

Lancashire and South Cumbria Board Assurance Framework

BAF-001

BAF-001: Strategic Commissioning Executive Committee | Chief Commissioning Officer |

SO1	Improve quality, including safety, clinical outcomes and patient experience		SO4	Meet financial targets and deliver improved productivity	●
SO2	To equalise opportunities and clinical outcomes across the area	●	SO5	Meet national and locally determined performance standards and targets	
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies	●

Risk Description and Impact on Strategic Objectives	
Cause (Likelihood)	If the ICB does not have a fully developed vision, strategy, intentions and implementation plans for strategic commissioning
Event	Then effective delivery of service transformation, the government '3 strategic shifts' and achievement of financial sustainability will not be achieved
Effect (Consequence)	Resulting in: <ul style="list-style-type: none"> - Continued unwarranted variation in service provision - Continued inequalities in access and outcomes - Health inequalities - Lack of autonomy to invest in service transformation and therefore improve outcomes for our population - Ineffective system and partnership working - Reputational damage - Unaffordable healthcare services - Continued focus on finance as the overriding factor

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level	
Likelihood	4	4	4	4	3 31 March 2026 (June)	Cautious	Low	-
Consequence	4	4	4	4			Med	-
Risk Score	16	16	16	16			High	-

Rationale for Risk Score and Progress Made in the Quarter 3:

October/November 2025:
 A number of gaps in controls were reviewed and actions completed including the development of an ICB Service Change Policy with a series of webinars to be delivered to staff and stakeholders. Other areas of progress were reported including the establishment of a prioritisation framework with oversight through the Finance and Contracting Committee.
 A range of reports are provided to the board and relevant committees including an Integrated Performance Report, Commissioning Intentions Progress Reports with reports providing progress on health inequalities delivery plans.

December 2025: Further progress has been made and in December the board received and supported the proposed approach and timelines for development of the ICB's 5 Year Strategic Commissioning Plan (5YSCP) at its private meeting on 18 December 2025. The model has been developed to reflect the requirements of the Strategic Commissioning Framework (SCF) within the financial parameters set. This will further support the finalisation of the draft commissioning intentions for 2026/27 which will be presented to the Board at its meeting in public in March 2026.

The risk score remains unchanged at the end of Q3; the target risk score is currently above the board's agreed risk appetite however, it is anticipated that as the work to finalise the medium-term commissioning plan, 5 year strategy and the refresh of the Joint Forward Plan will enable the risk to be mitigated to within the board's agreed appetite, therefore the risk score will remain under review during Q4 as the implementation plans to support the transition to the ICB's new operating model are implemented.

The target risk score date is anticipated to require extending to June 2026 to align with the wider workforce re-development timeline.

Key Controls:

2025/26 Commissioning Intentions
 Infrastructure Strategy
 Centralised system for monitoring commissioning and contracting activity.
 Service Change Policy ratified
 Prioritisation Framework established
 Regular reporting to board and relevant committees of key progress and monitoring against deliverables, improved access and outcomes and addressing health inequalities
 Reporting to Finance and Contracting Committee.
 Commissioning delivery plans agreed.
 QIA and EHIIRAs
 Quarterly contract management reports
 Segment 0 -1 delivery plans
 Public engagement and outreach - Working with People and Communities Insight Report

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

Agreement of 2026/27 Commissioning Intentions (due to be presented to board in March 2026).
 ICB/PCB aligned clinical strategy to deliver service reconfiguration
 Spend on current commissioned services is exceeding agreed budget allocation
 Delivery of ICB Model Blueprint; operating model and cost reduction requirements.

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Commissioning Delivery Plan	X	X	X	
	Governance and Leadership Action Plan		X	X	
	Waste Reduction Plan and programme updates 2025/26	X	X	X	
	Commissioning Prioritisation Framework		X	X	
2nd Line (corporate oversight)	Reports to ICB Board and relevant committees	X	X	X	
	Reports to Finance and Contracting Committee	X	X	X	
	Working with People and Communities Insight Reports	X	X	X	
	Joint Commissioning Board			X	
3rd Line (independent/internal audit)	Quarterly Public Perception Survey – Summary Insight Reports	X	X	X	X
4 th Line (external audit/regulator)	IAGs			X	
	RSP/ICB Improvement Plan				

Further Actions: Additional assurance or actions to reduce likelihood/ consequence

N o.	Action Needed	Lead Director	Due Date	Quarterly Update
1.	Implementation of new commissioning operating model	CEO/Execs	End Q4	UPDATE: The draft Operating Model was presented to the board on 18 December and supported. The model has been developed to reflect the requirements of the Strategic Commissioning Framework within the financial parameters set.
2.	A single strategy aligned to 10 Year Plan and ICB's/System's vision	CEO/CCO	End Q4	UPDATE: The proposed approach and timelines for the development of the ICB's 5 Year Strategic Commissioning Plan (5YSCP) was supported by the board on 18 December 2025.
3.	Develop a Joint Commissioning Framework with Local Authority Partners	CCO	End Q4	UPDATE: A Joint Commissioning Board has been established and a planning meeting held in December 2025; a work programme has been shared, and the inaugural board meeting will be held in January 2026 between the ICB and LCC.
4.	Align commissioning intentions with the 3-year clinical strategy with defined outcomes and measures to achieve.	CCO	End Q4	UPDATE: The approach and timelines for the development of the draft Clinical Strategy was presented to the board on 18 December; further work will be undertaken and reviewed through the Executive Committee in January 2026.
5.	Approval and implementation of commissioning intentions for 2026/27	CCO	End Q4	UPDATE: The draft commissioning intentions for 2026/27 will be presented at the public board meeting in March 2026 for approval.

Lancashire and South Cumbria Board Assurance Framework

BAF-002

BAF-002: Transition to Model ICB Blueprint

Transition Committee | Chief Executive Officer |

SO1	Improve quality, including safety, clinical outcomes and patient experience	•	SO4	Meet financial targets and deliver improved productivity	•
SO2	To equalise opportunities and clinical outcomes across the area	•	SO5	Meet national and locally determined performance standards and targets	•
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees	•	SO6	To develop and implement ambitious, deliverable strategies	•

Risk Description and Impact on Strategic Objectives

Cause (Likelihood)	If the ICB does not transition effectively and safely to a strategic commissioning organisation aligned to the ICB model blueprint whilst meeting the national directed reduction in running and programme costs from 1 April 2026
Event	Then we will not have an organisation that is able to fulfil its statutory responsibilities within its running and programme costs
Effect (Consequence)	Resulting in: <ul style="list-style-type: none"> - Inability to exit NOF 4/undertakings - Running and programme cost pressure - Loss of autonomy to act - Distracted leadership - Re-setting of priorities and objectives - Uncertainty to long term delivery of strategies and plans - Reduced staff morale - Inability to deliver ICB vision and strategic objectives - Lack of capacity and capability across the workforce - Risk to mitigation of other BAF risks

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level	
Likelihood	5	5	4	4	31/03/2027	Cautious	Low	-
Consequence	4	4	4	4			Med	-
Risk Score	20	20	20 ↓ 16	16			12	High

Rationale for Risk Score and Progress Made in the Quarter:

October 2025: Whilst the implementation of the ICB model blueprint remained very much the direction of travel for ICB reconfiguration, due to national negotiations and ongoing lack of clarity on functions which required legislative amendment, or confirmation of the regional blueprint including roles and responsibilities, the timeline was likely to be extended beyond 31 March 2026.

