policy dissemination and implementation in collaboration with Trust senior managers.

### **4.4. Managers**

- Ensure they are familiar with the policy and that employees are aware of its existence and their responsibilities under it.
- Ensure they are alert to changes in work performance, attendance or sickness and accident patterns.
- Take an objective and non-judgemental approach when counselling or interviewing employees and to refer them for further assistance where appropriate.
- Identify and change, where possible, any aspects of the working environment which could lead to problems, e.g. harassment, constant workload pressure.
- Intervene as early as practicable where there are signs of problems and to take formal action if abuse affects the employee's work.
- Seek HR advice, particularly where substance/alcohol misuse may undermine the service in which the employee is working and may bring the service or the Trust into disrepute.
- Refer employee to Occupational Health, with their consent.

### **4.5. Occupational Health Department**

- Assess accurately an individual's health in relation to alcohol/substance misuse, either as managerial or self-referrals.
- Provide advice and guidance on how best to help an employee who has a problem which may be related to alcohol or substance misuse.
- Provide advice as to the impact of the health of an individual on work and consider health and work arrangements to support safe working without detriment to the individual's health.
- Help initiate and support appropriate access to care, when required.
- Monitor recovery, assist the employee in maintaining recovery and ensure the employee's health is safely compatible with their work.
- Help identify and assist in any educational initiative to promote knowledge and understanding of the effects of alcohol and drugs.

### **4.6. Human Resource Department**

- Ensure employees are aware of the existence and operation of the Alcohol and Substance Misuse Policy.
- Advise on the appropriateness or otherwise of the Disciplinary Procedure, Capability, Special Leave and Managing Attendance Policy, where necessary.

- Ensure that statistics on absence and sickness levels are analysed periodically and communicated to the appropriate managers.

#### **4.7. Employee Representatives**

- Work in partnership to promote the Alcohol and Substance Misuse Policy.
- Advise members of their rights and responsibilities under the policy and encourage them to seek help voluntarily, if appropriate.
- Represent members, if requested, in any problem or dispute about the application of the policy.

#### **4.8. Individual Employees**

- Be aware of the policy regarding the use of alcohol and drugs and the social, health and employment implications of misuse.
- Urge colleagues to seek help if they have problems arising from either alcohol or substance misuse.
- Seek help if they, themselves, have a problem with alcohol or substance misuse.
- Use alcohol responsibly so that work performance is not affected.
- Be aware that failure to seek help may lead to formal action being taken.
- Seek advice and highlight concerns, which may be about an employee, the patients and/or the service provided, to your line manager. There may be circumstances where you may need to notify the police in such circumstances such as believing a person is driving under substance influence.

### **5. PROCEDURES**

See Appendices 1, 2 and 3.

### **6. EQUALITY AND DIVERSITY**

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

### **7. MENTAL CAPACITY**

This is a non-clinical policy therefore not relevant.

### **8. 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.

For further information see <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Trust secretary on 01482 389194 or the Local Counter Fraud Specialist on 0191 441 5936 or email [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk).

The Bribery Act applies to this policy.

### **9. IMPLEMENTATION**

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

This policy does not require additional financial resource.

## **10. MONITORING AND AUDIT**

This policy will be monitored by the Human Resources Department via the Managing Attendance Policy and also the Occupational Health Department.

## **11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

Managing Attendance Policy  
Capability Procedure

## Appendix 1: Policy Guidelines for Dealing with Suspected Alcohol/Substance Abuse

- a. Staff who suspect or know they have an alcohol/substance misuse problem are to be encouraged to make that problem known voluntarily.
- b. Members of staff are encouraged to discuss any concerns regarding their colleagues with their manager or a member of the Human Resources Department. Any such concerns will be treated confidentially and in line with requirements to investigate concerns further following relevant Trust policies.
- c. The employer will assist as far as practicable any employee suffering from substance misuse to access the assessment and care they need provided through commissioned NHS services.
- d. Employees may either refer themselves to the Occupational Health Department, their own GP, or if they wish, may approach any preferred supervisor, manager or the Human Resources Department who will arrange for the individual to receive the appropriate guidance.
- e. Employees who receive treatment will be granted sick leave, as appropriate.
- f. Every effort will be made to ensure that the employee retains their present job, with no detriment to promotional opportunities or other benefits, so long as their work performance and behaviour returns to an acceptable level.
- g. In cases, where after support and treatment has been given, the advice provided is that the employee is incapable of retaining their present job, or where doing so might undermine recovery, every effort will be made to find alternative employment within the organisation.
- h. In the event of relapse after treatment, each case will be considered on its merits in the light of professional opinion, e.g. Occupational Health. The opportunity for further treatment may be given but this cannot be guaranteed.
- i. No single characteristic exists to identify problem drinkers or drug mis-users, but the following characteristics, especially when occurring in combination, or as a pattern over a period of time, may indicate the presence of a related problem:
  - Absenteeism, high accident rate, difficulty in concentration, confusion, spasmodic work patterns, reporting to work under the influence, generally deteriorating job efficiency and poor employee relations at work.
- j. The first task is to identify deteriorating work performance in terms of job related problems. It must be stressed that all employees exhibit some work performance problems occasionally. It is a pattern of problems over a period of time which should be noted.
- k. The manager should undertake an informal discussion with the member of staff and bring any identified concerns to the employee's attention.
- l. If, during the discussion, the employee admits to having an alcohol/substance misuse problem, the manager should offer to refer the member of staff to the Occupational Health Department.
- m. If the manager suspects that the employee has an alcohol/substance misuse problem, to which the employee does not admit, the manager should liaise with the appropriate Human Resources Manager/Advisor with a view to identifying a course of action.
- n. Employees who are suspected of having an alcohol/substance misuse problem, and have declined to accept referral will, if they continue to give an inadequate work performance or



