

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 25/26	Q1	Q2	Q3	Q4	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level		
Likelihood	4	4	4	4	3	30 June 2026	Cautious	Low	-
Consequence	4	4	4	4	4			Med	-
Risk Score	16	16	16	16	12			High	-

Risk Update Quarter 4 25/26:

The risk score (16) remained static during Q4 25/26, with a view to re-assess progress towards the target risk score (12) subject to the finalisation of the medium-term commissioning plan, 5-year strategy and the refresh of the Joint Forward Plan to enable the risk to be further mitigated

The ICB's 5 Year Strategic Commissioning Plan (5YSCP) and commissioning intentions were formally ratified by the board in March; these describe how the ICB will use its role as a strategic commissioner and system leader to improve population health, reduce inequalities and secure sustainable health and care services across LSC. Throughout January – March engagement with staff and stakeholders has taken place ICB's on the ICB's operating model narrative which was formally published in April 2026.

BAF-001: Recommendation: to reduce the risk to its target risk score ("12") noting the work currently underway to review and refresh the SOs and associated risks.

Key Controls:

5 Year Strategic Commissioning Plan, Medium Term Plan and 2026/27 Commissioning Intentions approved by the board in March 2026.
 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 EHIRAs
 Quarterly contract management reports
 Segment 0 -1 delivery plans
 Public engagement and outreach - Working with People and Communities Insight Report presented to each board.

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

ICB clinical strategy to deliver service reconfiguration due to be presented to the board in June 2026
 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	X
	Governance and Leadership Action Plan		X	X	X
	Waste Reduction Plan and programme updates 2025/26	X	X	X	X
	Commissioning Prioritisation Framework		X	X	X
2nd Line (corporate oversight)	Reports to ICB Board and relevant committees	X	X	X	X
	Reports to Finance and Contracting Committee	X	X	X	X
	Working with People and Communities Insight Reports	X	X	X	X
	Joint Commissioning Board (planning meetings)			X	
3rd Line (independent/internal audit)	Quarterly Public Perception Survey – Summary Insight Reports	X	X	X	X
4th Line (external audit/regulator)	IAGs			X	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: During January - March engagement was held with staff and stakeholders on the ICB's operating model narrative,

				which was published in April 2026.
2.	A single strategy aligned to 10 Year Plan and ICB's/System's vision	CEO/CCO	End Q4	UPDATE: Complete. The ICB's 5 Year Strategic Commissioning Plan (5YSCP) was approved by the board in March 2026.
3.	Develop a Joint Commissioning Framework with Local Authority Partners	CCO	End Q4	UPDATE: Discussions have continued with LCC and LSCFT during Q4 to support and inform the development of a joint commissioning framework.
4.	Align commissioning intentions with the 3-year clinical strategy with defined outcomes and measures to achieve.	CCO	End Q4	UPDATE: The draft clinical strategy is nearing completion and will be presented to the board for approval in June 2026. Work to test the principles of the strategy and their applicability across the strategic commissioning cycle has been undertaken throughout Q4. This is to ensure the consistency across wider strategies and the commissioning intentions.
5.	Approval and implementation of commissioning intentions for 2026/27	CCO	End Q4	UPDATE: The commissioning intentions for 2026/27 were presented at the public board meeting in March 2026 and approved

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 25/26	Q1	Q2	Q3	Q4	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level
Likelihood	5	5	4	4	3	Cautious	Low -
Consequence	4	4	4	4	4		Med -
Risk Score	20	20	20	16	16		12

Risk Update Quarter 4 25/26:

The Transition Programme Working Group, led by the Interim Chief People Officer and supported by a transitional planning framework was established and has met regularly throughout the reporting period, with exception reports provided to the ExCo and Transition Committee.

All directorates have provided executive approved Business Impact Assessments (BIAs) to ensure risks identified to “business as usual” activities are managed appropriately through the transition process. Additional arrangements, including some short-term changes to senior leadership are in place to maintain team stability, and ensure staff remain supported during the transitional period. During Q1 26/27, the staff consultation process on the ICB’s proposed operating model launched (20 April) and will run through to 4 June 2026. An all-staff briefing was held to provide an overview of the consultation process and further directorate-level meetings are currently underway with support from

the communications team, the Executive team and HR. Initial feedback is demonstrating a good level of engagement with staff and some common themes emerging; these will be captured and shared with the ExCo and staff via the staff intranet.

