

# Substance Misuse Policy and Procedure

## Version 3.0

|                                |                                                        |
|--------------------------------|--------------------------------------------------------|
| <b>Approved by</b>             | Staff Partnership Forum and Operational Delivery Group |
| <b>Approval date</b>           | 19 May 2026                                            |
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| <b>Accountable Director</b>    | Chief People Officer                                   |
| <b>Policy Author</b>           | Head of Employee Relations                             |
| <b>Division and Department</b> | Employee Relations, HR, Corporate                      |
| <b>Keywords/terms</b>          | Alcohol; substance abuse; drug abuse                   |
| <b>Supersedes</b>              | Substance Misuse Policy and Procedure v2.0             |

## Policy/Guideline Summary

### Summary & Aim

This policy aims to protect workers from the risks associated with drug, alcohol, and other substance misuse while promoting a safe and healthy working environment. It seeks to encourage individuals experiencing difficulties to seek help and ensure that employees with substance misuse problems are identified and supported appropriately. By promoting health and wellbeing, the organisation also aims to minimise workplace issues that may arise from substance or alcohol misuse.

### Applicable to:

All employees are required to comply with the provisions of the Substance Misuse Policy and to engage with the Trust to aim to resolve any substance misuse problem. All employees have a responsibility to ensure that they are capable of performing their duties in a safe and satisfactory manner and are not impeded by the consumption of harmful substances.

### Training:

This policy should be read in conjunction with the [Substance Misuse Toolkit](#).

Human Resources will provide advice and support on all aspects of this policy.

## Contents

|                                                                    |   |
|--------------------------------------------------------------------|---|
| Section 1 - Introduction                                           | 4 |
| 1.1 Policy Statement and Rationale                                 | 4 |
| 1.2 Key Principles                                                 | 4 |
| 1.3 Definitions                                                    | 5 |
| Section 2 – Duties and Responsibilities                            | 5 |
| Section 3 – Policy and Procedure                                   | 7 |
| Section 4 – Training and Education                                 | 8 |
| Section 5 – Development and Implementation including Dissemination | 8 |
| Section 6 – Monitoring Compliance and Effectiveness                | 8 |
| Section 7 – Control of document including archiving arrangements   | 9 |
| Section 8 – Supporting Compliance and References                   | 9 |

## **Section 1 - Introduction**

### **1.1 Policy Statement and Rationale**

This policy should be read in conjunction with the Substance Misuse Toolkit.

The East Suffolk and North Essex NHS Foundation Trust is committed to ensuring that it provides a safe and healthy environment for its employees, patients and visitors. The Trust recognises that this may be put at risk by employees who misuse alcohol, drugs and/or other substances to the extent that their health, work performance, conduct or working relationships are affected detrimentally.

In providing this policy the Trust aims to:

- Protect workers from the dangers of drug and other substance misuse and encourage those with a substance or alcohol misuse problem to seek help
- Promote the health and wellbeing of employees and minimise problems at work arising from substance misuse
- Identify and support appropriately employees who have a substance or alcohol misuse problem and to encourage and assist those employees with a problem or potential problem to seek help.
- The Trust will take positive and reasonable steps to:
  - Reduce stress levels in the workplace using the tools provided i.e. Stress Risk Assessment
  - Provide support and assistance to employees with an identified substance or alcohol misuse problem
  - Prohibit drinking on its premises
  - Discourage employees from drinking alcohol and/or using other substances that may impair their ability to function during the working day
  - To disseminate information about safe drinking and the promotion of relevant national or local events
  - Promote the Substance Misuse Policy and Procedures and the Substance Misuse Toolkit ensuring employees are aware of their responsibilities and the support available in the event of any employee suffering a substance misuse problem.

### **1.2 Key Principles**

- 1.21 It is a requirement of the Trust that all employees must ensure that their use of alcohol, drugs or other substances does not impair their fitness for work or their ability to safely and effectively perform any duties they are required or could reasonably be expected to undertake.
- 1.22 This Policy and supporting toolkit applies to all staff of the Trust. All contractors, volunteers, students and visiting staff, including those on honorary contracts, working on Trust premises are required to comply with the Trust's Substance Misuse in the Workplace Policy and Toolkit.
- 1.23 For Medical and Dental staff please refer to the Maintaining High Professional Standards – Additional Disciplinary and Capability Policy for Medical and Dental Staff.

### 1.3 Definitions

For the purpose of this policy, the term 'substance misuse' relates to the use of alcohol, the use of illegal drugs and other mood altering substances including solvents and the misuse of prescribed drugs. It does not include smoking of tobacco or vaping which is dealt with in the Trust's Smoke Free Environment Policy. Substance misuse covers three main areas:

- **Inappropriate Use:** where taking substances may aggravate an existing condition or situation they were intended to alleviate resulting in unintended adverse effects, including side effects or interactions with other substances.
- **Habitual Use:** when an individual becomes so dependent on the effects of a substance that the desire for these effects becomes a central and over-riding concern of daily life and has adverse social or occupational consequences
- **Excessive Use:** when the habitual use becomes such that it may lead to physical or psychological illness possibly leading to fatality

A dependent person is someone who's consumption of alcohol/drugs/substances continually or relatedly adversely impacts on their health, attendance or work performance.

## Section 2 – Duties and Responsibilities

**2.1** The Chief People Officer has overall responsibility for this Policy and the Deputy Chief People Officer is responsible for monitoring compliance and effectiveness. The Head of Employee Relations is the Responsible Officer for this Policy.

### **2.2 Directors and Managers**

Directors and managers at all levels are responsible for managing this policy for all staff under their direct line management.

### **2.3 Line Manager Responsibilities**

Managers are responsible for the implementation of the Substance Misuse Policy and Toolkit and must take all reasonable steps to ensure its effective implementation in their area of responsibility. In particular, in conjunction with OH, Staff Psychology Services and the Wellbeing Hub, managers should take positive action to support an employee who has a suspected or identified substance misuse problem. Managers must ensure that employees who have a suspected or identified substance misuse problem are managed sensitively, confidentially and in accordance with the appropriate Trust employment policy. Managers should know their staff and should take action using the framework and the policy that is pertinent to the employee.

Managers should also be mindful that under the Health and Safety at Work Act 1974 they have a general duty, as far as is reasonably practical, to ensure the health, safety and welfare of their employees. If they knowingly allow an employee under the influence of excessive alcohol or a substance to continue working and this places the employee or others at risk they may be subject to disciplinary action and potential legal consequences.

### **2.4 Staff**

Employees are required to comply with the provisions of the Substance Misuse Policy and to engage with the Trust to aim to resolve any substance misuse problem. All employees have a responsibility to ensure that they are capable of performing their duties in a safe and satisfactory manner and are not impeded by the consumption of harmful substances.

Under the Health and Safety at Work Act 1974, employees are required to take reasonable care of themselves and others who could be affected by what they do.

Where an employee is undergoing treatment for an alcohol, drug or a substance misuse problem, it is their responsibility to ensure they comply fully with the requirements of any programme of support and treatment and that they:

- Discuss and seek advice with the appropriate person
- Fully engage with and follow any supportive programme agreed with them and sign the return to work agreement
- Agree in advance with their manager any reasonable paid time off to attend support appointments with specialist agencies. Where necessary, the Trust will support individuals to undertake agreed restorative recovery programmes within work time.

Where an employee has signed up to the Programme of Treatment, where appropriate, they are agreeing to participate in periodic substance misuse testing facilitated by Occupational Health. Occupational Health do not undertake testing as this will be carried out by an ISO accredited company. Therefore, referral for testing may be part of a clinical Occupational Health assessment and informed consent will be obtained. These tests provide assurance for the manager that the individual is safe to be at work and reinforces the standards for that individual; as part of their recovery programme. Refusal to undergo testing will result in Occupational Health making recommendations regarding the employee's fitness to work on the information identified. If the employee seeks support elsewhere, details of this support will need to be shared with Occupational Health.

