

Board Assurance Framework

September 2026

How to navigate the Board Assurance Framework

Strategic risks: High-level risks that threaten the achievement of the ICBs' joint aims/objectives and/or statutory duties.

Controls: The mechanisms put in place by management to mitigate potential risks. These can be joint controls, across the cluster, or specific to each individual ICB.

Gaps in control or assurance: These are identified where an additional/enhanced system or process is needed to better control the risk, or where there is a lack of evidence that controls are effective (e.g. where no assurances been, or are planned to be, received).

Risk score(s): These are the opening and current risk ratings for each period which consider the controls that are in place (e.g. those remedial actions to reduce the impact/likelihood). The target risk score is set by the relevant Executive, in line with risk appetite.

Risk XX							
Strategic Risk Narrative:	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)			
Executive Risk Owner:							
Lead Committee:							
Control Description <i>(How are we going to stop the risks happening?)</i>	Assurances <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Control / Assurance <i>(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)</i>	Action ref:
Action(s):	Responsible Officer	Implementation Date					
Related high/extreme (>15) operational risks from the ICBs' Joint Operational Risk Register:							

Action(s): Where gaps have been identified, these are the actions required to address them. Actions will have a named lead and target date; progress is reported via the Audit Committee.

Relevant operational risks from the ICBs' Operational Risk Register with a score of 15 or above.

Assurance(s): Documented evidence that provides assurance that appropriate controls are in place and operating effectively.

Internal/External Assurances: Assurances can be provided from within the organisation (internal) or by an independent body, such as NHS England or Internal/External Audit (external).

Positive/Negative Assurances: Assurances can be positive (e.g. telling us that the control is working) or negative (e.g. that the control is not effective).

Risk 1 – Failure to develop and maintain a comprehensive, evidence-based understanding of local population health needs

Strategic Risk Narrative:	Risk that the ICBs do not use joined-up, person-level data and intelligence to identify current and future needs, drivers of risk, and underserved communities, leading to ineffective or inequitable commissioning decisions.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Commissioning, Executive Director of Outcomes	High (4 x 4)	High (4 x 4)	Medium (4 x 3)	No change.
Lead Committee:	Joint Strategic Commissioning Committee			Open	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Establishment and embedding of a structured, data-sharing architecture to ensure equitable access to appropriately shared data across all three geographies. This includes formal data-sharing arrangements, federated or integrated platform capability, and robust information governance controls. Alignment of SAIU analytical processes across the three geographies to ensure data availability is routinely assessed and that shared data is systematically analysed to support population health management, predictive analytics and strategic decision-making.	Information Sharing Framework and Supporting Agreements (including Joint Controller Agreement and Aggregated Data Memorandum of Understanding) to the Information Governance, Data Protection and Cyber Steering Group (April 2026)	✓		✓		To implement a structured, system-wide data-sharing architecture and aligned SAIU analytical processes across all three geographies.	1.1
	Population Health Outcomes Framework and Population Health Improvement Plan Update to the Joint Strategic Commissioning Committee (November 2025, January 2026 and <i>pending</i>)	✓		✓		To improve the consistency and comparability of source data used across the three ICBs, enabling reliable cluster-wide reporting and analysis.	1.3
	Population Health Strategy and Commissioning Plan, to the Boards (February 2025, February 2026 and <i>pending March 2027</i>)	✓		✓			
	Population Health Strategy and Commissioning Plan to the Joint Strategic Commissioning Committee (January 2026)	✓		✓			
The development of Joint Strategic Needs Assessment (JSNA) arrangements, with ICBs contributing as statutory NHS partners, using joined-up data and insight to shape strategic commissioning priorities.	Annual review of the robustness of processes and progress on health needs assessments update to the Joint Strategic Commissioning Committee (<i>pending</i>)	✓				None identified.	
The establishment and embedment of a research and evidence framework , ensuring that commissioning decisions across the cluster are informed by high-quality research, national guidance, local evaluation, and evidence, to support effective, equitable, and value-based service planning and delivery. The framework is underpinned by delivery of the three ICS Research Strategies , a cluster-wide Strategic Research Board , and governance arrangements that promote the systematic use of research and evidence within strategic commissioning, programme delivery and service redesign.	Improvement, learning and innovation report (incl. research) to the Boards (<i>pending, Nov 2026</i>)	✓				To align research and evidence arrangements across the cluster.	1.2
	Arrangements for the promoting and using evidence from research update to the Joint Strategic Commissioning Committee (July 2026)	✓		✓		To implement the cluster-wide Research and Evidence Framework and associated governance arrangements, including establishment of the Strategic Research Board.	1.4
	DLN Strategic Approach to Outcomes to the Quality and Service Improvement Committee (July 2026)	✓		✓			
	DLN Outcomes Audit Monitoring Assurance Approach to the Joint Quality and Service Improvement Committee (Sept 2026)	✓		✓			