To that extent the executive team took the decision to pause ICB model blueprint implementation and instead undertook a series of roadshows and engagement events with staff groups on the operating model and functional responsibilities going forward. The output of this was an action plan to start putting new ways of working into action.

December 2025: Following the appointment and commencement in post of the new ICB Chief Executive Officer, the consultation process for the Executive Team re-structure (which began in

November) was concluded including the revised executive team portfolios. One substantive executive role was appointed to with immediate effect (Chief Commissioning Officer) and the remaining three posts are currently being recruited to, with the aim of concluding the appointment process by the end of January 2026. The revised executive team portfolios will be implemented once the executive team recruitment process has concluded.

Further to the publication of the national model voluntary redundancy scheme, the ICB launched a local VR scheme for all eligible staff which closed on 15 December 2025. Further national guidance on the model ICB Blueprint was also received, and the executive team is taking this into consideration alongside the feedback of the staff roadshows, as they continue to develop the ICB's revised operating model. A paper was received and supported at the closed board meeting on 18 December outlining the approach to the development of the new operating model, including steps taken since the last update provided.

The Executive Team is continuing to work through the implementation and workforce transition to the new operating model, ensuring that mitigations are in place to address outstanding risks and issues and that emerging risks are captured. This will be further supported following the establishment of a Transition Programme Group and transitional planning framework to ensure that business critical tasks for the 2025/26 financial year are effectively managed, and business continuity is maintained.

As the ICB transitions to a strategic commissioning organisation and the target operating model, the ICB's workforce requirements will be finalised in line with national running cost requirements. Any emerging risks relating to workforce capacity and capability will be reviewed by the Executive Team through structured business and continuity risk assessments to ensure delivery of statutory functions is maintained, and the ICB's operating model is within the financial envelope available.

The current risk score is proposed to reduce to "16" in line with the actions completed and the forecast risk trajectory at Q3. The target risk score (12) is anticipated to be achieved before the projected date of 31 March 2027 with a revised date of 30th October 2026 proposed.

The target risk score is currently held above the board's agreed risk appetite ("cautious", risk tolerance 4-10) for this category of risk. Therefore, a further review of the actions to mitigate the risk is underway to determine whether any further mitigations can be applied to further reduce the target risk score.

Key Controls:

Executive Design Group
Transition Committee
RSP exit criteria
Financial recovery plan
Governance and Leadership Action Plan (GaL)
People and Culture Committee
System Delivery meetings / Improvement Assurance Groups
Executive Committee
New CEO
Transition Programme Group formed and Transitional Planning Framework established to oversee business continuity and delivery of business-critical tasks for 2025/26

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

Limited influence over national policy direction
 clarity on national and system architecture
 Impact on financial recovery plan
 Transition/appointment to the new, substantive Executive leadership team
 Loss of corporate knowledge & established partner/stakeholder relationships
 Affordability of required capacity to meet all statutory functions and objectives
 Retention of necessary skills and capabilities.
 Impact of VR scheme to clinical and care professionals workforce and emerging risks

Assurance Mapping					
Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Transition Task and Finish Group (Q1-Q3)	X	X	X	
	Transition Programme Group Q4 onwards				X
	Executive Committee weekly standing item	X	X	X	
	Weekly review of financial position / WRP	X	X	X	
2nd Line (corporate oversight)	Reports to ICB Board	X	X		
	Reports to Transition Committee			X	
	Reports to People and Culture Committee	X	X	X	
	Reports to Finance and Contracting Committee	X	X	X	
3rd Line (independent/internal audit)					
4th Line (external audit/regulator)	NHS England IAG/System Delivery Meetings	X	X	X	
	NHS E Business case approval		X		
	External Audit Value for money review (underway)				

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)				
No.	Action Needed	Lead Director	Due Date	Quarterly Update
1.	Management of Executive Team Vacancies and appointments to substantive executive roles	CEO	End Q3	Appointment to substantive CEO completed Consultation process on executive team restructure concluded. Recruitment process underway for three posts with one post substantively appointed to.
2.	Clear and deliverable executive team portfolios	CEO	End Q3	Update: Clear executive team portfolios have been agreed and will be enacted once the recruitment process is complete.
3.	Implementation of new strategic commissioning operating model (CEO	End Q4	Phase 1 - roadshows and staff engagement completed. Update: Phase 2 – underway with progress report presented at closed board on 18 December outlining proposed approach which was supported. Delivery of new model is subject to NHS England approval.

4.	Response to national policy / guidance in a timely manner as and when it is published	CEO	On-going	Update: National guidance on model ICB Blueprint under consideration by executive team.
5.	Development of OD Strategy and workforce plan for new model ICB	CPO	31 Mar 26	Update: In progress and will include strategic commissioning training and development. First draft of the OD plan to be shared with executives by end of January 2026.
6	NEW: Transition Programme Group	Transition Director	30 Jan 26	Business Impact Assessment and Risk Analysis in progress focused on workforce capacity to deliver business critical tasks

Lancashire and South Cumbria Board Assurance Framework

BAF-003

BAF-003: Sustainable workforce

People and Culture Committee | Chief People Officer | Chief Nurse | Medical Director

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

Risk Description and Impact on Strategic Objectives

Cause (Likelihood)	If the ICB fails to effectively support the workforce through change and develop an effective workforce structure
Event	Then the workforce capacity and/ or capability may not be sustainable to support delivery of the ICB's statutory duties, strategies and plans as outlined in the model ICB blueprint
Effect (Consequence)	<p>Resulting in:</p> <ul style="list-style-type: none"> - Inability to deliver improved health outcomes for the people of Lancashire and South Cumbria - Inability to recruit and retain workforce - Loss of focus and reduced ability to deliver plans and priorities - Inability to retain necessary knowledge and skills - Low staff morale due to organisational change - Lack of cohesive clinical and care professional leadership - Impact on organisational leadership capacity and sustainability - Impact on equality, diversity and inclusion of the workforce

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level	
Likelihood	4	4	4	4	4	31 Mar 2026 Open - Seek	Low	-
Consequence	4	4	4	4	4		Med	-
Risk Score	16	16	16	16	16		High	-

Risk update - Quarter 3 2025/26

October: The People and Culture Committee received updates on progress against delivery of key projects including the completion of People Impact Assessments to support the organisational change process, finalisation of key HR policies, leadership and development programmes and a joint People Communication Plan for organisational change.

November: The consultation process on the Executive Team structure concluded on 17 November 2025 and recruitment to the new Executive roles commenced and is anticipated to be concluded by the end of January 2026. Further areas of progress included a workforce organisational development plan to support the transition to the model ICB blueprint, and multi-year workforce planning incorporated into NHS Operating Plan. The first draft of the OD plan is expected to be shared with the executive team by the end of January 2026.

