

(EQIA 4) - Appendix 4 QIA tool and recommendations

| Title |
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| Brief Description of proposed change and Type of change |
| <p>NENC ICS Winter Plan 2025/26</p> <p>Preparing for winter has been identified as a key organisational priority of NENC ICB for 2025/26. We know that the current performance of urgent and emergency care (UEC) services does not meet the standards our patients need or our frontline staff want to deliver.</p> <p>The aim of the NENC ICS from the outset has been to develop a whole-system approach to the winter planning process, which can successfully deliver safe and effective patient care across our complex, multi-agency UEC system. We are building on from a strong platform, with comparatively strong performance across the key UEC metrics in our area, however there is still more we can and should be doing to improve.</p> <p>We also have a history of strong system and clinical leadership in NENC, supported by well-established and functioning local governance structures (Local A&E Delivery Boards – LAEDBs) overseen by the NENC Urgent and Emergency Care Network, working together to deliver the network's vision of providing safe, effective, quality and equitable healthcare to our whole population.</p> <p>The 2025/26 NENC ICS winter plan reflects national UEC requirements and is underpinned by an extensive programme of work to deliver improvements across urgent and emergency care that are currently in the process of being implemented. This plan, along with our NENC primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2025/26 winter period.</p> <p>Whilst our partners across the ICS are undertaking significant programmes of work to recover and improve services there is a collective responsibility to ensure that all parts of our system have robust plans in place to remain as resilient as possible and maintain the ability to respond to operational pressures over what is sure to be another challenging winter period.</p> <ul style="list-style-type: none">• Change to an existing strategy or policy <input type="checkbox"/>• Change to a service or function <input type="checkbox"/>• A new strategy or policy <input type="checkbox"/>• A new service or function <input type="checkbox"/>• Other – overarching planning document <input type="checkbox"/> |

Describe why the change is being proposed, include current status and anticipated effects of change

Current Status

The current performance of urgent and emergency care (UEC) services does not meet the standards required by patients or desired by frontline staff. Nationally, it has been over five years since the 18-minute response to Category 2 ambulance calls standard was met, and over a decade since the service delivered the standard for 95% of patients waiting four hours or less in A&E. This has led to deteriorating satisfaction with NHS and A&E services, and significant burnout among frontline staff.

As part of the nationally mandated assurance process for system winter planning, ICB Board Chairs and CEOs are required to sign-off a Board Assurance Statement and submit to NHSE. One of the key requirements within the Board Assurance Statement is that '*a robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board*'. This document serves to satisfy that requirement and demonstrate that key quality and equality impacts of the interventions proposed in our Winter Plan have been considered.

Each FT provider is also required to submit a signed-off Board Assurance Statement to NHSE to demonstrate that their individual organisational winter plans have been developed with appropriate input and engagement and have their own robust QEIAs. The changes or interventions that are proposed as part of our ICS preparation for, and response to winter, are improvements and enhancements to existing services rather than new services or strategies. All schemes will adhere to appropriate national clinical guidance (e.g. NICE) and specific interventions will complete their own service-level QEIAs.

Key Changes Being Proposed

1. Enhancing the Respiratory Pathway:

- **Current Status:** High prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the region, with many patients residing in areas of high deprivation.
- **Proposed Change:** A targeted proactive care approach for COPD management, including the launch of a pilot project using a new CDRC COPD stratification tool, working with specifically selected deep-end practices.
- **Anticipated Effects:** Improved clinical outcomes and reduced health inequalities within the vulnerable population, better proactive management of COPD patients to avoid unnecessary admissions to hospital.

2. Acute Respiratory Infection (ARI) Hubs:

- **Current Status:** Existing structures at place level provide additional capacity to support primary and secondary care pressures.
- **Proposed Change:** Establishment of combined adult and paediatric community-based ARI hubs as an alternative to ED/UTCs. ARI hubs will be procured using a standard specification and the delivery model will be informed by the existing clinical evidence base.
- **Anticipated Effects:** Reduced pressure on other parts of the system and improved health outcomes for patients, reduced ED attendances and

admissions.

3. Meeting the maximum 45-minute ambulance handover:

- **Current Status:** Existing process deliver strong ambulance handover performance however more can be done to reduce the longest delays with the most potential to cause harm.
- **Proposed Change:** Agreement of a consolidated system-wide immediate release policy for ambulances during times of surge and sustained pressure, along with enhanced hospital processes to increase flow through ED. All FTs have signed up to deliver these policies through the Urgent & Emergency Care Network (UECN) and have specific schemes in place to implement locally, overseen by Local A&E Delivery Boards (LAEDBs).
- **Anticipated Effects:** Reduced ambulance handover delays enabling crews to get back on the road more quickly to respond to the undifferentiated risk in the community. Improved flow through hospital ED to treat patients more quickly and reduce the risk of serious harm.