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 the 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	X
	Transition Programme Group Q4 onwards	X	X	X	X
	Executive Committee weekly standing item	X	X	X	X
	Weekly review of financial position / WRP	X	X	X	X
2nd Line (corporate oversight)	Reports to ICB Board	X	X		X
	Reports to Transition Committee			X	X
	Reports to People and Culture Committee	X	X	X	X
	Reports to Finance and Contracting Committee	X	X	X	X
3rd Line (independent/internal audit)					
4th Line (external audit/regulator)	NHS England IAG/System Delivery Meetings	X	X	X	X
	NHS E Business case approval		X		
	External Audit Value for money review (underway)				X

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	Complete	Following a comprehensive recruitment process three executive roles have been substantively appointed to. To provide continuity

				<p>during the transition period the roles of Chief Nurse and Medical Director have been extended to end of December 2026.</p> <p>Interim Chief People Officer appointed.</p>
2.	Clear and deliverable executive team portfolios	CEO	End Q4	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	<p>Phase 1 - roadshows and staff engagement completed.</p> <p>Phase 2 – underway with progress report presented at closed board on 18 December outlining proposed approach which was supported.</p> <p>Delivery of new model is subject to NHS England approval.</p>
4.	Response to national policy / guidance in a timely manner as and when it is published	CEO	On-going	National guidance on model ICB Blueprint under consideration by executive team.
5.	Development of OD Strategy and workforce plan for new model ICB	Interim CPO	31 Mar 26	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.
6	NEW: Transition Programme Group	Transition Director	Ongoing	<p>Update:</p> <p>All directorates have submitted Business Impact Assessments (BIA) and risk analyses focused on workforce capacity to deliver business critical tasks during the transitional period.</p>

Lancashire and South Cumbria Board Assurance Framework

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 25/26	Q1	Q2	Q3	Q4	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level/ No.	
Likelihood	4	4	4	4	4		30 Jun 26	Low
Consequence	4	4	4	4	4	Med		-
Risk Score	16	16	16	16	16	High		-

Risk Update - Quarter 4 2025/26:

The ICB's programme of organisational development support, including leadership development, continued during the reporting period. A leadership meeting was held with the ICB's Chief Executive and Executive Team on 9 March; this enabled collaborative discussions on the development of the ICB's operating model including plans for strengthening the ICB's role as a strategic commissioner through working together with staff to manage the next steps of the transition and leading change in ways supportive of staff and their teams.

In late February, the ICB's Chair and Chief Executive visited the University of Lancashire and discussed strategic priorities, wider sector challenges and the opportunities and engagement between the university and the ICB with a tour of the schools of Medicine and Dentistry and Nursing and Midwifery. During February the board also held a development session focused on Equality, Diversity

and Inclusion (EDI); this included a focus on continuing to build a culture in which all staff and communities feel respected, safe and valued.

Further to the update provided to the board in January, as the ICB progresses towards its new target operating model as a strategic commissioning organisation, emerging risks in relation to specific ICB functions and wider workforce capacity are reported under BAF-002 (transition).

Key Controls:

People and Culture Committee oversight
 Organisational change policy
 12-month People Plan (aligned to 7 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 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.
 Further clarity received in relation ICB and NHS England Blueprint re workforce
 Working collaboratively with providers including their Chief People Officer, Chief Medical Officers and Chief Nursing Officers to effectively maintain efficient and quality services by proactively leading professional development, working with HEIs on pipeline and offering consistent terms and conditions.
 Recruitment to three substantive executives roles concluded.
 Culture Task and Finish Group

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 continue to work through implementation plans following the conclusion of the 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
 Need to strengthen relationships with HEIs and the Deanery
 Clarity on future responsibility for strategic workforce planning

Assurance Mapping

Defence Line	Sources of Assurance	Q1	Q2	Q3	Q4
1st Line (management/internal controls)	Organisational Change Policy	X	X	X	X
	Business and Sustainability Group oversight	X	X	X	X
	Executive Committee	X	X	X	X
	People and Culture sub-committee	X	X	X	X
	Equality, Diversity and Inclusion Annual Report 2024/25	X			
	National Staff Survey Results				X
	ICB Quality Function including provider Quality Accounts	X	X	X	X

2nd Line (corporate oversight)	People and Culture Committee oversight	X	X	X	X
	Transition Committee oversight	X	X	X	X
	ICB Board reports	X	X	X	X
	SEND Partnership Board oversight	X	X	X	X
	Quality and Outcomes Committee	X	X	X	X
3rd Line (independent/internal audit)					
4th Line (external audit/regulator)	NHSE NW ICB Change and Transition Group	X	X	X	X
	NHSE NW ICB Plan Review Meeting	X	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	Aaron Cummins	Closed	Actioned. Following a comprehensive recruitment process three executive roles have been substantively appointed; to provide continuity during the transition period the roles of Chief Nurse and Chief Medical Officer have been extended to end of December 2026. An Interim Chief People Officer has been appointed.
2.	Staff Experience Improvement Plan	Debbie Herring	End Q4	Update: Progress against the plan was reported to the People and Culture Committee on 1 April 2026; 22 new actions opened since Oct 25 with 2 “amber”, 2 “red” and the remaining are progressing as “green”. A Culture task and finish group has been 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 Herring	Q3/ Q4 2026	A number of workshops were held throughout March 26 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 Herring	Q4 2026	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. 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.

5.	Organisational Development Strategy and Plan to support transition to and embedding new model ICB blueprint	Debbie Herring	End Q4	Update: Organisation development plan developed and engagement workshops have taken place on the ICBs proposed operating model along with expanded health and wellbeing support, arranged listening rooms, one-to-one support and activity led by the health and wellbeing champions. An overarching suite of OD tools have been established.
6.	Multi-year workforce planning incorporated into NHS Operating Plan	Chief Commissioner	Feb 26	Work is currently underway to prepare for the transition and handover for responsibility for system workforce planning to NHS England (NW Region).
7.	Developing relationships with HEI and Deanery	Chief Clinical Officer	Ongoing	Engagement visit undertaken in February with ICB's Chair/Chief Executive to University of Preston to discuss opportunities and engagement between the university and the ICB.

Lancashire and South Cumbria Board Assurance Framework

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 25/26	Q1	Q2	Q3	Q4	Target Score/ Date	Risk Appetite Statement	Linked ORR Risk level/ No.	
Likelihood	4	4	4	4	2	Year end	Low	-
Consequence	5	5	5	5	5		Med	-
Risk Score	20	20	20	20	10		High	-

Risk Update Quarter 4 25/26:

As reported to the Finance and Contracting Committee, in February the ICB continued to report a balanced position YTD and was forecasting a £10.1m surplus at the end of the financial year, therefore reducing the likelihood of failing to deliver its financial plan in 2025/26. The ICB continued to review its forecast outturn position with regular reports to finance committee, with reporting continuing through weekly IMT meetings on WRP delivery. IAG meetings remain in place during Q4 and further senior 'improvement' support has been secured in February to help deliver 25/26 WRP and planning for 26/27.

Further to the final accounts submission (subject to audit) the Chief Finance Officer is now assured that actions to mitigate the likelihood of the risk materialising have been implemented.

BAF-004 Recommendation: To reduce the risk to its target score ("10") and close, with a new risk assessment undertaken for the 2026/27 financial year.

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
Senior improvement support secured to support deliver WRP 25/26 and planning for 26/27

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 fully established
Monthly integrated contract meetings still require development
Gaps in business intelligence support
Cost of commissioned services/contract activity higher than planned/budgeted levels
Delivery of the AACC Turnaround Plan and mitigation of BAF007

Assurance Mapping

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

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	Update: Action complete - regular reporting of risk-adjusted position is provided to F&CC
3.	Delivery of AACC Turnaround Integrated Action Plan and plans to	CEO	31 Mar 26	Turnaround Plan presented to F&CC and Audit Committee

	mitigate any negative variance against plan			
4.	Full identification and delivery of WRP programme	Exec Team	31 Mar 26	The finance report to F&CC in March provided commentary on M11 WRP delivery. Additional mitigations (as set out in the risk adjusted position reported) have been identified to cover expected gaps.
5.	Financial Governance (2025/26)	CFO	Q1 26/27 (tbc)	Actions to be delivered to address audit findings in relation to efficacy of financial governance controls have been agreed and will be monitored through audit reporting follow up.

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	Q4 Current	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 -

Risk Update Quarter 4 25/26:

In early March, the regular engagement session with MPs from Lancashire and South Cumbria was held; as well as other constituent issues, the discussion included Neighbourhood Health Models including progress towards establishing neighbourhood health centres. In February the ICB hosted an engagement session with colleagues from our place-based partnerships to discuss the development of the ICB's operating model and approach to transition. More than 80 colleagues attended the session with positive dialogue around developing our partnerships with Local Authorities, NHS, education, VCFSE, business and community partners.

Local partners were integral to the development of the ICB's 5 Year Strategic Plan (approved by the ICB board in March) including the Provider Collaborative and VCFSE sector organisations. The strategic plan was presented to the Integrated Care Partnership in March and will be further taken through the respective Health and Wellbeing Boards; this will inform how our strategic partnerships are further developed to support successful delivery against the plan.

Following a nominations and appointment process, the board agreed its revised membership with additional partner member roles on the board to further strengthen sectorial expertise and enhance board decision-making.

BAF-005 Recommendation: To reduce the risk to its target score (“12”) but maintain oversight of the risk whilst strategic partnership arrangements are further developed.

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	X
	Place Based Partnership Arrangements				X
	Governance and Leadership Action Plan		X	X	X
2nd Line (corporate oversight)	Reports to the ICB Board		X	X	X
	Provider Collaborative Board	X	X	X	X
	System Planning Group (weekly)			X	X
	Planning Oversight Board supports coordination of strategy development, planning and engagement activity.				X
	Working with People and Communities Insight Report	X	X	X	X
3rd Line (independent/internal audit)	Participation from cross-sector partners	X	X		X

4 th Line (external audit/regulator)					
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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	<p>UPDATE: More than 80 colleagues attended an engagement session hosted by the ICB with positive dialogue around developing our partnerships with Local Authorities, NHS, education, VCFSE, business and community partners.</p> <p>5Year Strategic Plan presented at the ICP Board in March 26.</p> <p>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.</p>
2.	Governance: lead and convene system partnership and stakeholder collaboration arrangements through agreed governance arrangements.	Chair/CEO/ DoCG	On-going	<p>UPDATE: Further work to develop the Joint Commissioning Framework continues to be undertaken and is expected to mobilise in Q1 26/27.</p> <p>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</p>
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	Q4 Current	Target Score/ Date	Risk Appetite Statement	Linked ORR/Risk Level
Likelihood	4	4	4	4 3	2 3	Cautious	Low -
Consequence	4	4	4	4 3	4 3		Med -
Risk Score	16	16	16	16 12	8 12		High Y

Risk Update Quarter 4 25/26:

The ICB's quality frameworks and systems have matured, and further actions taken which provide effective mechanisms for identifying and escalating quality issues, therefore the Executive Committee agreed that the risk likelihood score could reduce therefore bringing the overall risk score to "12". The target risk score was also reviewed and this was increased from "8" to "12" to reflect a realistic assessment of the control mechanisms available in the mitigation of the risk.

Whilst the risk has now been mitigated to the target risk score, the target risk score is outside of the board's agreed risk appetite for quality (which is 10). This will be fully reviewed as part of the work following the board's risk workshop.

Key Controls:

Lancashire and South Cumbria ICB 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 required 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	X
	SEND and CYP Reports to Quality and Outcomes Committee			X	X
	Clinical Effectiveness Group		X	X	
	Primary Care Contracting Sub-Committee	X	X	X	X
	ICB 3 Year Safeguarding Strategy/Safeguarding Dashboard/Annual Reports	X	X	X	X
	National Quality Board Self-Assessment		X		X
	Provider Quality Accounts (2024/25)		X		
	Provider Safety Incident Response Framework (PSIRF) Policy and Plan Updates				X
	Provider Quality Accounts (2025/26)				
2nd Line (corporate oversight)	Quality and Outcomes Committee – assurance reports	X	X	X	X
	IAG monthly meetings	X	X	X	X
	Committee escalation reports to ICB Board	X	X	X	X
3rd Line (independent/internal audit)	Internal audit reviews Quality Impact Assessments (moderate assurance) Internal SEND Audit (moderate assurance)	X		X	
	System Quality Group			X	X
	Regional Quality Group	X	X	X	X