December 2025:

A programme of work to support staff and organisational development (OD) is now in place with six OD workstreams established. These are focused on high-priority areas to support the ICB's strategic goals and People Plan and are designed to deliver measurable improvements in organisational culture and performance and support the implementation of a robust, focused OD plan.

A range of resources are available for all staff to support them through the change process, including self-guided tools, recorded webinars and facilitated sessions to support staff wellbeing and resilience, alongside bespoke support for individuals and teams if required.

Actions planned to mitigate gaps in controls relating to clinical workforce development have been strengthened including work with Higher Education Institutions (HEIs) to support the professional development of the clinical workforce and develop roles that offer consistent terms and conditions.

Further to the publication of the national VR model and the ICB's internal VR process, the Executive Team is currently working through the implementation plans to support transition to the new operating model. The board received an update at its private meeting on 18 December, which was supported and work will be further progressed through the Executive team in January 2026.

As the ICB transitions to a strategic commissioning organisation and the target operating model the IC's workforce requirements will be finalised in line with national running cost requirements. Any emerging risks in relation to specific functions and their workforce capacity will be captured under **BAF-002** and reviewed through the Transition Committee.

The risk score remains unchanged at the end of Quarter 3 and is expected to remain at the current level whilst the work to transition to the new operating model is delivered. The target risk score is within the board's agreed risk appetite range, however a request to extend the target risk date from 31 March until 30 June, has been proposed to align with transition timescales.

Key Controls:

People and Culture Committee oversight

Organisational change policy

12-month People Plan (aligned to 6 priority areas)

5 Year Workforce Plan

Equality and Inclusion Plan with workforce focused equality objectives

Freedom to Speak Up Policy and process

Change and People Impact Assessments undertaken

12-month joint People and Communications plan for organisational change established

Additional skills audit undertaken to identify alignment with skills in model ICB blueprint

Health and Wellbeing improvement plan

Executive and board development plan

Governance and Leadership Improvement Plan (RSP)

Appointment of substantive CEO

System Quality Group considers quality impact of a capable and competent workforce and includes representation from regulators.

Working collaboratively with providers to effectively maintain efficient and quality services by proactively leading professional development, working with HEIs on pipeline and offering consistent terms and conditions.

Line Manager Forum established and operational

Leadership Forum established and operational.

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

ICB Executive Team will continue to work through implementation plans following formal approval of the ICB's internal VR scheme panel outcomes.
 Limited influence over national policy direction
 Impact of financial constraints – awaiting further national guidance.
 Impact of workforce Race Equality Standards, Workforce Disability Equality Standards and Gender Pay Gap
 Decline in staff engagement, motivation and positive mood scores measured by staff survey
 Executive team stability: Executive Team consultation has concluded; recruitment to new Executive role in progress (expected to conclude end of Jan 26).
 Need to strengthen relationships with HEIs and the Deanery

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Organisational Change Policy				
	Business and Sustainability Group oversight	X	X	X	
	Executive Committee	X	X	X	
	People and Culture sub-committee	X	X	X	
	Equality, Diversity and Inclusion Annual Report 2024/25	X			
	National Staff Survey undertaken (awaiting results)			X	
	ICB Quality Function including provider Quality Accounts	X	X	X	
2nd Line (corporate oversight)	People and Culture Committee oversight	X	X	X	
	Transition Oversight Committee	X	X	X	
	ICB Board reports	X	X	X	
	SEND Partnership Board Oversight	X	X	X	
	Quality and Outcomes Committee	X	X	X	
3rd Line (independent/internal audit)					
4th Line (external audit/regulator)	NHSE NW ICB Change and Transition Group	X	X	X	
	NHSE NW ICB Plan Review Meeting	X	X	X	

Further Actions: Additional assurance or actions to reduce likelihood/ consequence

No.	Action Needed	Lead	Due Date	Quarterly Update
1.	Recruitment to substantive executive team leadership roles	Debbie Eyitayo	End July	Complete. Recruitment to substantive CEO and interim acting CNO completed.
			End Sep	Complete. Appointment of interim CFO completed.
		Aaron Cummins	End Nov	Complete. Executive Team consultation process concluded w/c 17 November.
			End Jan 26	Recruitment to new executive team structure underway and due to conclude end Jan 26; the role of Chief Commissioning Officer has been substantively appointed to.
2.	Staff Experience Improvement Plan	Debbie Eyitayo	End Q4	Since the last update 22 new actions have been added to the plan, with 96% of actions either

				complete or rated “green”. A Culture task and finish group will be established to address immediate issues relating to staff experience which have been identified through staff surveys, inclusion surveys and wellbeing check-ins.
3.	Leadership Development Programme	Debbie Eyitayo	Q3 2026	A number of workshops held to support leading through change/equity and fairness in designing organisational form.
4.	Review of recruitment and retention policies, procedures and processes to mitigate any impact on EDI	Debbie Eyitayo	Q4 2026	<p>A ‘pool’ of equality representatives from across our organisation is being created. They will act as an independent panel member on every interview panel that takes place during the recruitment and selection process, either through org change and consultation or regular recruitment and selection processes.</p> <p>An EDI interview question is being introduced to all interviews taking place - this will assess for inclusion as a value and ensure our people have experience of EDI so that we embed inclusion into our everyday practices.</p>
5.	Development of local VR scheme Business Case and self-funding affordability	Debbie Eyitayo/ Mark Bakewell	Q2	<p>Complete. National VR model issued on 11 November; local VR scheme launched on 26 November (now closed).</p> <p>Executive Team working through implementation subject to NHS England final approval.</p>
6.	NEW: Organisational development plan to support transition to and embedding new model ICB blueprint	Debbie Eyitayo	End Q4	<p>Throughout October staff engagement workshops were held to discuss the draft operating model and 935 staff engaged with.</p> <p>The first draft of the OD plan to be shared with executives by end January 2026.</p>
7.	NEW: Multi-year workforce planning incorporated into NHS Operating Plan	Chief Commissioner	Feb 26	The timescales for delivery will be agreed with Chief Commissioning Officer.
8.	NEW: Developing relationships with HEI and Deanery	Chief Clinical Officer		Timescales for delivery will be confirmed and taken forward through people function led by new Chief Clinical Officer once in post.