4. Hospital @ Home (Virtual Wards):

- **Current Status:** Virtual wards are being delivered at scale for appropriate patients with variation in delivery across NENC.
- **Proposed Change:** Ensure all trusts offer 'acute care' at home, including access to specialist diagnostics and treatment options. This includes narrowing variation between services and standardising the virtual ward offer across NENC – specifically focussing on respiratory and frailty.
- **Anticipated Effects:** Narrowing the gap between demand and capacity for hospital beds, reducing hospital admissions, and improving patient outcomes.

5. 2hr Urgent Community Response:

- **Current Status:** All trusts are contractually required to offer a 2hr MDT response.
- **Proposed Change:** Ensure UCR services are widely understood and accessible, with a focus on managing respiratory illness over winter.
- **Anticipated Effects:** Increased activity in UCR services and reduced unnecessary hospital bed utilisation.

6. Improved Access to Community Pharmacy:

- **Current Status:** Community pharmacies are being promoted to support neighbourhood health and delivery of care closer to home.
- **Proposed Change:** Increase referrals to pharmacy from various sources and expand services such as contraception and hypertension diagnosis.
- **Anticipated Effects:** Reduced demand and reliance on primary care and other urgent care services.

7. Increasing Vaccination Rates for Those at Risk:

- **Current Status:** Oversight of seasonal vaccinations is provided by the ICS Vaccination Strategy and Partnership Group.
- **Proposed Change:** Implement various initiatives to increase vaccination rates

- among at-risk groups.
- **Anticipated Effects:** Reduced effects of respiratory viruses and improved health outcomes for vulnerable populations.

Anticipated Effects

The proposed changes are expected to significantly improve the quality, safety, and equity of urgent and emergency care services by helping to ensure that patients get the right care, in the right place, first time. By maximising the availability and accessibility of alternative dispositions the plan aims to create additional capacity in the community for patients to be treated appropriately and alleviate pressure on hospital Emergency Departments from unnecessary attendances and admissions. By addressing the current performance challenges and implementing targeted initiatives, the plan aims to enhance patient outcomes, reduce health inequalities, and improve overall system efficiency. The focus on proactive care, community-based services, and increased vaccination rates will help build resilience and ensure that the healthcare system can effectively respond to the demands of the winter period.

| Area of assessment | Relevant information | Initial risk score | | | Residual risk | | | Risk mitigation and monitoring arrangements. |
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| | | Impact | Likelihood | Risk score | Impact | Likelihood | Risk score | |
| Equality | <p>The NENC ICS Winter Plan 2025/26 aims to ensure equitable access to urgent and emergency care services for all population groups. The plan emphasizes reducing unwarranted variation and improving quality, safety, and equity of care.</p> <p>Specific initiatives include targeted pro-active care approaches for high-risk populations, such as those with Chronic Obstructive Pulmonary Disease (COPD) who are most at risk from complications arising from seasonal respiratory illnesses, and the establishment of local Acute Respiratory Infection (ARI) Hubs in communities with high social deprivation. The location of these services will be based on anecdotal and empirical evidence re: uptake and accessibility.</p> <p>The initiatives within the winter plan will not negatively impact any protected characteristics and these measures are designed to address disparities in the provision of, and access to, care and help to ensure that all individuals receive the care</p> | 4 | 3 | 12 | 4 | 2 | 8 | <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Secure additional funding and resources through grants and partnerships (e.g. partnership with industry to delivery OPTIMISE programme for COPD patients). Engage with established network of community leaders and stakeholders to build trust and encourage participation in new initiatives Comprehensive communications and engagement plan in place, developed with system partners and co-ordinated to deliver multi-media assets to maximise reach, including dynamic evaluation and response throughout winter to ensure that groups most in need of engagement can be targeted. Individual EQIAs to be completed for each local scheme to identify specific risks and mitigations. <p>Monitoring arrangements: The Winter Planning Assurance & Delivery Group will</p> |