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

Further Actions (Additional assurance or actions to reduce likelihood/ consequence)				
No.	Action Needed	Lead Director	Due Date	Quarterly Update
1.	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 Waste Reduction Programmes (WRP) are subject to QIA/EHIIIRA. Evidence of initial assessment for a range of WRPs already in place, however ongoing reviews of schemes' impacts need to be evidenced.
2.	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. Draft service specification is reaching maturity; the DfE/DHSC SEND reforms bring a requirement for joint commissioning with local authorities and that is in the planning phase at the moment.
3.	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 Quality team exception reports outlining progress with two trusts improvement plans development (and delivery of actions for third trust) have been submitted to the February IAGs.
4.	NEW: Ongoing demand creating pressure on services with a quality impact identified through tier 1 meetings, complaints, soft intelligence.	CNO	Ongoing	Feedback to commissioners to liaise with providers for patient communication and mitigating risks. Use of triangulated information to confirm impact and harm levels.

				<p>Urgent and Emergency Care 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>Update: ED visits to RLI in December and Furness General Hospital in January.</p> <p>In February 2026 a summary of findings shared with regional team to support national assurance request around corridor care.</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>
5	NEW: Maturation of quality and data intelligence triangulation.	CNO	Ongoing	<p>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.</p> <p>Update: two primary care practice visits undertaken which included triangulation of data pre- and post-visit. Triangulation of data was also included in the UEC winter assurance visits in action above.</p>

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

Risk management activity:

The Finance and Contracting Committee in April 2026 received updates on progress including sustained improvement in CHC timeliness and elimination of long waits, maintaining compliance with national standards, WRP governance strengthened with enhanced financial validation and oversight, agency capacity mobilised to accelerate high-impact reviews and continued progress across the four-priority turnaround workstreams. The committee were alerted that the M12 financial performance report indicates that WRP delivery is £44.3m against a plan of £60.2m. This is an underachievement of £15.9m.

The reported year end position is an overspend of £97.2m. This is comprised of reconciliation and system resolution expenditure for Transforming Care (£28.6m) and historical LD pool deficit invoices (£20.6m); Prior Year costs (£22.6m) which relate to an under accrual; Provider invoices (£5.8m); and overspend across FNC, Mental Health and retrospective reviews.

BAF-007 Recommendation: To extend the target risk date to 30 June 2026 to enable actions relating to Turnaround Plan to be completed, and for there to be consideration of any residual risk which may have reduced.

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	X

1st Line (management/internal controls)	Integrated Single Action Plan	X	X	X	X
	Quality Hub oversight of internal audit programme and regular reporting into weekly AACC SLT and Turnaround Board	X	X	X	X
	AACC weekly SLT; workstream updates, risks and issues; internal audit tracking; operational/performance review and controls.	X	X	X	X
	Weekly WRP due diligence meeting to track and monitor progress on schemes; delivery risks and mitigating actions.	X	X	X	X
	Triple Lock Panels held daily for funding approvals	X	X	X	X
2nd Line (corporate oversight)	Finance and Contracting Committee	X	X	X	X
	System Delivery Meeting (<i>previously known as IAG</i>)	X	X	X	X
	Quality and Outcomes Committee	X	X	X	X
	AACC Turnaround Board	X	X	X	X
	Audit Committee		X	X	
3rd Line (independent/internal audit)	Assurance meetings with NHS England	X	X	X	X
	NHS England North-West AACC Recovery Oversight Meeting	X	X	X	X
	MIAA Audit Review (limited assurance)	X	X	X	
4th Line (external audit/regulator)	NHS England monthly operational meetings	X	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 Extended to end Q4	M12 update: <ul style="list-style-type: none"> £44.3m achieved of £60.2m target.
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	M12 update: <ul style="list-style-type: none"> Scheme tracking continued on a weekly basis in the form of: weekly Due Diligence Meeting and weekly Delivery Unit
2.	Procurement framework for AACC	Jane Brennan	End Q3 Paused following direction from CNO	M12 update: <ul style="list-style-type: none"> Procurement for ICB Framework remains paused. Awaiting decision from CNO re next steps (paper submitted to CNO to advise on options in Feb 2026 refreshed following comments in April 2026)
3.	Embed new FNC review process following pilot to complete annual review of all FNC funded services.	Jane Brennan	End Q3 Paused following direction	M12 update: <ul style="list-style-type: none"> FNC pilot paused (December 2025) due to capacity constraints (25% sickness absence levels) and reprioritisation of work