Lancashire and South Cumbria Board Assurance Framework

BAF-004

BAF-004: Sustainable Finances

Finance and Contracting Committee | Chief Finance Officer |

SO1	Improve quality, including safety, clinical outcomes and patient experience		SO4	Meet financial targets and deliver improved productivity	●
SO2	To equalise opportunities and clinical outcomes across the area		SO5	Meet national and locally determined performance standards and targets	
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies	

Risk Description and Impact on Strategic Objectives

Cause (Likelihood)	If the ICB fails to deliver our agreed financial plan for 2025/26
Event	then we will not achieve our statutory financial duties
Effect (Consequence)	<p>Resulting in:</p> <ul style="list-style-type: none"> - Prolonged intervention/increased risk of further regulatory actions and reputational damage. - Inability to commission effectively will prevent sustainable transformation and increased health inequalities - Reduced local discretionary decision-making impacting on delivery of local priorities and plans. - Inability to achieve value for money - Investment opportunities will be lost which will impact on delivery of our organisational strategies and plans

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level	
Likelihood	4	4	4	3	2	Cautious	Low	-
Consequence	5	5	5	5	5		Med	-
Risk Score	20	20	20	15	10		High	Y

Rationale for Risk Score and Progress Made in the Quarter:

October/November: The ICB was on plan at month 7 with a reported YTD breakeven position this was however, after deploying £38.2m of £45m annualised mitigations (the YTD equivalent was £26.6m).

The ICB reviewed its risk adjusted forecast position, and as at M7 had identified a range of risks and mitigations that may result in a small gap at the end of the financial year; work continued to seek additional opportunities to deliver the break-even position.

December 2025:

As reported to the Finance and Contracting Committee in January, the risk remains at 20 because of the level of financial risk that needs to be managed and mitigated over the remaining six months. The ICB was on plan at month 7 with a reported YTD breakeven position this was however, after deploying £38.2m of £45m annualised mitigations (the YTD equivalent was £26.6m).

The ICB has been reviewing its risk adjusted forecast position, and as at M7 has identified a range of risks and mitigations that may result in a small gap at the end of the financial year and continues to seek additional opportunities to deliver the break-even position.

Key Controls:

A system financial plan 2025/26 has been submitted and agreed
 System Delivery Meetings continue to operate led by NHS England to oversee delivery of plans
 IAGs reinstated for Q3 by PwC under the direction of NHS England
 Waste Reduction Programme agreed with regular updates to Finance and Contracting Committee
 ICB Standing Financial Instructions/Scheme of Reservation and Delegation
 Oversight through Finance and Contracting Committee and Board
 AACC Turnaround Plan
 Weekly IMT oversight of WRP programme
 Discretionary spend panel
 Commissioning Resource Group
 Budget holder meetings held to monitor progress against financial position
 Regular reporting of risk-adjusted position to Finance and Contracting Committee
 MIAA Review of financial controls – substantial assurance

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

If delivery of planned position is met by non-recurrent means this will impact on underlying position within future financial reporting periods.
 Strategic commissioning operating model not established
 Monthly integrated contract meetings still require development
 Gaps in business intelligence support
 National policy for ICB model blueprint and cost reduction to running and programme costs from 1 April 2026
 Cost of commissioned services/contract activity higher than planned/budgeted levels
 Delivery of the AACC Turnaround Plan and mitigation of BAF007
 High level of risk against delivery of identified WRP plans
 Unidentified gap in WRP plans

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Waste Reduction Programme	X	X	X	
	IMT/Discretionary Spend Panel	X	X	X	
	Commissioning Resource Group	X	X	X	
	Budget holder meetings	X	X	X	
2nd Line (corporate oversight)	Reports to Finance and Contracting Committee	X	X	X	
	Reports to the ICB Board	X	X	X	
	Executive Committee reports	X	X	X	
3rd Line (independent/internal audit)	MIAA review of key controls/checklists				
	Continuing Healthcare			X	
	Financial Governance			X	
	QIPP/Waste Reduction			X	
	Key Financial Transactions Processing Controls				X
4th Line (external audit/regulator)	NHE England System Delivery Meetings (SDM)			X	
	IAGs (PwC-led)				

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)

No.	Action Needed	Lead Director	Due Date	Quarterly Update (Q2)
1.	Monthly integrated contract meetings	COO	Monthly	First round of meetings held
2.	Review of monthly run rate position and assurance of plans to mitigate any negative variance against plan	CFO	31 Mar 26	<p>An assessment of the financial position and risk was presented to the ICB Finance and Contracting Committee (F&CC) in September 2025.</p> <p>Action complete - regular reporting of risk-adjusted position is provided to F&CC</p>
3.	Delivery of AACC Turnaround Integrated Action Plan and plans to mitigate any negative variance against plan	CEO	31 Mar 26	<p>Turnaround Plan presented to F&CC and Audit Committee</p> <p>Audit Committee 10 Dec received an update report on AACC turnaround improvement plan.</p>
4.	Full identification and delivery of WRP programme	Exec Team	31 Mar 26	Still remains a gap in the WRP programme and risks to delivery of identified schemes.

Lancashire and South Cumbria Board Assurance Framework

BAF-005

BAF-005: Achieving transformation through effective partnerships and collaborative working Executive Committee | Chief Executive Officer |

SO1	Improve quality, including safety, clinical outcomes and patient experience	•	SO4	Meet financial targets and deliver improved productivity	•
SO2	To equalise opportunities and clinical outcomes across the area	•	SO5	Meet national and locally determined performance standards and targets	
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies	•

Risk Description and Impact on Strategic Objectives

Cause (Likelihood)	If the ICB does not develop and maintain effective partnership and collaborative arrangements and implement an effective governance structure for partnership working
Event	Then collaborative working and shared decision making may not be enabled, and we will fail to achieve the transformation required to deliver improved health outcomes for our local population
Effect (Consequence)	Resulting in: <ul style="list-style-type: none"> - Continued inequalities in access and outcomes - Unaffordable cost of health care - unwarranted variation in service provision - worsened quality of service experienced. - Duplication and unnecessary bureaucracy - Reputational damage and poor relationships

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level
Likelihood	4	4	4	4	3	Cautious	Low -
Consequence	4	4	4	4	4		Med -
Risk Score	16	16	16	16	12		High -

Rationale for Risk Score and Progress Made in the Quarter:

October/November 2025:

The ICB chair, chief executive and non-executive members attended site visits with our Place and Partner organisations across Blackpool, Blackburn with Darwen, South Cumbria, Lancashire and Morecambe Bay. Meetings were also held with MPs on strategic issues including NHS reforms, the model ICB Blueprint and the ICB's strategic commissioning intentions for improving outcomes for our population.

December: A programme of discussions will continue over the coming months with MPs to continue the dialogue around neighbourhood working; further meetings with elected members for the LSC area will continue with the chair/chief executive officer 1:1 meetings to discuss local issues as required. System partnership and stakeholder collaboration arrangements and decision-making arrangements were further strengthened through the establishment of a Planning Oversight Board which will support coordination of strategy development, planning and engagement activity. The ICBs Executive Committee will continue to remain apprised of operational delivery, progress, risk and mitigations via the POB.