behave inappropriately, be subject to the appropriate Trust Disciplinary Procedure.

- o. Where an employee with an identified alcohol/substance misuse problem, which affects conduct at work or which prevents the achievement of a satisfactory level of work performance, refuses the opportunity to receive help, the matter may be addressed as in (n) above.
- p. Where an employee denies the existence of an alcohol/substance misuse problem, or discontinues a course of treatment and then reverts to previous unsatisfactory levels of conduct or performance, this may be dealt with as (n) and (o) above.
- q. Where an employee with an identified alcohol/substance misuse problem accepts all efforts of assistance, without success, the options open to the individual may include redeployment, dismissal on the grounds of capability, or ill health retirement in accordance with the Managing Attendance Policy.

## Appendix 2: Policy Guidelines for Dealing with Alcohol/Substance Misuse as a Major Offence

- a. Drunkenness on duty, substance misuse, or clear evidence of having drunk prior to, or during, the span of duty may well be regarded as a major offence under the Trust's Disciplinary Procedure or specific professional Code of Conduct. This decision would be taken after due consideration of all the facts and circumstances.
- b. The key role of the manager is to make an assessment of the members of staff and judge the employee's fitness to work if the effects of alcohol/substance misuse are clearly apparent. The manager has a responsibility under Health and Safety legislation to ensure that the employee does not put themselves or others at risk.
- c. There are many occupations within the Trust in which the ability to carry out duties safely may be jeopardised by **any** level of alcohol consumption/substance misuse e.g. drivers and those undertaking complicated or responsible clinical activities. There should be no alcohol consumption during the work period and for a reasonable period prior to commencement of duty.
- d. The line manager should contact their immediate manager and Human Resources if, following their assessment, they decide that the employee is unfit for work and that alcohol/substance misuse may be a contributory cause
- e. The employee should be suspended on full pay, in accordance with the Disciplinary Procedure, and a full investigation should take place; as part of the investigation the employee should be referred to the Occupational Health Department.
- f. It is essential to ensure that 'behaviour' indicative of alcohol/substance misuse is thoroughly investigated as certain medical conditions can produce similar behaviour.
- g. If, as a result of the investigation, it becomes apparent that the employee has a genuine alcohol/substance misuse problem, and the employee admits to this, the appropriate support/rehabilitation will be provided.
- h. In the event of relapse after treatment, each case will be considered on its merits in the light of expert opinion. The opportunity for further treatment may be given but this cannot be guaranteed.
- i. If the employee, despite a genuine acknowledgement of an alcohol/substance misuse problem, fails to respond to treatment, action will be taken following medical advice, which may include ill health retirement/dismissal on the grounds of capability.
- j. If, as a result of the investigation, it becomes apparent that the employee has a genuine alcohol/substance misuse problem, and the employee refuses to admit to this, the appropriate disciplinary process may be followed.
- k. An example of misconduct which the Trust believes constitutes gross misconduct is:
  - Attendance at work in a condition where the employee's efficiency is seriously impaired, or he/she represents a hazard to themselves and others due to the use of alcohol and/or the improper use of drugs.
- l. an example of misconduct which the Trust believes constitutes serious misconduct is:
  - Consumption of alcohol whilst on duty and/or on Trust premises or property not specifically designated for the purpose.

- m. An example of misconduct which the Trust believes may be considered as **minor misconduct**:
- Attendance at work, smelling of drink, by employees who deal with the public and who work in situations where the smell of alcohol may cause offence or perhaps, more importantly, undermine public confidence in that particular employee.

## **Appendix 3: Policy Provision**

Refusal of help or support under this policy may not of itself lead to disciplinary action, although the underlying problem e.g. poor attitude, timekeeping or work performance, may then be dealt with under the general Disciplinary Procedure.

Where a manager is satisfied that an offence or work problem, e.g. absenteeism or inappropriate behaviour or substandard work results from, or reflects dependence upon illegal substances or alcohol, they must take this into account in determining the appropriate course of action.