Where an employee refuses support, they should be managed through the appropriate Policy i.e. Absence, Performance Improvement and Disciplinary see Flowchart in Appendix 1.

Employees who are concerned that a colleague may have a substance misuse problem should, in the interests of safety and welfare of their colleague, fellow colleagues and patients, raise their concerns confidentially with a manager or a senior manager in their department/directorate or a member of Human Resources. All such reports will be handled confidentially and discreetly.

## **2.5 Occupational Health and Staff Psychology Service/Wellbeing Hub**

Occupational Health and the Staff Psychology Service/Well-being Hub will respond to referrals from managers, or self-referrals from employees, and provide ongoing support and guidance for both the employee and manager in managing any problems identified. With direct consent, this may include liaison with external agencies such as the employees GP or other medical practitioners providing care to the affected employee. Occupational Health may undertake appropriate testing as part of the medical management program.

## **2.6 Trade Union**

Trade Union representatives are responsible for providing the necessary advice and support to their members. They should also have a knowledge and understanding of this policy and associated toolkits.

## **2.7 Human Resources**

Human Resources will provide advice and support on all aspects of this policy.

## **Section 3 – Policy and Procedure**

### **3.1 Key related policies:**

- Absence Policy
- Health and Safety Policy
- Smoke Free Environment Policy
- Disciplinary Policy
- Performance Improvement Policy
- Grievance and Collective Grievance Policy
- Professional Registration Policy
- Health and Safety at Work Act 1974
- Equality Act
- Freedom to Speak Up Policy

Further guidance regarding the application of the above policies can be found in the supporting Toolkits/Manager Guidelines.

- 3.2 Whilst maintaining confidentiality, this Trust is committed to working sensitively and supportively with employees who have an identified, or suspected, substance misuse problem. In the event of an employee being suspected of, or identified as having a substance misuse problem which is affecting their work performance, the employee's case will be managed in accordance with the Trust's Absence Policy provided there is full co-operation from the employee concerned. In the event that the Trust is unable to achieve co-operation from the employee, then the case may be managed under the Absence, Performance Improvement or Disciplinary Policies. Further details regarding the process are contained in the Substance Misuse Toolkit.
- 3.3 The Trust will not endorse the consumption of alcohol on its premises ensuring that it is not provided at any business or social event which takes place on its premises.
- 3.4 Employees must not possess, consume or use any inappropriate substances on Trust premises that could impair their ability to perform their duties during the working day. If an employee is suspected of being under the influence of alcohol or other substance misuse, the manager should arrange a meeting to discuss their concerns with the employee and take the appropriate action which may include sending the employee home, with arrangements in place to ensure the employee gets home safely and/or making a referral to Occupational Health or seeking guidance from the Staff Psychology Service/Wellbeing Hub.
- 3.5 The Trust recognises that substance dependence may, in some cases, be associated with an underlying health condition or disability. In such circumstances, the Trust will consider its duty to provide appropriate support and reasonable adjustments. Advice may be sought from Occupational Health and other relevant support services.
- 3.6 Where an employee has taken prescribed or over-the-counter medication as directed but experiences unintended side effects that impact their ability to work safely or effectively, such circumstances will not be treated as substance misuse. In these situations, a supportive approach will be taken, which may include temporary adjustments to duties, referral to Occupational Health, or other appropriate measures. These situations will be managed supportively.

- 3.7 However, employees have a responsibility to ensure that they are fit for work. Where medication may affect an employee's ability to perform their duties safely or effectively, they should inform their manager at the earliest opportunity.
- 3.8 The Trust may consider persistent breaches of its Substance Misuse Policy under the Trust's Absence, Performance Improvement or Disciplinary Policies and will take appropriate action, which may include summary dismissal.
- 3.9 Dealing in or the possession of illegal substances will be reported to the police and will be managed under the Disciplinary Policy and Procedure. For registered healthcare professionals, this may also result in the matter being reported to the appropriate statutory body such as the GMC, NMC, and HCPC.
- 3.10 An Equality Impact Assessment has been undertaken, and this document complies with current legislation.

