

Policy for Trigger finger release in adults

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Version:	Version 2.1
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	17-Jul-2025
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Expiry Date:	July 2028
Name of author and title:	Lucy Dyde, Individual Funding Request Manager
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
April 2025	V2	<ul style="list-style-type: none"> • Formatting changes • Update to policy title in line with NHS England Evidence Based Guidance 	<p>Clinical Commissioning Policy Development Group – 28.04.2025</p> <p>Revisions approved by Individual Funding Request Manager 10.07.2025 under Category 1 of the ICB's Policy Approval and Management Policy.</p>
08 September 2025	V2.1	Typographical error: the patient has diabetics has been corrected to the patient is diabetic.	Revisions approved by Individual Funding Request Manager 08.09.2025 under Category 1 of

			the ICB's Policy Approval and Management Policy.
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1. Category: Prior Approval

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

2. Background

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the approach to Trigger finger release in adults by the Integrated Care Board (ICB) and is based on NHS England's Evidence-Based Interventions (EBI) recommendations; see link to programme below - accurate at the point of publication: [Trigger finger release in adults - EBI](#).

Trigger digit occurs when the tendons which bend the thumb/finger into the palm intermittently jam in the tight tunnel (flexor sheath) through which they run. It may occur in one or several fingers and causes the finger to "lock" in the palm of the hand. Mild triggering is a nuisance and causes infrequent locking episodes. Other cases cause pain and loss and unreliability of hand function. Mild cases require no treatment and may resolve spontaneously.

Rationale for recommendation

Treatment with steroid injections usually resolve troublesome trigger fingers within 1 week (strong evidence) but sometimes the triggering keeps recurring. Surgery is normally successful (strong evidence), provides better outcomes than a single steroid injection at 1 year and usually provides a permanent cure. Recovery after surgery takes 2-4 weeks. Problems sometimes occur after surgery, but these are rare (<3%).

3. Indication

This policy relates to Trigger digit in adults.

4. Eligibility Criteria

Mild cases which cause no loss of function require no treatment or avoidance of activities which precipitate triggering and may resolve spontaneously.

Cases interfering with activities or causing pain should first be treated with:

- one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics;
OR
- splinting of the affected finger for 3-12 weeks (weak evidence).

Surgery should **ONLY** be considered if:

- triggering persists or recurs after one of the above measures (particularly steroid injections)
OR
- the finger is permanently locked in the palm
OR
- the patient has previously had 2 other trigger digits unsuccessfully treated with appropriate nonoperative methods
OR
- the patient is diabetic

Surgery is usually effective and requires a small skin incision in the palm, but can be done with a needle through a puncture wound (percutaneous release).

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

5. Guidance/References

NHS conditions. Trigger finger. <https://www.nhs.uk/conditions/trigger-finger/>

Amirfeyz R, McNinch R, Watts A, Rodrigues J, Davis TRC, Glassey N, Bullock J. Evidence-based management of adult trigger digits. J Hand Surg Eur Vol. 2017 Jun;42(5):473-480. doi: 10.1177/1753193416682917. Epub 2016 Dec 21. <https://pubmed.ncbi.nlm.nih.gov/28488453/>

British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST). Trigger finger. https://www.bssh.ac.uk/patients/conditions/18/trigger_fingerthumb

Chang CJ, Chang SP, Kao LT, Tai TW, Jou IM. A meta-analysis of corticosteroid injection for trigger digits among patients with diabetes. Orthopedics. 2018, 41: e8-e14.

Everding NG, Bishop GB, Belyea CM, Soong MC. Risk factors for complications of open trigger finger release. Hand (N Y). 2015, 10: 297-300.

Fiorini HJ, Tamaoki MJ, Lenza M, Gomes Dos Santos JB, Faloppa F, Belloti JC. Surgery for trigger finger. Cochrane Database Syst Rev. 2018 Feb 20;2:CD009860. doi: 10.1002/14651858.CD009860.pub2. Review.

Hansen RL, Sondergaard M, Lange J. Open Surgery Versus Ultrasound-Guided Corticosteroid Injection for Trigger Finger: A Randomized Controlled Trial With 1-Year Follow-up. J Hand Surg Am. 2017;42(5):359-66.

Lunsford D, Valdes K, Hengy S. Conservative management of trigger finger: A systematic review. J Hand Ther. 2017.

Peters-Veluthamaningal C, Winters JC, Groenier KH, Jong BM. Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial. Ann Rheum Dis. 2008 Sep;67(9):1262-6. Epub 2008 Jan 7.

6. Diagnostic and Procedure Codes

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WHEN LEFT(Primary_Spell_Procedure,4) IN ('T691','T692','T698','T699','T701','T702','T711','T718','T719','T723','T728','T729')
AND ( Primary_Spell_Diagnosis like '%M653%'
OR Primary_Spell_Diagnosis like '%M6584%'
OR Primary_Spell_Diagnosis like '%M6594%')
-- Age Between 19 and 120
AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date)
between 19 AND 120)
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'P_trigger_fing'
```

Exclusions

WHERE 1=1

-- Cancer Diagnosis Exclusion

AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'

AND Any_Spell_Diagnosis not like '%D0%'

AND Any_Spell_Diagnosis not like '%D3[789]%'

AND Any_Spell_Diagnosis not like '%D4[012345678]%'

OR Any_Spell_Diagnosis IS NULL)

-- **Private Appointment Exclusion**

AND apcs.Administrative_Category<>'02'

7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Trigger finger release in adults		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Michael Caley
		Quality Sign Off:	Quality Team Staff Members
Intended impact of scheme:	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The Policy for Trigger finger release in adults supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p>		
How will it be achieved:	<ul style="list-style-type: none"> • This will set out a clear policy for the ICB's commissioning position, criteria and approval process for Trigger finger release in adults. • Publication & implementation of this policy. • Mapping electronic prior approval forms over to local policy. 		

Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	01.04.2025

Quality Review by:	Valerie Chin-You, Lorna Jones, Anna Crane, Sarah Chamberlain, Micaela Loveridge, Petty Trowell, Lee Hill, Annette Walker
Position:	Quality Team
Date of Review:	15 05 2025

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NHS England's EBI guidance and best practice.				
	Patient experience	✓			Policy to implement access for eligible patients who will be assured that they are accessing evidenced based practice to receive				

					clinically effective NHS funded treatment.				
	Patient safety	✓			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/procedures to protect patients and maintain safety.				
	Parity of esteem	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, following NHS England's EBI guidance and best practice.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome.				
	Ensuring people have a positive experience of care	✓			Increased opportunity for patients to access the service locally and				

					nationally via patient choice.				
	Preventing people from dying prematurely			✓	Policy to implement national evidenced based guidance for eligible patients to receive NHS funded trigger finger release.				
	Helping people recover from episodes of ill health or following injury.	✓			Patients eligible for this NHS funded treatment will help them recover from trigger digit which have not responded to conservative management, as detailed within the policy.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to implement national evidenced based guidance for eligible patients to receive NHS funded Trigger finger release in adults.				
	Access to the highest quality urgent and emergency care	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS				

					funded treatment following NHS England's EBI guidance and best practice.				
	Convenient access for everyone	✓			<p>This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	<p>Nationally patient engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing</p>				

					engagement continues.				
	Patient Choice	✓			<p>This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Patients are fully empowered in their own care	✓			Eligible patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NHS England's EBI guidance and best practice.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance for eligible				

					patients to receive clinically effective NHS funded treatment within the Secondary Care services under patient choice.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Access	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal				

					<p>right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service 				
	Integration	✓			There is collaboration across the pathway at system level across primary and secondary care.				
Compliance with NHS Constitution	Quality of care and environment	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
	Nationally approved treatment/drugs	✓			Policy to implement national evidenced based guidance for eligible patients to receive				

					clinically effective NHS funded treatment following NHS England's EBI guidance and best practice.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support following NHS England's EBI guidance and best practice.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

The Policy for Trigger finger release in adults supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

Is a full Equality Analysis Required for this project?

Yes

Proceed to complete this form.

No

Explain why further equality analysis is not required.

If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

NHS conditions. Trigger finger. <https://www.nhs.uk/conditions/trigger-finger/>

Amirfeyz R, McNinch R, Watts A, Rodrigues J, Davis TRC, Glassey N, Bullock J. Evidence-based management of adult trigger digits. J Hand Surg Eur Vol. 2017 Jun;42(5):473-480. doi: 10.1177/1753193416682917. Epub 2016 Dec 21. <https://pubmed.ncbi.nlm.nih.gov/28488453/>

British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST). Trigger finger. https://www.bssh.ac.uk/patients/conditions/18/trigger_fingerthumb

Chang CJ, Chang SP, Kao LT, Tai TW, Jou IM. A meta-analysis of corticosteroid injection for

trigger digits among patients with diabetes. *Orthopedics*. 2018, 41: e8-e14.

Everding NG, Bishop GB, Belyea CM, Soong MC. Risk factors for complications of open trigger finger release. *Hand (N Y)*. 2015, 10: 297-300.

Fiorini HJ, Tamaoki MJ, Lenza M, Gomes Dos Santos JB, Faloppa F, Belloti JC. Surgery for trigger finger. *Cochrane Database Syst Rev*. 2018 Feb 20;2:CD009860. doi: 10.1002/14651858.CD009860.pub2. Review.

Hansen RL, Sondergaard M, Lange J. Open Surgery Versus Ultrasound-Guided Corticosteroid Injection for Trigger Finger: A Randomized Controlled Trial With 1-Year Follow-up. *J Hand Surg Am*. 2017;42(5):359-66.

Lunsford D, Valdes K, Hengy S. Conservative management of trigger finger: A systematic review. *J Hand Ther*. 2017.

Peters-Veluthamaningal C, Winters JC, Groenier KH, Jong BM. Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial. *Ann Rheum Dis*. 2008 Sep;67(9):1262-6. Epub 2008 Jan 7.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Marriage and civil partnership: A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry

and Warwickshire Integrated Care Board from applying this policy.		
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Sex: A man or a woman		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
Other disadvantaged groups:		
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility. The policy for Trigger finger release in adults supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions

		are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to Life	Will or could it affect	No

	someone's right to life? How?	
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
N/A		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the recommendations and any changes to the proposal arising from the equality analysis.
N/A

6. How will you measure how the proposal impacts health inequalities?			
e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.			
You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.			
Requests will be managed on a prior approval basis by the IFR team, activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.			
7. Is further work required to complete this assessment?			
Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).			
Work needed	Section	When	Date completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Dr Michael Caley, Deputy CMO	28.04.2025
Which committee will be considering the findings and signing off the EA?		
Approved by the Policy Procedure and Strategy Assurance Group.		17-Jul-2025

Once complete, please send to the ICB's Governance Team