Key Controls:

Board Development Programme / Leadership development programme
 Clarification of Executive Portfolios including new Chief of Strategy and Planning role.
 Key Priority on Board Single Improvement Plan
 Place Based Partnership arrangements
 5-year Joint Forward Plan 2024 - 2029
 Integrated Care Strategy
 Regular participation from multiple sectors on the ICB board and its assuring committees
 Regular attendance at Provider Collaborative Board
 Regular meetings with Chairs
 ICB Service Change Policy (approved in principle, subject to review of committee-level governance arrangements).
 Planning Oversight Board
 System Planning Group
 Health and Wellbeing Board
 Governance Forward Plan
 VCFSE Alliance/Partnership Agreement and Joint Work Plan

Gaps in Controls or Assurances
 What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

The implementation of an agreed cross-system governance structure to strengthen decision-making and agree system joint vision, aims and priorities.
 Timescales for finalisation of key plans (Clinical Strategy, Health and Wellbeing Board-led Neighbourhood Plans and Medium-Term Plan).
 Impact of national policy change including progress with model ICB Blueprint to achieve running and programme cost reductions.
 Impact of ongoing organisational change processes on workforce capacity/capability.
 ICB's position in NOF4 and requirements to meet 2025/26 financial plan.

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Single Improvement Plan		X	X	
	Place Based Partnership Arrangements				
	Governance and Leadership Action Plan		X	X	
2nd Line (corporate oversight)	Reports to the ICB Board		X	X	
	Provider Collaborative Board	X	X	X	
	System Planning Group (weekly)			X	
	Planning Oversight Board supports coordination of strategy development, planning and engagement activity.				X
3rd Line (independent/internal audit)	Working with People and Communities Insight Report	X	X	X	
	Participation from cross-sector partners	X	X		
4th Line (external audit/regulator)					

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)

No.	Action Needed	Lead Director	Due Date	Quarterly Update
-----	---------------	---------------	----------	------------------

1.	Engagement: to increase visibility, learning and insights from programme of board visits across Place and partners.	Chair/CEO	On-going	Completed: ICB Chair and NEMs visits across Blackpool, Blackburn with Darwen, South Cumbria, Lancashire, Burnley and Morecambe Bay. Further visits planned to Blackpool and Lancashire. UPDATE: Agreed programme of chair/chief executive/NEMS site visits to share system wide issues and requests for MP support; a series of engagement sessions with MPs for LSC area including Chair/CEO 1:1 meetings with local MPs on local issues as and when required.
2.	Governance: lead and convene system partnership and stakeholder collaboration arrangements through agreed governance arrangements.	Chair/CEO/ DoCG	On-going	UPDATE: Governance arrangements established through the Planning Oversight Board (POB), which coordinates strategy development, planning and engagement activity. The ICBs Executive Committee is appraised of operational delivery, progress and risks/mitigations via the POB
3.	Implementation of service change policy.	Chief Commissioning Officer	End Q3	Complete.

Lancashire and South Cumbria Board Assurance Framework

BAF-006

BAF-006: Quality, regulation and compliance Quality and Outcomes Committee | Chief Nurse | Medical Director

SO1	Improve quality, including safety, clinical outcomes and patient experience	●	SO4	Meet financial targets and deliver improved productivity
SO2	To equalise opportunities and clinical outcomes across the area		SO5	Meet national and locally determined performance standards and targets
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies

Risk Description and Impact on Strategic Objectives	
Cause (Likelihood)	If the ICB does not have a robust framework to effectively monitor and identify quality issues and have effective mechanisms in place for early identification and escalation (e.g. contract monitoring, or clinical governance frameworks)
Event	Then we may not effectively recognise and respond to fundamental quality and regulatory standards in local care provision, and our duty of continued quality improvement
Effect (Consequence)	Resulting in: <ul style="list-style-type: none"> - Negative Impact on patient safety and health outcomes for local people and communities. - Poor patient experience - Continued unwarranted variation in service provision - Continued inequalities in access and outcomes - Health inequalities - Reputational damage

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR/Risk Level	
Likelihood	4	4	4	3	31 March 2026	Cautious	Low	-
Consequence	4	4	4	4			Med	-
Risk Score	16	16	16	12			8	High

Rationale for Risk Score and Progress Made in the Quarter:

October/November
The publication of the ICB and Regional model blueprints provided further clarity of the role of the ICB which is to deliver quality monitoring through the contractual route, whilst the region will be responsible for grip and oversight of the providers. ICB's will monitor commissioning for value, quality of care and optimal efficient cost, via the contract and 2026/27 will be a transitional year to this operational arrangement.

December 2025:
Further to the publication of the Model Region Blueprint, the risk has been reviewed to ensure the controls and actions reflect the differentiation between the roles and responsibilities for quality between the ICB and region. Following clarification, the ICB will deliver quality monitoring through the contractual route, whilst region will take responsibility for grip and oversight; 2026/27 will be a transitional year to the establishment of these arrangements.

The current risk score remains unchanged for Quarter 3; whilst governance and oversight systems are in place for quality within the ICB, revised improvement plans with associated quality metrics have not been agreed with the provider trusts, constraining assurance reporting.

Key Controls:

Quality Governance Framework
 Quality and Outcomes Committee
 Assurance and Escalation reports to the ICB Board
 Clinical Effectiveness Group
 Quality Impact Assessments / EIAs approved by CN and MD – oversight of themes and actions through quality and outcomes committee
 Quality Contract Review Meetings
 Patient Safety Incident Framework (PSIRF)
 System Quality Group
 Regional Quality Group
 Bi-monthly ICS Shared Learning Group facilitated by ICB
 Quality Impact Assessment Policy and EHIIRA process updated. All commissioning and de-commissioning decisions across all WRP are subject to QIA/EHIIRA.
 SEND Partnership Board

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

Ongoing demand creating pressure on services
 Continuing increased demand for SEND services and fragmented pathways resulting in long waiting times
 Quality and data intelligence triangulation processes still maturing
 Multiple providers in Lancashire and South Cumbria not meeting required regulatory standards and lack of pace with improvements
 Overarching single improvement plans for some provider trusts are not in place with associated quality metrics
 Demonstrable assurance that risk to quality and patient safety through the delivery of WRP's is considered and any mitigations are clear.

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management controls)	Primary Care Quality Group	X	X	X	
	SEND and CYP Reports to Quality and Outcomes Committee			X	
	Clinical Effectiveness Group		X	X	
	Primary Care Contracting Sub-Committee	X	X	X	
	ICB 3 Year Safeguarding Strategy/Safeguarding Dashboard/Annual Reports	X	X		
	National Quality Board Self-Assessment		X		
	Provider Quality Accounts		X		
2nd Line (corporate oversight)	Quality and Outcomes Committee – assurance reports	X	X	X	
	IAG monthly meetings	X	X	X	
	Committee escalation reports to ICB Board	X	X	X	
3rd Line (independent/internal audit)	Internal audit reviews			X	
	Quality Impact Assessments (moderate assurance) Internal SEND Audit (moderate assurance)	X			
	System Quality Group			X	

	Regional Quality Group	X	X	X	
	NHS England assurance on quality systems			X	
4th Line (external audit/regulator)	CQC and OFSTED reports CQC reports published for trusts and primary care providers		X	X	

