

[This is the link to the EIA tab on this document.](#)

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|---|--|
| Proposed activity/ change to existing activity: " | |
|---|--|

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|------------------------------|--|
| Overview of proposal/change: | |
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| <p>Completed By (Work Stream Lead): Executive Director sign on: (signature) authority for sign off is provided for through the Improving Care Group). In the event of an Emergency Planning and Organizational Resilience activation the relevant Directorate Executive can sign off the scheme.</p> | Name | Name |
| | Name | Date |

* see further definitions tab

Date:

Please complete all fields highlighted: