Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	25 September 2025
Title of paper	Urgent and Emergency Care Delivery and Winter Planning 2025/26
Presented by	Professor Craig Harris, chief operating officer and chief commissioner
Author	Wendy Lewis, Director of system coordination and flow Craig Frost, associate director urgent and emergency care
Agenda item	16
Confidential	No

Executive summary

This report provides an overview and update on the various programmes of work to support urgent and emergency care (UEC) delivery and winter planning 2025/2026, including:

- UEC plan 2025/26 national ambitions
- Winter planning arrangements and Board Assurance Statement for 2025/26
- Key UEC performance metrics
- UEC Tiering 2025/26
- Plans for System Coordination Centre supporting winter pressures
- Local UEC improvement plans to support system de-escalation, recovery and transformation 2025/26
- Regional transformation funding 2025/26
- UEC capacity investment funding for 2025/26
- Key risks for UEC.

Recommendations

The Integrated Care Board is requested to:

- Note the content of the report and the associated appendices
- Approve the ICB Board Assurance Statement at Appendix A for submission to NHS England by 30 September 2025.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments

Associated risks	✓			Outlined in section 11
Are associated risks detailed on the ICB Risk Register?	✓			BAF008 relates
Financial Implications	✓			Outlined in section 8 and 9

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
ICB Executive Committee	26/08/25	Feedback was in the update to Executive Committee on 09/09/25
ICB Finance and Contracting Committee	27/08/25	Future winter reporting to Quality and Outcomes Committee
ICB Executive Committee	09/09/25	Approval of current and projected Board Assurance Statement

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed	✓			
Equality impact assessment completed	✓			
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Chief operating officer and chief commissioner

Integrated Care Board – 25 September 2025

Urgent and Emergency Care Delivery and Winter Planning 2025/26

1. Introduction

1.1 The purpose of this report is to provide an update to the Board on the status and/or progress of:

- UEC plan 2025/26 national ambitions
- Winter planning arrangements and Board Assurance Statement for 2025/26
- Key UEC performance metrics
- UEC Tiering 2025/26
- Plans for System Coordination Centre supporting winter pressures
- Local UEC improvement plans to support system de-escalation, recovery and transformation 2025/26
- Regional transformation funding 2025/26
- UEC capacity investment funding for 2025/26
- Key risks for UEC.

2. Urgent and emergency care plan 2025/26 national ambitions

2.1 The national UEC 2025/26 published on 6 June 2025 outlines seven priority actions that will have the biggest impact on UEC improvement this coming winter:

1. Reduce ambulance wait times for Category 2 patients – such as those with a stroke, heart attack, sepsis or major trauma – by over 14% (from 35 to 30 minutes)
2. Eradicate last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover standard
3. Ensure a minimum of 78% of patients who attend an A&E are admitted, transferred or discharged within 4 hours
4. Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time
5. Reduce the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission
6. Tackle the delays in patients waiting to be discharged – starting with reducing patients staying 21 days over their discharge-ready-date
7. Increase the number of children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25

3. Winter Planning arrangements 2025/26 and Board Assurance Statement

3.1 The national UEC plan 2025/26 also outlines the requirements of working across whole systems to improve UEC, to support the delivery of safe, dignified, and high-quality care for patients this winter.

As a minimum, systems will:

- improve vaccination rates
- increase the number of patients receiving care in primary, community and mental health settings
- meet the maximum 45-minute ambulance handover time standard
- improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care
- set local performance targets by pathway to improve patient discharge times and eliminate internal discharge delays of more than 48 hours in all settings
- reduce length of stay for patients who need an overnight emergency admission.

3.2 NHS England North West requested completion of winter assurance templates by the ICB, Acute Trusts and the Mental Health Trust across Lancashire and South Cumbria. The draft plans were submitted to NHS England North West on Monday, 21 July 2025. To note, the North West Ambulance Service assurance 2025/26 document was completed and submitted separately to NHS England and this is available if required.

3.3 NHS England North West determined that Lancashire and South Cumbria's winter plans did not provide full assurance, which was also the case with the other systems in the region, and subsequently requested additional assurance from the ICB and Trusts using Key Lines of Enquiry.

3.4 ICB and Trusts' revised plans were submitted to NHS England North West on 29 August 2025, along with the ICB and Trusts consolidated resubmission of NHS England North West's original assurance template. An additional template that NHS England North West requested, was completed as part of the resubmission process, for ICB and Trusts to further demonstrate what will be different this winter to previous winters. All documents which were submitted are available if required.

3.5 NHS England North West organised a winter exercise, 'Exercise Aegis', to stress-test draft winter plans on Monday, 8 September 2025. The exercise took the form of a tabletop (desk-based) workshop discussion, with sessions aimed at assessing plan details against scenarios featuring increasing demand and unexpected challenges.

3.6 The exercise involved individuals with overall accountability for winter, including ICB and Trust Executive Winter Directors and Senior Responsible Officers. Participants included representatives from the ICB, each acute provider, mental health provider, North West Ambulance Service, NHS 111, primary and community and local authority partners.

3.7 Key themes identified during Exercise Aegis in Lancashire and South Cumbria include:

- effective communication and local messaging, e.g. Public Health updates (RSV), Primary Care
- improve visibility of system data e.g. Primary Care and Local Authority
- capacity and demand modelling to support system-wide planning and alignment of workforce
- improved early warning systems to aid local partners to prepare and respond to pressures more proactively
- opportunities for digital solutions e.g. shared care records

3.8 On 17 September 2025, NHS England North West provided the key themes and areas identified by some localities and systems in the region. Systems are expected to synthesise the key insights and learning from the exercise, update their winter plans to address any identified gaps, and resubmit final system and trust plans by 26 September 2025.

3.9 UEC Delivery Boards and Trusts are reviewing whether there is a need for any further strengthening of local winter plans following Exercise Aegis and as part of a dynamic process for winter planning and response.

3.10 NHS England requires each ICB and Trust Boards to formally approve their winter plans via a Board Assurance Statement.

3.11 Lancashire and South Cumbria ICB Chief Executives and Chairs are required to sign off the Board Assurance Statement at Appendix A in readiness for submission to NHS England by 30 September 2025.

3.12 Additional documents relating to ICB and Trusts consolidated resubmission to NHS North West, What will be different this winter to previous winters, Quality Impact Assessment, Equality Impact Assessment and North West Ambulance Service Winter Assurance 2025 – 2026 are all available on request.

4. Key UEC Performance Metrics

4.1 ICBs will continue to be responsible for monitoring and oversight of performance in 2025/26.

4.2 Monthly UEC performance and delivery review meetings have commenced with the North West regional team and the ICB, which focus on acute trusts' performance in key areas, including four-hour A&E targets, over twelve-hour stays in Emergency Departments, ambulance handover delays, corridor care, and the actions required to return performance to planned levels.

4.3 Performance across LSC for the four key UEC metrics from April 2025 is outlined in the table below:

4-hour performance (78% target)					
	Apr-25	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**
LSC	77.39%	77.52%	77.23%	77.35%	76.8%
Over 12-hour waits in ED* (<10% target)					
LSC	15.4%	14.0%	13.8%	13.4%	14.4%
Category 2 response (30 minutes target)					
LSC	23:07	23:12	24:10	23:34	21:37
Within 45-minute ambulance handover					
LSC	86.6%	86.3%	90.4%	88.0%	95.3%

** Note: the performance data on 12-hour waits in ED is based on type 1 ED attends, not all-type A&E attends, as this metric is one of the priority actions of the national UEC plan 2025/26 (as referred to in Section 2), NHS England is closely monitoring this metric, and it has been used by NHS England to determine UEC tiering (Section 5 below).*

5. UEC Tiering 2025/26

5.1 The national approach to UEC Tiering was reset from quarter 2 in the context of the UEC Plan 2025/26. UEC tiering was previously at an ICB level, however, from quarter 2, it now mirrors the approach to elective care tiering. This means that acute trusts have been placed into a Tier, with tiering status determined by performance across the preceding quarter for 4-hour A&E performance, over 12-hour waits in the emergency department, and ambulance handover delays.