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)				
No.	Action Needed	Lead Director	Due Date	Quarterly Update
1.	Development of Integrated Performance, Quality and Health Equity Report	Asim Patel	Sep 25	UPDATE: Complete - proposed structure of the new report format presented to Quality and Outcomes Committee. Propose close and remove action
2.	Maintain enhanced surveillance for NHS trusts where specific quality challenges have been identified	CNO	Ongoing	UPDATE: Complete - exception reporting into Quality and Outcomes Committee and evidenced through integrated report and part 2, as appropriate. Propose to close and remove action.
3.	ICB's Quality Impact Assessment Policy under review	CNO/Head of PMO	Nov 25	UPDATE: Complete - the revised QIA policy was approved through Quality and Outcomes Committee in November. Propose close and remove action
4.	Development of mechanisms to provide assurance that risk to quality and patient safety through the delivery of WRP's is considered and any mitigations are clear.	CNO/MD	Mar 26	UPDATE: The mechanism is established through the QIA process to ensure all commissioning and de-commissioning decisions across all WRP are subject to QIA/EHIIRA. Evidence of initial assessment for a range of WRPs already in place, however ongoing reviews of schemes' impacts need to be evidenced.
5.	NEW: SEND demand and pathway management	CNO	TBC	A number of workshops held with providers across the health system to discuss development of draft SEND service specification.

6.	NEW: Approval of trust Improvement Plans and sign off through the IAG to address improvements to agreed standards and within agreed timescales	CNO	March 2026	One trust improvement plan and ICB monitoring already in place. One trust high level plan in place, awaiting detailed metrics. Other trust plans required; this will be communicated via IAGs
7.	NEW: Ongoing demand creating pressure on services with a quality impact identified through tier 1 meetings, complaints, soft intelligence.	CNO	Ongoing	<p>Feedback to commissioners to liaise with providers for patient communication and mitigating risks. Use of triangulated information to confirm impact and harm levels.</p> <p>UEC winter assurance site visits have taken place and noted any harms as well as risk of harms arising from pressure on that part of the system. Visits included patient feedback.</p> <p>RTT pathways and cancer pathways are subject to harm review papers written by providers. However, the ICB has not carried out structured triangulation work of this data</p>
8	NEW: Maturation of quality and data intelligence triangulation.	CNO	Ongoing	Maturation constrained by workforce capacity and to a lesser degree information systems. However, there is some evidence of triangulation examples in primary care and trusts prior to quality assurance visits.

Lancashire and South Cumbria Board Assurance Framework

BAF-007

BAF007-All Age Continuing Care

Finance and Contracting Committee & Quality and Outcomes Committee |
Exec Lead: Chief Nursing Officer |

SO1	Improve quality, including safety, clinical outcomes and patient experience		SO4	Meet financial targets and deliver improved productivity	●
SO2	To equalise opportunities and clinical outcomes across the area		SO5	Meet national and locally determined performance standards and targets	
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies	

Risk Description and Impact on Strategic Objectives

Cause (Likelihood)	If we do not effectively implement an affordable AACC framework and deliver the enhanced controls established through the Turnaround Plan
Event	Then the ICB will not deliver its financial plan or achieve optimal efficiency through the Waste Reduction Programme savings for 2025/26 whilst maintaining quality of service
Effect (Consequence)	Resulting in: <ul style="list-style-type: none"> - Financial targets and savings not being met - Statutory financial duties breaches/delay in exit NOF 4 - Risk of formal dispute with Local Authorities - Reputational impact - Low staff morale and staff retention issues

Risk Scoring and Appetite

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR / Risk level	
Likelihood	4	4	4	4	31 March 2026	Cautious	Low	-
Consequence	4	4	4	4			Med	-
Risk Score	16	16	16	16			High	-

Risk management activity:

Progress against the All Age Continuing Care (AACC) Turnaround Programme at M8 is summarised as follows:

Quality Improvement: The service maintains its commitment to targeted quality improvement initiatives, informed by complaints, clinical audits, and feedback from appeals. However, given the pace and volume of ongoing changes, continued monitoring and review are necessary to ensure consistency across all teams. In light of the operational challenges outlined below, it has been decided that all local team audits including the FastTrack decisions audit, record keeping audit, and D2A audit will be suspended from 17 November 2025, with a further review scheduled for January 2026. Quality Premium performance remains strong, exceeding the national target, with 84% of decisions delivered within 28 days in October and November.

Key operational insights:

- **CHC packages:** ↓ 277 since Dec 2024 (↓10.8%) yet CHC spend ↑ £25.9m → indicating higher cost per package due to increased complexity and longer duration or more intensive care needs, rising market rates and variability in provider pricing.

- **Fast Track Packages:** ↓ 37.6% since Dec 2024. Major contributor to overall cost reduction by 2.8%
- **Discharge to Assess (D2A):** ↑ 30% in October due to Opel 4 hospital status, flu season, and staffing shortages. Cost per package continues to rise since June and is a growing pressure in both volume and unit cost.

Operational Challenges: High sickness rates (12%) and an 8% vacancy rate are impacting service delivery, capacity to follow through on improvement projects and therefore patient experience. Workforce shortages are being addressed through wellbeing support and strategic recruitment. This is cited on the risk register.

Financial Performance: The Waste Reduction Programme (WRP) faces a savings gap of £16.141m. Weekly reviews and new schemes are underway with an aim to close this gap as far as possible, with regular monitoring and escalation of risks.

AACC is reporting a year-to-date (YTD) overspend of £34.7m, due to prior year costs of £14.9m, higher cost per package due to a combination of factors including increased complexity, longer duration, more intensive care needs, rising market rates and variability in provider pricing. In addition, The AACC Waste Reduction Programme (WRP) target of £60.2m is significantly challenging and is the highest target across the ICB.

Forecast outturn: The M8 forecast outturn (FOT) exercise predicts a significant year-end overspend with a 'most likely' scenario of £44.3m overspend against budget (this is the level of risk that the AACC budget is currently facing rather than a definitive number that will be landed at year-end).

Service Backlogs: There are currently 1,995 overdue reviews, primarily related to Funded Nursing Care (FNC), with an observed increase in Continuing Healthcare (CHC) reviews. Targeted initiatives are being implemented to address these backlogs and enhance the timeliness of review processes.

Patient Experience: Complaint volumes have risen, with average handling times increasing to 147 days. Further quality assurance processes have added further steps to completion of the complaint handling process which is currently identified as not working efficiently. An ICB complaint handling process review has taken place with findings recommending a full rapid review to improve. The AACC and IPA service is continuing to work hard to complete complaint investigations as efficiently as possible.

Risk Management: Key risks include financial shortfalls, workforce pressures, operational backlogs, and gaps in commissioned services. These are actively managed through structured workstreams and regular reporting to the Turnaround Board.