## **Section 4 – Training and Education**

- 4.1 Human Resources and Senior Managers across the Trust will be responsible for training and education relating to compliance with this policy and procedures in the event that an individual need arises.

## **Section 5 – Development and Implementation including Dissemination**

- 5.1 This policy has been written in accordance with the terms of the Development and Management of Trust wide Procedural Documents Policy and has involved the following who will lead on its implementation within the Trust:
- Chief People Officer
  - Deputy Chief People Officer
  - Head of Employee Relations
  - Occupational Health
- 5.2 This document was submitted to the Trust's Staff Partnership Forum, Policy Sub Group and Joint Union Committee.
- 5.3 The document was submitted to the Chief People Officer and Staff Partnership Forum for approval prior to submission to the Executive Management Committee for ratification.
- 5.4 Once ratified, this document will be made available on the Trust's Intranet. Those managers mentioned in sections 2 and 4.1 will champion its implementation and advise staff accordingly.

## **Section 6 – Monitoring Compliance and Effectiveness**

- 6.1. Monitoring compliance with and effectiveness of this document will be monitored annually by the Deputy Chief People Officer by case review and feedback from Trust staff involved in managing the policy and procedures. Remedial action for non-compliance with the policy and procedures will be the responsibility of the Division/Line Managers.
- 6.2 This document will be reviewed by the Chief People Officer (or nominated deputy) and the Policy Sub Group of the Staff Partnership Forum three years from the date of ratification, unless any change is required due to changes in legislation or case law or any other reason.

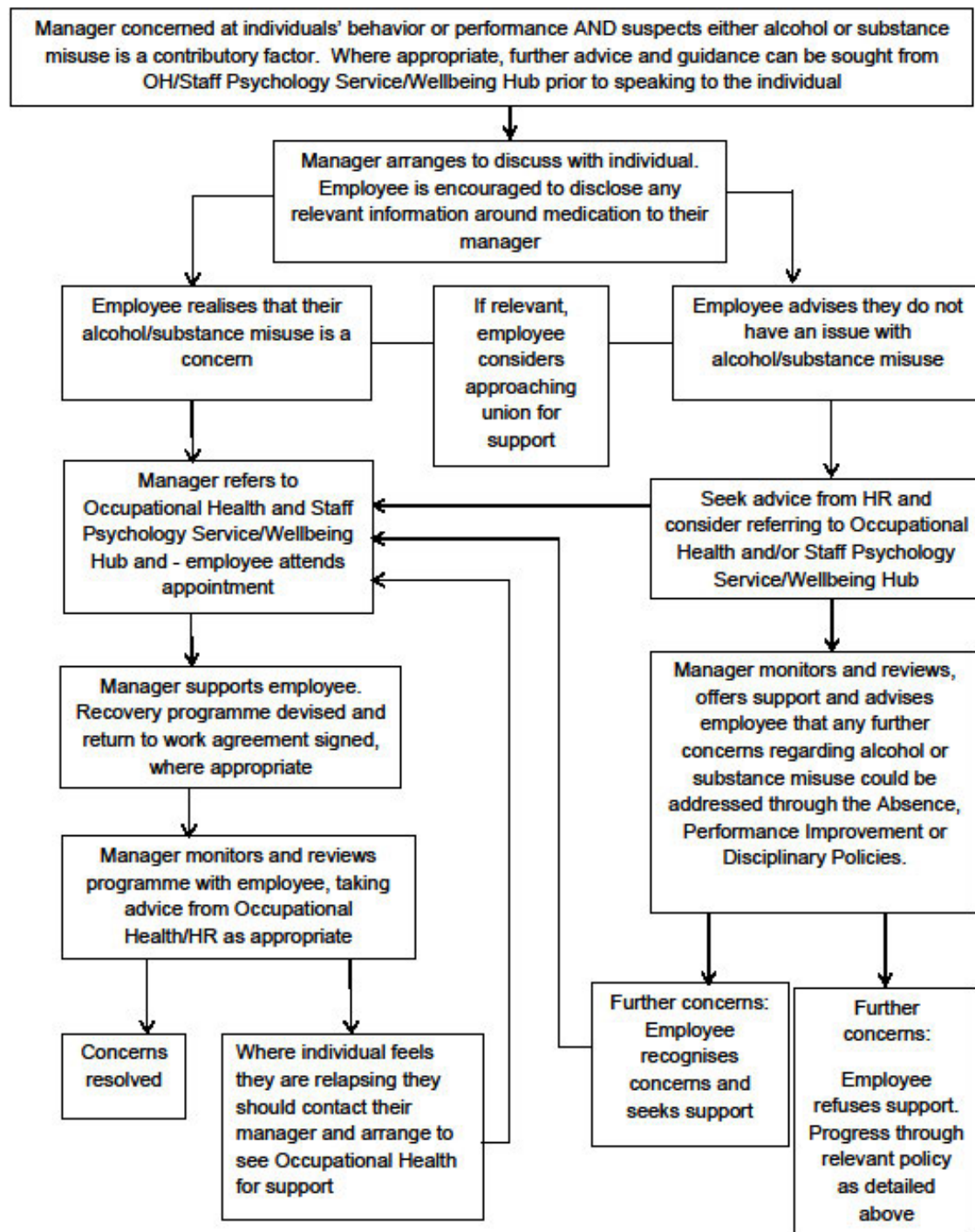
## **Section 7 – Control of document including archiving arrangements**

- 7.1 Once ratified by the Executive Management Committee, the Responsible Officer will forward this document to the Information Governance Department for a document index registration number to be assigned and for the document to be recorded onto the central hospital master index and central document library of current documentation.
- 7.2 In order that this document adheres to the Hospital's Records Management Policy, the Information Governance Department will:
- Ensure that the most up-to-date version of this document is stored on the documentation library.
  - Archive previous versions of this document.
  - Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

## **Section 8 – Supporting Compliance and References**

- 8.1 This document will support the Trust's compliance with its legal obligations as set out in the following:
- Employment Act 2002
  - Employment Rights Act 2025
  - Equality Act 2010
  - Terms and Conditions of Employment
  - Misuse of Drugs Act 1971
  - Health and Safety at Work Act 1974

## Appendix 1 – Flowchart



## DOCUMENT CONTROL

|                                                                       |                                                                                                                                                                         |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Archive date i.e. date guideline no longer in force</b>            | <i>To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.</i> |
| <b>Date document to be destroyed i.e. 25 years after archive date</b> | <i>To be inserted Information Governance Department when this document superseded</i>                                                                                   |

### Previous published version history:

| Version number | Date of issue | Change Description*                                                                                                                                                      | Author |
|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 0.1            | May 2019      | New ESNEFT Policy                                                                                                                                                        |        |
| 0.2            | June 2019     | Changes made following union feedback                                                                                                                                    |        |
| 0.3            | Sept 2019     | Minor changes following feedback from SPF policy subgroup<br>Additions to line manager and employee responsibility in relation to the Health and Safety at Work Act 1974 |        |
| 1.0            | Oct 2019      | Approved by EMC                                                                                                                                                          |        |
| 1.1            | July 2022     | Review and update of documentation                                                                                                                                       |        |
| 1.2            | Dec 2022      | Changes made following OH/Wellbeing feedback                                                                                                                             |        |
| 1.3            | Feb 2023      | Changes made following further OH feedback                                                                                                                               |        |
| 1.4            | March 23      | Changes made following PSG approval                                                                                                                                      |        |
| 1.5            | March 2026    | Review and update of Job Titles                                                                                                                                          |        |

### This is a Controlled Document

Printed copies of this document may not be up to date. Please check the Trust intranet for the latest version and destroy all previous versions. Trust documents may be disclosed as required by the Freedom of Information Act 2000.

### Sharing this document with third parties

As part of the Trust's networking arrangements and sharing best practice, the Trust supports the practice of sharing documents with other organisations. However, where the Trust holds copyright to a document, the document or part thereof so shared must not be used by any third party for its own commercial gain unless this Trust has given its express permission and is entitled to charge a fee.

Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for Trust-wide issues) or Business Unit/ Departmental Management Team (for Business Unit or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Head of Employee Relations.

For further advice see the **Development and Management of Trust wide Procedural Documents Policy**

## Full Equality Analysis (Impact Assessment) Template

Please complete Step 1 below;

If an Equality Analysis is found to be relevant in Step 1, please go on to complete Steps 2 - 9 below

**Please ensure that the MANDATORY FIELD in STEP 1 is completed**

**If an Equality Analysis is found to be required,**

**Please also ensure that the MANDATORY FIELD in STEP 7 is completed**

**For support with undertaking this Equality Analysis please contact Head of Equality Diversity and Inclusion at: [EDI.Team@esneft.nhs.uk](mailto:EDI.Team@esneft.nhs.uk)**

### Step 1: Screening & Establishing Relevance

#### Public Sector Equality Duty (PSED)

Under the Equality Act 2010, all policies, decision, projects, proposals should be assessed for their relevance to equality. The public sector equality duty (PSED) requires that when exercising its functions a public body must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristics and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

#### Protected Characteristics

If the work being undertaken is going to have an effect or impact on people, i.e. patients, staff and/or the public, you need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender Reassignment, Sexual Orientation, Religion and Belief, Pregnancy and Maternity, Marriage and Civil Partnership and any other identified groups (for example Carers, homeless people, Gypsies and Travellers, sex-workers and migrant groups).

#### Brief summary of the work being undertaken

Three yearly review of this policy.

To protect workers from the risks associated with drug, alcohol, and other substance misuse while promoting a safe and healthy working environment.

**Is there a potential for this work to have an effect or impact on patients, staff and/or members of the public?**

Yes

**Is the PSED relevant to this work?**

Yes

**Please explain how you have reached your conclusion that the work being undertaken is or isn't relevant to the PSED/affects protected characteristics:**

Policy is for all members of staff at ESNEFT.

**If you have concluded that an Equality Analysis is necessary, please continue the equality analysis below by following Steps 2 to 9:**

## **Step 2: Responsibility, Development, Aims and Purpose**

**Which organisation, including named individual lead, holds overall responsibility for the policy / strategy / service redesign, review?**

Head of Employee Relations

**Who else has been involved in the development?**

Employee Relations Team

### **Purpose and aims:**

Briefly describe the overall purpose and aims of the work. For a new service, describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway, specify exactly what will change and the rationale / evidence, including which system priority this will contribute to.

**Who is intended to benefit from the implementation of this piece of work?**

All trust staff

**What are the key outcomes/ benefits for the groups identified above?**

It seeks to encourage individuals experiencing difficulties to seek help and ensure that employees with substance misuse problems are identified and supported appropriately.

**Does it meet any statutory requirements, outcomes or targets?**

Promoting health and wellbeing, the organisation also aims to minimise workplace issues that may arise from substance or alcohol misuse

**Does it contribute to the NHS Equality Delivery System (EDS2) Goals?**

**(Tick all that apply)**

- ☒ Goal 1 – Better health outcomes
- ☐ Goal 2 – Improved patient access and experience
- ☒ Goal 3 – Representative and supported workforce
- ☐ Goal 4 – Inclusive leadership

## **Step 3: Protected Characteristics and the PSED – Analysis of Impact**

**Provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics, providing details of the evidence used.**

Use both qualitative and quantitative evidence as appropriate. If the work is targeted towards a particular group or groups – provide justification e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan (Step 8).

The following links provide the most recent population, demographic and health inequalities information to support your analysis:

**Age**

Consider and detail impact and evidence across all age groups.

None

**Disability**

Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health).

None

**Sex**

Consider and detail impact and evidence on both males and females.

None

**Race**

Consider and detail impact and evidence on all ethnic groups.

None

**Religion and/or Belief**

Consider and detail impact and evidence on people of different religions, beliefs and on people of no religion.

None

**Sexual Orientation**

Consider and detail impact and evidence on people of different sexual orientations.