			from CNO	<ul style="list-style-type: none"> 26/27 work plan will address commencement of FNC reviews.
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	<p>M12 update:</p> <ul style="list-style-type: none"> Agency scheme and Provider support schemes have ceased for this work. Inhouse Team: <ul style="list-style-type: none"> CHC packages: ↓235 since Mar 2025 (↓9.5%) yet year on year CHC spend ↑ 4.13% → 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: ↓ 5.7% since Mar 2025. Costs 38.9% lower than 24/25. Discharge to Assess (D2A): ↑ in number of packages from 76 at end of September to 94 at end of February (reduction from 106 in January) due to hospital winter pressures, flu season, and staffing shortages.
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 Provider support ceased	<p>M12 update:</p> <ul style="list-style-type: none"> Provider support ceased 31.12.25. Financial validation process being finalised.
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.	<p>M12 update:</p> <ul style="list-style-type: none"> 97% completion of all actions Remaining actions x2 to be added to 26/27 Strategic Objectives and will be reported and updated within the Verto platform.
7.	Completion of Turnaround Plan by end of 25/26	Nancy Park/Jane Brennan	Q4 25/26	<p>M12 update:</p> <ul style="list-style-type: none"> Progressing; actions outstanding from

				Turnaround Plan are now aligned to 26/27 strategic objectives in Verto platform.
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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	Q4 25/26	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

Risk Update Quarter 4 25/26:

During the reporting period a task and finish steering group has continued to support the development of the ICB's clinical strategy. ICB colleagues and wider partners have been engaged with to connect with the work undertaken to date, support the review of the draft strategy and contribute to its further development.

The clinical strategy is now approaching final completion and will be presented to the board for approval in June 2026. Further engagement and testing of the principles contained within the clinical has been undertaken throughout Q4; the testing included the applicability of the principles contained within the clinical strategy to the strategic commissioning cycle, and the development of the ICB's commissioning intentions. The outputs of this work will be used to inform the final draft of the strategy to ensure consistency across the ICB's wider strategies and commissioning plans.

Alongside the 5 Year Strategic Plan and commissioning intentions which were approved by the board in March, the board received three "Case for Change" documents in accordance with the ICB's Service Change Policy and NHS service change guidance.

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
 ICB Quality Assurance Framework/Quality Governance Framework routine surveillance
 Winter Planning oversight by 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.
 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.
 Triple A reports on Elective Care
 Approval of 5 Year Strategic Commissioning Plan
 Agreement of 2026/27 Commissioning Intentions

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.
 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	X
	Business and Sustainability Group oversight	X	X	X	X
	Contract meetings		X	X	X
	UEC Delivery Boards aligned to acute trust footprints	X	X	X	X
2nd Line (corporate oversight)	Reports to Quality and Outcomes Committee, Finance and Contracting Committee	X	X	X	X
	Reports to the ICB Board	X	X	X	X
	Strategic System Oversight Board for UEC and Flow	X	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	

4 th Line (external audit/regulator)					
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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>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> <p>The strategy is at a mature draft stage. The further engagement and testing of the principles contained within the clinical strategy and the applicability of those principles to the strategic commissioning cycle is planned throughout Q4. This will focus on system clinical engagement and build upon a significant body of curated clinical views already acquired. To note clinical view has been obtained from medical colleagues, nurses and the Allied Health Professions.</p> <p>Work remains on track to submit a final strategy document for approval and ratification to the board in 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.	Development of mechanisms to provide assurance that risk to quality	CNO/MD	Mar 26	UPDATE: QIA Policy approved in November 2025.

	<p>and patient safety through the delivery of WRP's is considered and any mitigations are clear (Links to BAF-006 actions)</p>		<p>The mechanism is established through the QIA process to ensure all commissioning and de-commissioning decisions across all WRP are subject to QIA/EHIIIRA. Evidence of initial assessment for a range of WRPs already in place, however ongoing impact of schemes' impacts need to be evidenced.</p> <p>Process to QoC and reports via QoC on a regular cycle where themes of impact (positive or negative) to enhance learning and maturity of commissioning cycle are tested through QoC and then escalated to board through AAA reporting.</p>
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