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| | <p>they need, regardless of their background or circumstances.</p> <p>Potential Risks:</p> <ul style="list-style-type: none"> Limited resources and funding may hinder the implementation of targeted proactive care approaches. Resistance from communities with high social deprivation to engage with new initiatives. | | | | | | | <p>utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis. ARI hub appointment availability and utilisation rates will also be monitored to help ensure these alternative dispositions are maximised.</p> |
| Health Inequality | <p>The plan addresses health inequalities by focusing on areas with high deprivation and poor health outcomes. These efforts are intended to improve health outcomes for disadvantaged groups and reduce the gap in health inequalities.</p> <p>For example, the targeted proactive care approach for COPD management aims to reduce health disparities within vulnerable populations. Additionally, the plan includes initiatives to increase vaccination rates among at-risk groups, such as those with learning disabilities and their carers, to protect them from respiratory viruses.</p> <p>Specific work will also be undertaken to ensure those patients waiting in ED with a mental health condition are seen as quickly as possible and long waits are significantly reduced.</p> | 4 | 3 | 12 | 4 | 2 | 8 | <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Utilise population health data analytics to identify and target at-risk groups more effectively. Engage with established network of community leaders and stakeholders to build trust and encourage participation in new initiatives Comprehensive communications and engagement plan in place, developed with system partners and co-ordinated to deliver multi-media assets to maximise reach, including dynamic evaluation and response throughout winter to ensure that groups most in need of engagement can be targeted. Individual EQIAs to be completed for each local scheme to identify specific risks and mitigations. |

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| | <p>Potential Risks:</p> <ul style="list-style-type: none">• Difficulty in identifying and reaching at-risk groups for vaccination and proactive care.• Limited access to healthcare services in remote or underserved areas. | | | | | | <ul style="list-style-type: none">• Implement locally accessible services alongside digital and home-based (virtual) services to reach remote and underserved populations. <p>Monitoring arrangements: The Winter Planning Assurance & Delivery Group will utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis, robust and in-depth data on vaccination uptake across key demographics, and ARI hub appointment availability and utilisation rates will also be monitored to help ensure these alternative dispositions to ED are maximised.</p> |
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| <p>Patient safety</p> | <p>Patient safety is a core focus of the winter plan. The plan includes measures to enhance the respiratory pathway, improve in-hospital flow and discharge, and implement care coordination hubs to ensure timely and appropriate care.</p> <p>The establishment of virtual wards for respiratory and frailty patients aims to provide better patient experience and outcomes compared to inpatient hospital care.</p> <p>Ongoing work to reduce ambulance handover delays will reduce the number of patients who are at risk of serious harm and mitigate undifferentiated risk in the community by getting vehicles back on the road more quickly to respond to 999 calls.</p> <p>Additionally, the plan emphasizes the importance of vaccination to protect vulnerable populations and healthcare workers from respiratory viruses, thereby reducing the risk of infection and improving patient safety.</p> <p>Potential Risks:</p> <ul style="list-style-type: none"> Insufficient staffing levels to manage increased demand during the winter period due to increased sickness absence. | 4 | 4 | 16 | 3 | 3 | 9 | <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Recruit and train additional healthcare staff to ensure adequate coverage. Increase staff vaccination rates to reduce sickness absence from flu. Comprehensive programme of engagement and education with staff to combat vaccine hesitancy. Implement strict infection prevention and control protocols and provide ongoing training for healthcare workers. ICB-led programme of engagement with FT DIPC's to implement consistent standards across NENC. Implementation of standardised policies to minimise ambulance handover delays and release crews more quickly during times of increased pressure in the community. Immediate release policy agreed by UECN with sign-up from all NENC FTs and NEAS. <p>Monitoring arrangements: The Winter Planning Assurance & Delivery Group will utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis, robust</p> |
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| | <ul style="list-style-type: none"> Potential for increased hospital-acquired infections due to higher patient volumes – leading to bed/ward closures and additional pressures. Increased risk of delayed ambulance handovers and corridor care during periods of surge and extreme pressure. | | | | | | | and in-depth data on vaccination uptake across key demographics, and ARI hub appointment availability and utilisation rates will also be monitored to help ensure these alternative dispositions to ED are maximised. |
| Clinical Effectiveness | <p>The plan aims to enhance clinical effectiveness through various initiatives, such as the implementation of the OPTIMISE approach for COPD management, which provides standardised, guideline-directed care.</p> <p>The establishment of ARI Hubs and virtual wards is designed to improve the management of respiratory illnesses and reduce hospital admissions. The plan also includes measures to improve access to community pharmacy services and promote the use of digital tools for patient tracking and visibility. These initiatives are intended to ensure that clinical practices are evidence-based and effective in improving patient outcomes.</p> <p>Robust implementation of the recently published GIRFT Clinical Operational Standards for UEC will improve the effectiveness of clinical practice and help to reduce unwarranted variation in outcomes for patients.</p> | 4 | 3 | 12 | 4 | 2 | 8 | <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> ARI Hub service specification to be published and providers will need to evidence how they will meet the specification for consistency and comparison. Provide regular training and support to healthcare providers to ensure adherence to clinical guidelines. Invest in digital infrastructure and provide training to staff on the use of digital tools. Promote use of existing tools and data sources, including patient-facing solutions. <p>Monitoring arrangements: The Winter Planning Assurance & Delivery Group will utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis, robust</p> |