Mitigating Actions:

- Focus on price discipline: implementation of Domiciliary Caps for Q4 following Exec approval
- LA specific action plan to prioritise and accelerate reset and realisation of savings pertaining to LA specific WRP schemes
- External supplier support for 2 programmes of work to commence Q4:
 - Fast Tracks (50 cases)
 - 1:1 reviews (200 cases)
- Off Payroll Worker programme of work supporting acceleration of review schemes; review DSTs; and 1:1

Key Controls:

- Turnaround Team to support AACC recovery; Turnaround Plan Structure established (April 2025-March 2026)
- Scheme of delegation
- Integrated Delivery Framework delivered through a single action plan
- AACC Dashboard Metrics
- Delivery Partners in place
- Waste Reduction Programme developed for 2025/26 FY25/26 target: £60.2m (£32m core + £28.2m stretch).
- Dual ratification of checklists; fast-track referrals and CHC eligibility
- Commissioning and contracting mechanisms in place
- Personal Health Budget and SLA agreed
- Monthly meetings with Local Authority
- Market management and provider engagement work underway with Local Authorities to align commissioning cycles, strengthen joint frameworks (care homes, supported living, D2A), and improve oversight of fee-setting and provider sustainability. This includes the mobilisation of procurement frameworks and joint market intelligence to reduce cost variation and manage inflationary pressures.
- Financial governance through Executive approval panel/monthly profiling
- NHS England North-West AACC Recovery Oversight Meeting
- AACC System Delivery meeting, chaired by Region
- NHS England monthly operational assurance meetings

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

Strategic Gaps

- Insufficient joint agreements with Local Authorities impacting financial alignment.
- Limited capacity in intermediate care and community pathways driving D2A volumes.
- Provider cost inflation not consistently controlled through contract mechanisms.
- Demand increasing across AACC due to demographic pressures and system commissioning gaps.
- Increase in costs for packages of care due to spot purchase model.
- Provider financial pressures necessitating uplifts above ICB Executive agreement.
- Some WRP schemes remain at risk in terms of delivery within this financial year, creating a shortfall against the £60.2m target.
- Additional capacity still to be commissioned to support overdue reviews.

Operational Gaps

- Staff absence impacting internal review timeliness (linked to sickness and vacancies).
- Continued variation in SOP adherence under system pressure (e.g. during UEC escalation).
- Legacy issues with Adam system data quality and auditability (MIAA "limited assurance").
- Deviation from Standard Operating Procedures (SOPs) when system under pressure.
- Further work required to optimise procedures and protocols to ensure consistency and reduce variation in practice.
- Risks to quality and timeliness of assessments due to focus on reducing monthly run rate.
- Staff sickness impacting WRP scheme delivery and general operations.
- Organisational change and restructure leading to reduced staff morale and operational capacity.

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
	Turnaround Director/Team; finance director aligned to AACC team	X	X	X	

1st Line (management/internal controls)	Integrated Single Action Plan	X	X	X	
	Quality Hub oversight of internal audit programme and regular reporting into weekly AACC SLT and Turnaround Board	X	X	X	
	AACC weekly SLT; workstream updates, risks and issues; internal audit tracking; operational/performance review and controls.	X	X	X	
	Weekly WRP due diligence meeting to track and monitor progress on schemes; delivery risks and mitigating actions.	X	X	X	
	Triple Lock Panels held daily for funding approvals	X	X	X	
2nd Line (corporate oversight)	Finance and Contracting Committee	X	X	X	
	System Delivery Meeting (<i>previously known as IAG</i>)	X	X	X	
	Quality and Outcomes Committee	X	X	X	
	AACC Turnaround Board	X	X	X	
	Audit Committee		X	X	
3rd Line (independent/internal audit)	Assurance meetings with NHS England	X	X	X	
	NHS England North-West AACC Recovery Oversight Meeting	X	X	X	
	MIAA Audit Review (limited assurance)	X	X	X	
4th Line (external audit/regulator)	NHS England monthly operational meetings	X	X	X	

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)				
No.	Action Needed	Lead Director	Due Date	Quarterly Update (M8 position)
1a.	Identify WRP FY25/26 target: £60.2m (£32m core + £28.2m stretch).	Nancy Park/Jane Brennan	End Q3	M8 update: OPW scheme mobilised; external supplier work to commence Q4. Domiciliary Care caps process awaiting Exec approval. Focussed LA action plan in place to accelerate work.
1b.	Throughout 2025/26 weekly monitoring of WRP schemes: <ul style="list-style-type: none"> Tracking against profile Risks/issues to delivery Mitigating actions 	Nancy Park/Jane Brennan	End Q4	M8 update: <ul style="list-style-type: none"> Prior year costs: ↑ in November YTD to £14.9m with c.£9.0m yet to be validated. WRP: Achievement of WRP is £27.1m YTD against a plan of £36.2m - an underachievement of £9.1m. In the month £2.9m of WRP has been delivered with a shortfall of £3.1m.
2.	Procurement framework for AACC	Jane Brennan	End Q3	In progress. Procurement framework being mobilised, with cost-optimisation and price-cap compliance (currently 89% of placements) reported. 28.10.25 Currently paused, other LCC brokerage opportunities being explored as part of LA reset.

				M8 update: No change to above.
3.	Embed new FNC review process following pilot to complete annual review of all FNC funded services.	Jane Brennan	End Q3	Pilot commenced July in one nursing home. Wider rollout underway but backlog persists: due to staffing capacity (sickness & vacancies). Total overdue reviews reduced to 1,877 (-8.4%) , yet FNC remains main driver of high overdue days (927 average, +8.8%) 28.10.25 Pilot – some issues with provider have halted progress; other opportunities to increase FNC reviews being explored. FNC reviews being completed by in-house team. Further providers (n=4) trained to complete nursing assessments to support FNC reviews. M8 update: As above.
4.	Throughout 2025/26 AACC in-house team to maintain focus on assessments; fast track reviews (3 months); review DSTs and case management cleanse.	Jane Brennan	Q4 25/26	M8 update: <ul style="list-style-type: none"> • CHC overdue reviews have increased by 30.4% since October 2025, with 240 overdue. However, the total number is 53% lower than December 2024. • Fast Track overdue reviews have increased by 58.3% since October 2025, although this is only 38 overdue. The total number is 83.3% lower than December 2024. • Priority to accelerate clearance, avoid plateauing, and prevent further growth. • OPWs supporting with completion of review DSTs alongside in-house team.
5.	Throughout 2025/26 Provider 1 to support with: <ul style="list-style-type: none"> • >£250k packages of care reviews • 1:1 reviews • Overdue CHC reviews 	Saba Sadiq/Jane Brennan	Q4 25/26	M8 update: Provider 1 support to cease by 31.12.25. Financial validation process underway.
6.	Completion of MIAA internal audit action plan by Q3 25/26	Nancy Park/Jane Brennan	Q3 25/26 Deadline will require extending until end Q4.	M8 update: . Of the 71 actions 77% have been completed as at 10/12/25. The remaining actions are now directly linked to the relevant workstreams within the Turnaround Plan

7.	Completion of Turnaround Plan by end of 25/26	Nancy Park/Jane Brennan	Q4 25/26	M8 update: Progressing; actions from key meetings being consolidated into Turnaround Plan; 4 priority workstreams developed to accelerate actions remaining
----	---	-------------------------	----------	---

Lancashire and South Cumbria Board Assurance Framework

BAF -008

BAF008- Responsive and Resilient Health Care Services	
Quality and Outcomes Committee	Exec Lead Medical Director and Chief Nurse