None

**Gender Reassignment**

Consider and detail impact and evidence on transgender people.

None

**Pregnancy and Maternity**

Consider and detail impact and evidence on work arrangements, breastfeeding etc.

None

**Marriage and Civil Partnership**

Consider and detail impact and evidence on employees who are married or in a civil partnership.

None

**Other Excluded Groups / Multiple and social deprivation**

Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as transient communities, ex-offenders, asylum seekers, sex-workers, people living in rural areas etc.

None

### Public Sector Equality Duty (PSED)

Provide detail on how the proposal impacts on:

- Eliminating unlawful discrimination, harassment and victimisation;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not;
- Fostering good relations between people who share a protected characteristic and those who do not.

Educates staff to enable them to identify substance abuse and provide support to the individual.

### Duties as to Reducing Inequalities

Provide detail on how the proposal impacts on:

- Reducing inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

Substance Abuse can impact greatly on one's health and aims educate staff in order to identify cases of substance abuse as well as highlighting the responsibility for all staff to report any forms of substance abuse. Thus reducing inequalities in staff accessing health services and better outcomes.

## Step 4: Human Rights

**The FRED A principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand human rights and is a core element of the NHS Constitution.**

You should consider and evidence how your proposal impacts on these principles and so respects human rights. For example, the principle of Autonomy informs the right to respect for private and family life and so could be about involving people in decisions made about their treatment and care. *Note:* as the Equality principle is evidenced in previous steps it is not included below.

#### FREDA principle:

#### Evidence of Impact:

##### Fairness

Applies to all staff

##### Respect

Applies to all staff and ensures that individuals involved in substance abused are treated with respect

##### Dignity

Applies to all staff and ensures all staff are treated with dignity

##### Autonomy

Individual needs considered

## Step 5: Engagement and Involvement (Duty to involve)

### How have you involved users, carers and community groups in developing this proposal?

Please give details of any research / consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc.)

ER team formed part of this review

### Also please give details of any specific discussions or consultations you have carried out to develop this proposal:

For example, discussions or consultations with users, carers, protected characteristic groups and / or their representatives, other communities of interest (e.g. user groups, forums, workshops, focus groups, open days etc.)

Not applicable

### How have you used this information to inform the proposal?

For example, has the proposal been altered in consideration of any the information outlined above?

Not applicable

### Have you involved any other partner agencies?

For example, Local Authorities, Health and Well-being boards, Public Health, NHS Trusts, GP Practices, CSU or CCGs - please give details of any involvement to date or planned.

Not applicable

## Step 6: Monitoring Arrangements

### Please outline how equality and diversity issues will be monitored to ensure that the proposal/service does not result in a disproportionate impact on any protected group:

For example, are there contractual requirements to provide equality monitoring data on those accessing the service or making complaints?

Cases raised through ER will be monitored and reported to Chief People Officer

### Which committee or group will receive updates on the monitoring?

Please include details of how often reports will be presented.

HR Assurance Meeting

## Step 7: Decision Making

### Next Step

Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal.

Four decision steps are available:

- A. Continue with the proposal as it is
- B. Adjust the proposal to consider the issues identified above
- C. Stop and remove the current proposal
- D. Carry out further analysis of data/information prior to any final recommendations

Please select

A.

Please give a rationale for the decision that you have chosen:

Amend policy when required

## Section 8: Action Plan

| Action | What will it achieve or address? | Lead Person | Deadline |
|--------|----------------------------------|-------------|----------|
|        |                                  |             |          |
|        |                                  |             |          |
|        |                                  |             |          |
|        |                                  |             |          |
|        |                                  |             |          |
|        |                                  |             |          |

Review date:

## Step 9: Sign Off

Director / Senior Responsible Officer\*

Kate Read /

Date signed

05.03.2026

Presented to <INSERT NAME> Committee

PSG/SPF/EMC

Publication date

26 June 2026

\*The Director / Senior Responsible Officer needs to be assured that there is sufficient information about the likely effects of the proposal in order to ensure proper consideration is given to the statutory duties.