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| | <p>Potential Risks:</p> <ul style="list-style-type: none">• Variability in adherence to clinical guidelines among healthcare providers.• Limited access to digital tools and technology for patient tracking and visibility. | | | | | | | <p>and in-depth data on vaccination uptake across key demographics, and ARI hub appointment availability and utilisation rates will also be monitored to help ensure these alternative dispositions to ED are maximised.</p> <p>Gap analysis of implementation of GIRFT Clinical Operational Standards to be used as a tool to monitor progress and identify areas for improvement within specific providers and across NENC.</p> |
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| Area of assessment | Relevant information | Initial risk score | | | Residual risk | | | Risk mitigation and monitoring arrangements. |
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| | | Impact | Likelihood | Risk score | Impact | Likelihood | Risk score | |
| Patient experience | <p>Improving patient experience is a key objective of the winter plan. The plan includes initiatives to enhance access to urgent and emergency care services, such as the establishment of ARI Hubs and virtual wards.</p> <p>The focus on improving in-hospital flow and discharge aims to reduce waiting times and ensure that patients receive timely and appropriate care and are discharged back to their preferred destination as quickly and safely as possible.</p> <p>Additionally, the plan emphasises the importance of effective communication and engagement with patients and the public to ensure that they are fully informed about all available services and access routes to reduce unnecessary ED attendance and admissions. These measures are designed to enhance patient satisfaction and experience.</p> <p>Potential Risks:</p> <ul style="list-style-type: none"> Long waiting times and delays in accessing urgent and emergency care | 4 | 4 | 16 | 3 | 3 | 9 | <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Implement process improvements to streamline patient flow and reduce waiting times. Maximise the visibility of alternatives to ED through both direct-access routes (e.g. 111) and through improved communications with patients and optimisation of Directory of Services – using the opportunity to work with the GIRFT Alternatives to ED (AtED) team to undertake a gap analysis and implement improvements. Comprehensive communications and engagement plan in place, developed with system partners and co-ordinated to deliver multi-media assets to maximise reach, including dynamic evaluation and response throughout winter, taking into account those with protected characteristics (e.g. English not their first language etc.) and those who are not digitally enabled. <p>Monitoring arrangements: The Winter</p> |

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| | <p>services resulting in potential for serious harm.</p> <ul style="list-style-type: none"> Unnecessary attendances at ED/UTC due to lack of visibility/accessibility of alternative services resulting in increased pressure on ED and increased waiting times/risk of harm. Ineffective communication and engagement with patients and the public resulting in under-utilised alternatives to ED and poor patient experience of care services. | | | | | | | <p>Planning Assurance & Delivery Group will utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis, robust and in-depth data on vaccination uptake across key demographics, and ARI hub appointment availability and utilisation rates will also be monitored to help ensure these alternative dispositions to ED are maximised.</p> |
| System and Operational impacts | <p>The winter plan aims to improve system and operational efficiency by enhancing coordination and collaboration across the healthcare system.</p> <p>The establishment of the Winter Planning Assurance & Delivery Group ensures oversight and coordination of the development and delivery of the plan. The plan includes measures to improve patient flow through hospitals, reduce ambulance handover times, and enhance the integration of urgent and emergency care services. These initiatives are intended to ensure that the healthcare system operates efficiently and effectively during the winter period.</p> <p>The work of the NENC System Co-ordination Centre (SCC) is also central to maintaining</p> | 4 | 3 | 12 | 3 | 3 | 9 | <p>The NENC System Resilience Framework is a suite of policies, and procedures which has been collectively agreed by the NENC ICS UECN and contains a wide range of standardised escalation criteria, action cards, and oversight arrangements (e.g. mutual aid, immediate crew release, ambulance divert/deflect, repatriation etc.). The SCC will provide oversight and co-ordination of the system response to pressures, convening Health Co-ordination Groups (HCGs) to respond to acute/extreme pressures and agree a collective response to mitigate the risks posed to safe, quality patient care.</p> <p>Mitigation Strategies:</p> <ul style="list-style-type: none"> Clear protocols and communication channels for coordination and |