SO1	Improve quality, including safety, clinical outcomes and patient experience	•	SO4	Meet financial targets and deliver improved productivity	•
SO2	To equalise opportunities and clinical outcomes across the area	•	SO5	Meet national and locally determined performance standards and targets	•
SO3	Make working in Lancashire and South Cumbria ICB an attractive and desirable option for existing and potential employees		SO6	To develop and implement ambitious, deliverable strategies	•

Risk Description and Impact on Strategic Objectives	
Cause (Likelihood)	If the ICB does not commission clinically appropriate responsive and resilient health care services, aligned to a system wide clinical strategy
Event	We will not improve access, clinical outcomes and patient safety, and stabilise fragile services
Effect (Consequence)	<ul style="list-style-type: none"> - Inability to reduce health inequalities - Emerging harm and risks to patient safety as a result of long waits in A&E departments, further impacted by delays in ambulance handovers. - Recovery and operational performance targets not being achieved - Provision of sub-optimal service leading to poor patient experience and outcomes - Reputational damage and higher levels of intervention from NHS England - Financial impact on unfunded activity against contracts

Risk Scoring and Appetite							
---------------------------	--	--	--	--	--	--	--

Quarter/ Score	Q1	Q2	Q3 Current	Q4 Trajectory	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level	
Likelihood	4	4	4	16	3	30 Jun 26 Cautious (4-10)	Low	-
Consequence	4	4	4	16	4		Med	-
Risk Score	16	16	16	16	12		High	-

Rationale for Risk Score and Progress Made in the Quarter:	
--	--

October/November 2025:
The risk has been reviewed and actions updated. The draft ICB 3-year Clinical Strategy, with defined outcomes and measures co-produced by system stakeholders and clinical professionals was presented to the Executive Committee during November.

Further updates included progress with the development of the ICB's Service Change Policy which was reviewed to strengthen the governance and reporting arrangements.

December 2025 – The intent and ambition to the development of the 3-year Clinical Strategy was presented to the board at its strategy session in December 2025, who supported the approach. Engagement to support the strategy development is planned across Q4 2025/26, including wider clinical stakeholder engagement at system level prior to the final approval/ratification by the board (June 2026).

As the 3-Year Clinical Strategy is interdependent with the development of the ICB's Five Year Strategic Commissioning Plans (5YSCP) to inform service transformation, a target risk score date of June 2026 has been proposed .

The target risk score is currently held above the board's agreed risk appetite for quality-related risks however the score will remain under review across Q4 2025/26 as the work to finalise the clinical strategy, alongside the ICB's strategic commissioning plans progresses.

Key Controls:

2030 Roadmap and Programme Roadmap Lanes
 2025/26 commissioning intentions/commissioning delivery plan
 Commissioning intentions 2025/26
 UEC Recovery Plan 2025/26 priorities
 UEC 5-year Strategy 2024-2029
 UEC capacity investment funding 2025/26
 Local UEC Delivery Boards oversight of UEC improvement plans
 Strategic Ambulance Improvement Group focusing on ambulance handover times and minimising delays
 Strategic System Oversight Board for UEC and Flow
 IAG oversight of key metrics
 Integrated Performance Reports
 ICB Quality Assurance Framework/Quality Governance Framework routine surveillance
 Winter Planning oversight be Executive Committee, Finance and Contracting Committee and ICB Board
 Strengthened winter plans based on NHSE feedback, followed by Exercise Aegis (collaborative stress testing of winter plans) on 8 September 2025.
UPDATE: Demonstrable assurance that risk to quality and patient safety through the delivery of WRP's is considered and any mitigations are clear is now in place and overseen through the Quality and Outcomes Committee.
 Integrated Performance Report including performance, quality and health equity metrics now established.

Gaps in Controls or Assurances

What are the gaps to be addressed to achieve the target risk score to improve adequacy of assurance?

Clear strategy and plans to drive the ongoing process of clinical reconfiguration and align with commissioning intentions.
 Agreement of 2026/27 Commissioning Intentions (due to be presented to board in March 2026).
 Clear requirements, timescales and plans for any engagement or formal consultation for service change – underpinned by key performance indicators.
 Local delivery of UEC performance indicators

Assurance Mapping

Defence Line		Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Director of system coordination and flow	X	X	X	
	Business and Sustainability Group oversight	X	X	X	
	Contract meetings		X	X	
	UEC Delivery Boards aligned to acute trust footprints	X	X	X	
2nd Line (corporate oversight)	Reports to Quality and Outcomes Committee, Finance and Contracting Committee	X	X	X	
	Reports to the ICB Board	X	X	X	
	Strategic System Oversight Board for UEC and Flow	X	X	X	

3rd Line (independent/internal audit)	System level engagement on clinical strategy development (Q4 onwards)				X
	MIAA QIA review (moderate assurance)			X	
	Shared learning and discussions through Strategic System Improvement Group – UEC and Flow			X	
4th Line (external audit/regulator)					

Further Actions

(Additional assurance or actions to reduce likelihood/ consequence)

No.	Action Needed	Lead Director	Due Date	Quarterly Update
1.	Develop a 3-year Clinical Strategy, with defined outcomes and measures co-produced by system stakeholders and clinical professionals.	MD/CNO	End Q3	<p>Update: the intent and ambition to the development of the 3-Year Clinical Strategy was presented to the board at its strategy session in December 2025, who supported the approach.</p> <p>Engagement to support the strategy development is planned across Q4 2025/26, including wider clinical stakeholder engagement at system level prior to the final approval/ratification by the board (June 2026).</p>
2.	UEC Delivery Board to review and refresh improvement and de-escalation plans for 2025/26 to ensure they deliver improvements and associated financial efficiencies.	Wendy Lewis	Q4	Local UEC improvement plans have been updated for 2025/26 to ensure alignment with the overarching UEC Plans and the 10 Year Health Plan. The plans have been shared with NHS England North West.
3.	Delivery and oversight of local UEC capacity plans; supporting additional UEC resilience and capacity via UEC capacity investment funding; development, coordination and implementation of winter plans and oversight established through UEC governance	Wendy Lewis	Ongoing	Due to sustained pressure on systems, there remains a risk that intended delivery of local UEC improvement plans and associated de-escalation outcomes are achieved.
4.	UEC Capacity Investment Funding 2025/26	Wendy Lewis	Q3	Update: The ICB board approved the UEC capacity investment schemes for continuation in 2025/26.
5.	Development of mechanisms to provide assurance that risk to quality and patient safety through the delivery of WRP's is considered and any mitigations are clear	CNO/MD	Mar 26	<p>UPDATE: QIA Policy approved in November 2025.</p> <p>The mechanism is established through the QIA process to</p>

	(Links to BAF-006 actions)			ensure all commissioning and de-commissioning decisions across all WRP are subject to QIA/EHIRA. Evidence of initial assessment for a range of WRPs already in place, however ongoing impact of schemes' impacts need to be evidenced.
--	----------------------------	--	--	--