In other than the most serious cases, where the manager and member of staff acknowledge the health problem and agree a course of action aimed at rehabilitation, disciplinary action will normally be inappropriate. There may, however, be occasions when some form of disciplinary sanction is warranted.

This may not be the case in the event of any subsequent failure to maintain acceptable standards of performance and conduct. In the most serious cases, dismissal may remain an appropriate sanction.

Even in these cases however, where an employee acknowledges his or her dependence and agrees to accept appropriate help and/or treatment a lesser sanction may be supplied.

### **Offer of Referral to Occupational Health Rejected**

If the employee rejects an offer of support from the Occupational Health Department, the manager should make a full assessment of the situation and decide whether it is appropriate to invoke the disciplinary procedure at this stage.

### **Offer of Referral to Occupational Health Accepted**

Where the employee in the course of the interview consents to referral to the Occupational Health Department for assessment, the manager should immediately telephone the department to arrange an appointment. A letter of referral giving the background to the case, and the specific advice required must be sent in confidence to the Occupational Health Physician to confirm the appointment. The employee must be fully aware of the reason for referral and what advice is requested. It is good practice to copy the referral letter sent to the Occupational Health Department to the employee.

### **Occupational Health Assessment**

The Assessment of the employees' health in relation to work where there are concerns about alcohol or substance misuse will always involve the Occupational Health Consultant. They will be conducted in the same confidential and independent way as any other occupational health assessment. A written report will be provided to the referring manager giving advice as requested whilst maintaining the department's duty of confidentiality to the employee. This advice will address the areas specifically requested in the referral and will identify current and future impact of identified health conditions on work. The advice will also identify the limitations if any to the nature of the assessments performed on the accuracy of advice provided. Assessment and monitoring of health in relation to work is usually supported by both subjective and objective (biological or biological effect monitoring, i.e. alcohol or substance misuse testing or their effect on biochemical markers) as subjective monitoring alone is prone to error due to the potential for denial as a feature of this medical problem. Objective monitoring of this health problem will only be with the informed consent of the employee and performed and treated in confidence by the Occupational Health Department.

## **Management of the case with Occupational Health Advice**

The advice provided by the Occupational Health Department will be considered by the manager and it is advisable to consider the advice with the employee to obtain mutual understanding and agreement as to the accuracy of the advice. If any clarification of this advice is needed by either the employee or employer then this should be sought by the manager at this stage. Further management decisions will take into account the occupational health advice given and will, where reasonable to do so, make adjustments or provide alternative duties that are compatible with the employee's health, protecting the employee's health and ensuring the employer's duties to colleagues and service users.

## Appendix 4: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:

2. EIA Reviewer (name, job title, base and contact details):

3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

<b>Main Aims of the Document, Process or Service</b>
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years		
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory Physical Learning Mental health  (including cancer, HIV, multiple sclerosis)		
<b>Sex</b>	Men/Male Women/Female		
<b>Marriage/Civil Partnership</b>			
<b>Pregnancy/Maternity</b>			
<b>Race</b>	Colour Nationality Ethnic/national origins		
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief		
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex		

**Summary**

Please describe the main points/actions arising from your assessment that supports your decision.	
EIA Reviewer:	
Date completed:	Signature:

## Appendix 5: Document Control Sheet

Document Type	Alcohol and Substance Misuse at Work Policy		
Document Purpose			
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -&gt;</i>			
Approving Committee:		Date of Approval:	
Ratified at:		Date of Ratification:	
Training Needs Analysis:  <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ] Rationale:
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff email [ <input checked="" type="checkbox"/> ]
Master version held by:	Author [ <input type="checkbox"/> ]	HealthAssure [ <input type="checkbox"/> ]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> <li>• .</li> <li>• .</li> <li><input type="checkbox"/></li> </ul>		
Monitoring and Compliance:			

### Document Change History:

Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
3		Apr 2015	Policy reviewed and updated. Point B and C in Appendix 1 had wording slightly amended. Individual employee responsibilities amended to cover law surrounding driving under substance influence. Title of policy amended to include 'at work'.
3.1		Jan 20	<p>Policy Reviewed and updated. Approved at EMT.</p> <p>09/02/23 - Review date extended by 6 months (Director's Sign-off: Steve McGowan)</p> <p>22/09/23 - Review date extended again to end of December, to give time for approval process. Approved by director sign-off (Karen Phillips - 15/09/23)</p> <p>20/10/23 - Review date extended by a further 3 months until end of March 2024 (Karen Phillips sign off - 20/10/23) to allow Justin Marjoram time to "scope out something of a separate guide that simplifies the process and send over to Emma Collins for thoughts".</p> <p>22/02/24 - Extended again by 3 months (to end of June) by Karen Phillips sign off 22/02/24.</p> <p>11/07/24 - Extended again by 3 months from current date (to end of October) by Karen Phillips sign off.</p> <p>19/09/24 - Extended again by 3 months (to end of January) by Karen Phillips sign off.</p>