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| | <p>operational resilience over winter, working with key colleagues from across the system to monitor activity levels and supporting a collaborative response to time of surge & sustained pressure. The SCC will also provide system resilience support during major and critical incidents, linking in with wider-system stakeholders and partners.</p> <p>Potential Risks:</p> <ul style="list-style-type: none"> • Coordination and collaboration challenges across different healthcare providers and services resulting in poor quality care and inefficient handling of patients between different services. • Potential for system overload during peak winter periods resulting in increased delays to treatment and a heightened risk of harm caused to patients. | | | | | | | <p>collaboration established, including the identification of a NENC ICS Winter Director (Jacqueline Myers) and named leads within each FT.</p> <ul style="list-style-type: none"> • SCC to provide co-ordination of system response to surge and sustained pressure, including the implementation of contingency plans and allocation of additional resources to manage peak demand. • Thorough testing of winter and system resilience plans to help ensure optimal preparedness. <p>Monitoring arrangements: The SCC utilise a wide-range of real-time reporting tools (including UEC RAIDR) to monitor activity levels within the system, this includes developments in AI-driven predictive modelling to enable a proactive response to anticipated periods of sustained pressure.</p> <p>The Winter Planning Assurance & Delivery Group will also utilise a Winter Dashboard to use data and insight to provide oversight and monitoring of progress ahead of, and throughout, winter. The dashboard will focus on 7 key metrics (in line with the national UEC priorities) alongside a range of supporting metrics specifically monitoring the impact of schemes on patients with a chronic respiratory diagnosis, robust and in-depth data on vaccination uptake across key demographics, and ARI hub appointment availability and</p> |
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| | | | | | | | | utilisation rates will also be monitored to help ensure these alternative dispositions to ED are maximised. |
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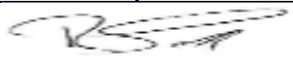
Recommendations

Based on your assessment, please indicate which course of action you are recommending to decision makers.

| Outcome | Description | Tick |
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| Outcome One- Green risk rating | No major change to service/ function required. Proceed no amendments needed. | <input type="checkbox"/> |
| Outcome Two- yellow risk rating | Adjust the service/ function. Proceed with minor amendments. | <input type="checkbox"/> |
| Outcome Three- Amber risk rating | Continue the service/ function with sufficient mitigations in place to minimise risks and negative impacts. Proceed with significant mitigating actions in place. | <input type="checkbox"/> |
| Outcome Four- Red risk rating | Stop and rethink- QIA shows actual or potential significant harm. Review service and function with senior responsible officer. | <input type="checkbox"/> |
| Please explain the rationale for your recommendation. | The changes or interventions that are proposed as part of our ICS preparation for, and response to winter, are improvements and enhancements to existing services rather than new services or strategies. The proposed changes are expected to significantly improve the quality, safety, and equity of urgent and emergency care services. The measures in the plan are designed to reduce both the impact and likelihood of the assessed risks by addressing the current challenges and implementing targeted initiatives. The plan aims to enhance patient outcomes, reduce health disparities, and improve overall system efficiency. The focus on proactive care, community-based services, and increased vaccination rates will help build resilience and help to ensure that the healthcare system can | |

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| | effectively respond to the demands of the winter period. Even with the wide-ranging programme of interventions the likely reality is that the NENC system will come under sustained pressure this winter as a result of increased demand of UEC services and the risk ratings given here reflect the assessments of both our local A&E Delivery Boards (LAEDBs) and Urgent & Emergency Care Network (UECN). The UECN and LAEDBs, along with the Winter Planning Assurance & Delivery Group (WPADG) and SCC will work proactively throughout the winter period to dynamically monitor and respond to emerging risks and issues and oversee progress of the implementation and delivery of the initiatives set out in the Winter Plan. | |
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Appendix 6 Monitoring arrangements and approval

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| Director of Nursing Approval | | |
| Date of form: 18/09/2025 | | EQIA Reference Number: 2025/98 |
| EQIA Title: NENC ICS Winter Plan 2025/26 | | |
| EQIA Rating: Yellow | | |
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| Monitoring arrangements (if applicable) | | |
| Name of individual, group, or committee | Role | Frequency |
| <ul style="list-style-type: none">• Winter Planning Assurance & Delivery Group on Thursday 18th September.• Board by the Executive Team on Tuesday 23rd September 2025.• ICB Board on Tuesday 30th September. | | |
| Quality team Review - must include Equalities lead where appropriate | | |
| Name: <ul style="list-style-type: none">• Hamid Motraghi: Director of Health Equity and Inclusion• Dr Lynn Craig, Deputy Director of Nursing (Quality) | | |
| Date: 18/09/2025 | | |
| Director sign off (green and yellow risks) | | |
| Director of Nursing or Medical :  Richard Scott Date: 18/09/2025 | | |

FINAL