5.2 Tier 1, the highest level of intervention and oversight, includes national improvement support (e.g. from ECIST) and fortnightly meetings between NHS England, the ICB, and the Trust to review progress on local and national UEC plans. Tier 2 involves monthly reviews with NHS England. Tier 3, the lowest level of intervention, monitors progress via ICB governance, with ad hoc support as needed.

5.3 The UEC tiering structure for Lancashire and South Cumbria trusts is outlined below and will be subject to quarterly review:

Tier 1	Blackpool Teaching Hospital
Tier 2	Lancashire Teaching Hospital
Tier 3	University Hospitals of Morecambe Bay East Lancashire Hospital Trust

5.4 The ICB is in NHS Oversight Framework (NOF) Segment 4 and continues to receive support from the National Recovery Support Programme (RSP). The RSP is a nationally managed programme that provides mandated, focused, and integrated assistance for organisations and systems in NOF Segment 4, collaborating with system partners, as well as regional and national NHS England teams.

6. Plans for System Coordination Centre supporting winter pressures

6.1 The System Coordination Centre (SCC) is outlining with all providers across the system an efficient and effective approach to daily monitoring of operations and identification of early warning of system pressures utilising the relationships and data available to them.

6.2 Utilising the OPEL framework, and working with NHS England North West, the SCC will provide the point of communication for the system and support the ICB with coordination of escalation responses. More detail of how the SCC will support during winter is available if required.

7. Local UEC improvement plans to support system de-escalation, recovery, and transformation in 2025/26

7.1 The local UEC improvement plans have been updated for 2025/26 to ensure alignment with both the overarching UEC Plan and the 10-year plan, and these have been shared with NHS England North West. Importantly, the local UEC improvement plans are integral to and complement the winter plans.

7.2 The key themes running through local UEC improvement plans are prevention, admission avoidance, reducing length of stay in hospital, keeping safe and well at home, navigating patients to the most appropriate care and support, and maximising the use of community services.

7.3 The plans are designed to prioritise prevention, reduce unnecessary admissions, and enhance both in-hospital and out-of-hospital services and pathways to facilitate system recovery and transformation. Progress on the UEC improvement plans is continually monitored by local UEC Delivery Boards as well as the Strategic System Oversight Board for UEC and Flow.

7.4 Ongoing efforts are focused on standardising the reporting of delivery, impact, exceptions, and de-escalation cost reductions related to local improvement plans.

8. Regional transformation funding 2025/26

8.1 As part of planning for 2025/26 the NHS England North West set aside £26m as a Regional Transformation Fund (RTF).

8.2 The RTF is designed to support projects intended to improve performance in the areas identified as priorities for this year and next. The focus is on sustainable innovations and collaborative initiatives that will contribute to the three shifts outlined in the 10-Year Plan, or those that provide measurable and ongoing improvements in UEC performance, elective wait times, and/or productivity related to transformation.

8.3 To be considered eligible, a scheme needed to meet the following conditions: it should involve non-recurrent revenue expenditure in 2025/26; require investment

between £2 million and £10 million; have sign-off and commitment from all participating organisations; and demonstrate that no alternative funding sources are available.

8.4 The ICB submitted five priority bids:

- Priority 1 – Neighbourhoods
- Priority 2 – Neurodevelopmental pathway
- Priority 3 – Non-Emergency Patient Transport Services
- Priority 4 – Women's Health Hub
- Priority 5 – Care Coordination

8.5 Provider bids were submitted directly to NHS England North West.

8.6 The outcome of the bidding process was expected from NHS England North West during the week commencing 25 August 2025 with the allocations issued ahead of month 6, however the outcome has not yet been released.

9. UEC capacity investment funding 2025/26

9.1 At the Integrated Care Board meeting on 19 March 2025, it was agreed that UEC capacity investment funding allocations for 2025/26 would not exceed 2024/25 expenditure.

9.2 Each scheme was reviewed to assess its impact and outcomes. The ICB Executives approved the continuation of the schemes for 2025/26 on 1 April 2025, at a total value of £16,528,212. These schemes are incorporated in winter plans and local UEC improvement plans to ensure alignment.

9.3 Key performance indicators, impact, outcome and spend is monitored monthly. Providers are reimbursed based on actual spend up to the maximum allocation.

