Appendix A

Governance and Leadership: Action Plan (Exit Criteria 4C)

Leadership Capacity and Capability / Culture and Learning

ID	source	Key Deliverable	Start/En d date	Lead	Task	Progress	Key Interdependencies
L1	BSA EC 4D	Board/Leadership Development Strategy and Programme	Q2 2025- Q3 2026	Chair//Chief People Officer	Commission an externally facilitated Board development programme which addresses the board effectiveness review and RSP recommendations.	Facilitator engaged to deliver a programme of Board Development first held session held in June with a focus on Board Challenge and ICB values	Executive team vacancies (L3); Transition to ICB Model Blueprint/operating model; Review of board composition
				CEO/CPO	Working with the NHS Leadership Academy, agree executive development programme to include coaching arrangements.	External facilitation agreed First session is planned for June 2025. Draft programme agreed up to Q1 2026/27	Executive team vacancies (L3); Transition to ICB Model Blueprint/operating model; Review of board composition
L2	CCR	NEM expertise, capacity and	End 31 March	Chair / Director of Corporate	Appoint to NEM vacancy/chair Finance and Contracting committee from 1 April 2025	Complete	
LZ	CCK	capacity	2025	Governance	Review and refocus of all NEM roles on committees	Complete	Committee effectiveness Q4 of 2025
	BSA	Management of executive team	By End July	Chair	Appoint to substantive CEO	Full and robust recruitment process undertaken. Interviews held 14 July	
L3	EC 4F	vacancies and appointments to substantive Executive roles	By End Q3	Chair/CEO	Appoint to substantive executive leadership team		Appointment of substantive CEO; Transition to ICB Model Blueprint/operating model; Review of board composition
		Strengthen Clinical Leadership	By end March	Chair/CEO	Appoint acting ICB Medical Director		
L4	CCR				Appoint Interim Clinical Lead for system clinical transformation	Complete	
L5	CRR BSA RSP	Clear and deliverable Executive Portfolios	By end Q3	CEO	Realignment of roles and responsibilities and a report to be presented to Remuneration Committee.		Appointment of substantive CEO; Transition to ICB Model Blueprint/operating model; Review of board composition
L6	BAS RSP	Implementation of new commissioning operating model	By end Q4	CEO/ Chief Commissioner	Align to the role of ICB to strategic commissioner and meet the running and programme cost reduction		Appointment of substantive CEO; Executive team vacancies (L3)
L7	CRR BSA RSP	Visible board and leadership	On-going	Chair/Director of Corporate Governance	Increase visibility, learning and insights though a programme of board visits across place and partners	ICB Chair/NEMs have undertaken a series of visits across Blackpool, Blackburn with Darwen, South Cumbria and Lancashire, Burnley and Morecambe Bay, with further visits planned to Lancashire and Blackpool	
L8	RSP	Enhanced staff satisfaction and a fostered culture of open communication, and values embedded	By end Q4	Chief People Officer	Staff Survey Improvement Plan		

Vision Strategy and Plans to Deliver / Communication and Engagement

ID	Source	Key Deliverable	Start/End date	Lead	Task	Progress	Key Interdependencies
	CRR	delivery, aligned to the ICBs vision and aims	By end Q2	CCO / Director of Strategy and Partnerships	Review, refresh or retire current strategies to ensure accessibility and relevance and define reporting to board and committees on delivery, progress and risks		
			By end Q4	MD/CN	Develop a 3-year Clinical Strategy, with defined outcomes and measures to achieve, coproduced by system stakeholders and clinical professionals		Transition to ICB Model Blueprint/operating model
			By end Q4	CEO	Single strategy aligned to the 10 Year Plan and ICB's and system's vision, including • Clear aims and achievable		Appointment of substantive CEO; Transition to ICB Model Blueprint/operating model

					 focus on improving population health and strengthening of primary and community care Clarity and vision for places and neighbourhoods Governance for delivery and assurance oversight Patient and public involvement and engagement 	
\ \(\rac{1}{2}\)	CRR	(3)Strengthened board partnership arrangements and oversight of the Integrated	On-going	Chair/CEO/ DoCG	lead and convene system partnership and stakeholder collaboration arrangements through agreed governance arrangements	
V2	BSA RSP	Care Strategy and Health and Wellbeing Board Strategies	By end Q3	Director of Strategy and Partnerships	Produce regular integrated reporting to the Board and relevant committees from the ICP, HWWBs and Place Based Partnerships, including assurances, and risks	Aligns to assurances to the board
V3	CRR BSA RSP	Strengthened board oversight of delivery of plans, aligned to achievement of the strategy and strategic objectives	By end Q3	Director of Strategy and Partnerships	Produce regular report to board and relevant committees of key progress and monitoring against deliverables and objectives aligned to achievement of strategic objectives	Aligns to assurances to the board
		Review and align the ICB's clinical leadership framework to the ICB's commissioning operating model (model ICB blueprint)	By End		Agree a Clinical and Care Professionals leadership framework that embeds the Clinical Leadership model, and engagement to pathway redesign	Transition to ICB Model Blueprint/operating model
V4			By End Q4	MD/CN	Develop a 3-year Clinical Strategy, coproduced by system stakeholders and clinical professionals	Transition to ICB Model Blueprint/operating model

Assurances to the board

ID	Source	Key Deliverable	Start/End date	Lead	Task	Progress	Key Interdependencies
A1	BSA RSP	Strengthen and improve integrated performance reporting, including more targeted data, and performance against agreed measures and defined outcomes and plans to achieve	By End Q3	Chief Digital Officer	Develop an agreed a single integrated performance report, aligned to: • the 'Insightful ICB Board' document • new NHS Performance Assessment Framework • role of ICB as Strategic Commissioner		Transition to ICB Model Blueprint/operating model
A2	RSP	Embed co-production within governance and assurance frameworks to ensure patient voice informs both strategic planning and service delivery.	On-going	CEO/Director of Coms and Public Affairs	Review of current mechanisms, governance and reporting		Transition to ICB Model Blueprint/operating model
	CCR	Review Board Assurance Framework and Risk Management oversight and processes	By End Q3	CEO/Director of Corporate Business	Full review of Board Assurance Framework, reflecting evolving landscape and principal risks. Revised BAF to be presented to the Board in September	Dedicated sessions held with: board in May Executives on Thursday 3 rd July. Audit Committee on 23 July	Transition to ICB Model Blueprint/operating model 10 Year Health Plan NOF 4/Exit criteria
A3	RSP EC 4E		By end Q2	Director of Corporate Business	Refreshed risk appetite statements	Board reviewed at dedicated session in May Agreed risk appetite statements will be published and embedded into the revised BAF	
			By end Q3	Chair/Board	Review of ICB's Strategic Objectives	Board reviewed at dedicated session in May Minor changes reflected Will be further aligned in Q3	

Committee Governance and Assurance Mechanisms

ID	Source	Start/End date	Lead	Task	Progress	Key Interdependencies
C1	BSA	By End Q3		Undertake a committee effectiveness review to provide assurance to the board on the effectiveness of new structure implemented from April 2025 and any further recommendations		

Keys:

ID L	Leadership Capacity and Capability / Culture and Learning					
ID V	Vision Strategy and Plans to Deliver / Communication and Engagement					
ID A	Assurances to the Board					
ID C	Committee Governance and Assurance Mechanisms					
CCR	Chair and CEO's Report					
BSA	Board Self-Assessment					
RSP	Recovery Support Programme					
EC	Exit Criteria					