Action(s):	Responsible Officer	Implementation Date
1.1: To implement a structured, system-wide data-sharing architecture and aligned SAIU analytical processes across all three geographies.	Executive Director of Commissioning	March 2027
1.2: To align research and evidence arrangements across the cluster.	Executive Director of Outcomes	Complete
1.3 To improve the consistency and comparability of source data used across the three ICBs, enabling reliable cluster-wide reporting and analysis.	Executive Director of Commissioning	April 2027

1.4 To implement the cluster-wide Research and Evidence Framework and associated governance arrangements, including establishment of the Strategic Research Board.

Executive Director of Outcomes

April 2027

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

No high scoring ORR risks identified.

Risk 2-5 – Failure to deliver a coordinated transformation of commissioned services, including prevention, community care models, and digital enablement					
Strategic Risk Narrative:	Risk that the ICBs do not develop or implement a robust, long-term, outcomes-focused commissioning strategy; fail to shift system focus from sickness to prevention; do not redesign services to deliver integrated care closer to home; and do not adopt or embed digital technologies. Taken together, these could result in missed opportunities to improve population health and reduce inequalities, persistent reliance on reactive and hospital-based care, poor patient experience, inefficiencies, and an inability to achieve system priorities or national expectations.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Strategy and Citizen Experience, Executive Director of Commissioning, Executive Director of Outcomes (Medical), Executive Director of Finance	High (4 x 4)	High (4 x 4)	High (4 x 4)	No change.
Lead Committee:	Joint Strategic Commissioning Committee			Eager	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
The implementation and alignment of a Population Health Management (PHM) approach across the three ICBs, using linked datasets and predictive analytics to proactively identify at-risk cohorts, understand unwarranted variation and population need, and inform the tailoring of equitable, preventative and value-based commissioning interventions.	Population Health Strategy and Commissioning Plan presented to the Boards (Feb 2025, Feb 2026 and <i>pending, March 2027</i>)	✓		✓		To embed and scale the use of the Strategic Analytics and Intelligence Unit (SAIU) consistently across all three ICBs. To develop and align a consistent Population Health Management (PHM) approach across the cluster.	2.1
	Population Health Strategy and Population Health Outcomes Framework updates to the Joint Strategic Commissioning Committee (November 2025 and January 2026, <i>pending July 2026</i>)	✓		✓			2.2
	Population Health Strategy Progress Report: Frailty and End of Life presented to the Boards (July 2026)	✓		✓			
The development of the Five-Year Population Health Strategy , which sets out the ICBs' long-term vision, priorities and ambitions for improving population health outcomes, access to high-quality care and reducing health inequalities across the cluster. <i>The development of the Five-year Population Health Strategy has been informed by the three Integrated Care Strategies which exist across the three ICSSs.</i>	Population Health Strategy and Commissioning Plan presented to the Boards (Feb 2025, Feb 2026 and <i>pending, March 2027</i>) and Joint Strategic Commissioning Committee (January 2026)	✓		✓		None identified.	
	Population Health Strategy Progress Report: Frailty and End of Life presented to the Boards (July 2026)	✓		✓			
	Rolling programme of strategic priority updates to the Boards (each meeting)	✓		✓			
	Annual statement on health inequalities to the Boards (July 2026)	✓		✓			
	Population Health Improvement Plan updates to the Joint Strategic Commissioning Committee (November 2025 and January 2026)						
	Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly)		✓	✓	✓		
	DLN Internal Audit Reviews – Strategic commissioning (inc. strategy oversight) (<i>pending, TBD</i>)		✓				