10. Impact and outcomes

10.1 By incorporating feedback from NHS England North West into our winter plans and through Exercise Aegis, we have gained greater clarity regarding expected outcomes and risks at provider, place and system levels.

10.2 Reviewing UEC governance across Lancashire and South Cumbria in line with NHS England's tiering will enhance accountability and visibility of plans, delivery progress and accountability.

10.3 The ICB is working with NHS England North West to determine the most effective strategies for the winter period. This will leverage the SCC's intelligence and its relationships with providers to coordinate system responses and accountability to NHS England North West. The daily contact point managed by the SCC will provide real-time visibility of operations, as well as the identification of any risks and mitigations.

10.4 Provider and place teams are committed to implementing the approved local UEC improvement and de-escalation plans. These plans are in delivery and are overseen by UEC Delivery Boards, the Strategic System Oversight Board for UEC and Flow, and through the upcoming tiering governance arrangements. These plans are integral to winter plans and response.

10.5 A current review of UEC governance will create a monthly platform for the system to examine key themes relating to UEC and flow, promote the sharing of learning between providers, and guide commissioning and control actions.

10.6 Monitoring of UEC capacity investment funding for 2025/26 is currently underway, and further details of the impact and outcomes will be included in a future report to the Quality and Outcomes Committee.

10.7 The culmination of the range of improvement and transformation activities is leading to positive changes across the UEC pathway. While this work is ongoing and many initiatives still need to be embedded and sustained, there are promising signs. For example, we are observing improvements in ambulance handover delays, a key area of focus of NHS England, which has further improved in August, following the introduction of the 'Release to Rescue' initiative, aiming for a maximum 45-minute handover.

11. Key risks for UEC

11.1 Given the sustained operational and financial pressures across our system, there remains a risk that intended delivery of local UEC improvement plans and associated de-escalation plans may not be achieved.

11.2 Risk remains high around local delivery of the key UEC performance indicators that promote patient safety and quality of care, which could lead to acute trusts moving into higher intervention under the national UEC tiering system.

12. Recommendations

The Integrated Care Board is requested to:

- Note the content of the report and the associated appendices
- Approve the ICB Board Assurance Statement at Appendix A for submission to NHS England by 30 September 2025.

Wendy Lewis, director of system coordination and flow
Craig Frost, associate director urgent and emergency care

10 September 2025

Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the ICB's Board has oversight that all key considerations have been met. It should be signed off by both the ICB Accountable Officer and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Integrated Care Board's (ICB) name.

This section gives ICBs the opportunity to describe the approach to creating the winter plan and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

Integrated Care Board:	Lancashire & South Cumbria

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	Yes	
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	

The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Exercise Aegis held on Monday, 8 September 2025.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Craig Harris, Chief Operating Officer & Chief Commissioner
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	

ICB CEO/AO name	**Date**	**ICB Chair name**	**Date**

NHS
Lancashire and South Cumbria
Integrated Care Board

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes/No)	Additional comments or qualifications (optional)
Prevention		
1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Yes	A comprehensive plan has been developed across LSC which includes the key cohorts noted. In addition, our communications and engagement plan targets vaccination programmes/uptake.
2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.	Yes	The plan incorporates data driven targeting, community engagement, targeted communications, care home delivery model, neighbourhood-based champions.

3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	The plan incorporates proactive identification, tailored delivery models and collaboration.
Capacity		
4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Yes	Local organisations have modelled capacity and demand in line with the Operational Plans 2025/26. An LSC Demand Management Group has been established given the challenges faced around increasing demand.
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	P1, 2 & 3 discharges are case managed through the Care Transfer Hubs and forward planned with relevant partner organisations.
6. Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Yes	LSC ICB Planned Care team has established a Referral Optimisation Programme Board with dedicated sub-groups around patient choice, clinical triage and Advice and Guidance. Plans in place to expand Referral Management Centre (RMC) services across LSC ICB to maximise opportunities to deflect and redirect activity that can be managed in out of hospital (non-RTT) settings and services Targeted pathway transformation programmes of work in place for high volume specialties aiming to increase the management of demand

		in communities and Primary Care and through commissioned Tier 2 services.
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Via existing and established emergency preparedness, resilience and response (EPRR) arrangements and infrastructure
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Via System Coordination Centre