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Establishment of an Executive-led Strategy and Planning Coordination Group , which has senior ICB leadership representative from strategy, commissioning, planning, performance and finance has the responsibility to ensure alignment across the ICBs' planning outputs.	Strategic Commissioning Plan approved through the Joint Strategic Commissioning Committee (January 2026) Medium-Term Planning Framework presented to the Joint Strategic Commissioning Committee (November 2025)	✓		✓		To refocus the Strategy and Planning Coordination Group from strategy development to oversight of operational delivery.	2.3
The development of the Five-Year Commissioning Plan (Population Health Improvement Plan) , which translates the strategic ambitions of the Population Health Strategy into actionable, resourced, and measurable commissioning programmes across the three ICBs. <i>The development of the Five-year Commissioning Plan has been informed by the three Joint Forward Plans which exist across the three ICSs.</i>	Population Health Strategy and Commissioning Plan presented to the Boards (Feb 2025, Feb 2026 and <i>pending, March 2027</i>) and Joint Strategic Commissioning Committee (January 2026) Medium-Term Planning Framework presented to the Joint Strategic Commissioning Committee (November 2025) DLN Internal Audit Reviews – Strategic commissioning (inc. strategy oversight) (<i>pending, TBD</i>)	✓		✓		None identified.	
Establishment and ongoing development of a comprehensive commissioning oversight and transformation framework across the DLN cluster to support delivery of an outcomes-focused commissioning strategy and associated transformation priorities, including prevention, service redesign, neighbourhood development, integrated care closer to home and digital enablement. This includes: - A defined governance and escalation architecture, including the Commissioning Oversight Group, Joint Commissioning Executive Group and associated commissioning forums, providing strategic oversight of commissioning priorities, transformation programmes and system outcomes, and enabling timely escalation of issues requiring strategic commissioning action. Management-led transformation and commissioning oversight forums across key domains (including finance, quality, commissioning, strategy, outcomes, digital, and vaccinations and immunisations), supporting the development and implementation of commissioning approaches, preventative models of care, service redesign and system-wide transformation priorities. - Formalised programme governance and transformation oversight through Programme Boards, providing strategic oversight of transformation programmes, monitoring delivery of agreed outcomes, benefits and milestones, managing programme risks and dependencies, and ensuring commissioning intentions are translated into sustainable service transformation, integrated models of care and improved population outcomes.	Population Health Strategy and Commissioning Plan presented to the Boards (Feb 2025, Feb 2026 and <i>pending, March 2027</i>) and Joint Strategic Commissioning Committee (January 2026) Medium-Term Planning Framework presented to the Joint Strategic Commissioning Committee (November 2025) Commissioning Oversight Delivery Report to the Joint Finance and Performance Committee and Boards (each meeting) Thematic Commissioning Delivery Review – Urgent and Emergency Care presented to the Joint Finance and Performance Committee (July 2026) Assessment of current dental issues, future requirements and potential commissioning options update to the Joint Strategic Commissioning Committee (February 2026) Assurance on Specialised Commissioning Delegation update to the Joint Strategic Commissioning Committee (May 2026)	✓		✓		To develop and implement the cluster Commissioning Oversight and Escalation Framework.	2.4
Establishment of a cluster-wide Outcomes Framework , incorporating measurable indicators across quality, population health and health inequalities, underpinned by regular performance reporting, to evaluate and evidence the impact of delivery of the Strategy and Commissioning Plan.	Population Health Strategy and Commissioning Plan presented to the Boards (Feb 2025, Feb 2026 and <i>pending, March 2027</i>) and Joint Strategic Commissioning Committee (January 2026) Population Health Strategy Progress Report: Frailty and End of Life presented to the Boards (July 2026) Rolling programme of strategic priority updates to the Boards (each meeting)	✓		✓		To finalise the cluster-wide Outcomes Framework and operational oversight of delivery of the Strategy. See 1.3 above.	2.5

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Development and implementation of a cluster-wide neighbourhood model , supported by a defined implementation framework, clinical and professional leadership arrangements , and place-based partnership governance , to enable integrated neighbourhood working and inform commissioning decisions that shift care towards prevention, population health improvement and community-based services.	Strategic approach to neighbourhood health development presented to the Joint Strategic Commissioning Committee (February 2026) Delivery approach to neighbourhood health development presented to the Joint Strategic Commissioning Committee (April 2026) Neighbourhood Health and Integrated Neighbourhood Teams Strategic Position presented to the Joint Strategic Commissioning Committee (May 2026) Neighbourhood Health update to Boards' Development Session (February 2026) Neighbourhood Health strategic priority update to the Boards (May 2026; September 2026 and <i>pending, January 2027</i>) Hucknall Neighbourhood Health Hub Development presented to the Joint Finance and Performance Committee (July 2026)	✓ ✓ ✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓ ✓		To review the strategic approach to neighbour health development following the publication of national guidance. To implement the cluster-wide neighbourhood framework and supporting clinical leadership arrangements.	2.6 2.10
Development of a cluster-wide strategic approach to prevention , incorporating population health insights, evidence-based interventions, and outcome measures, to guide commissioning decisions, reduce health inequalities, and support the shift from sickness to proactive, preventative care across the system.	Strategic Approach to Prevention and Early Intervention presented to the Joint Strategic Commissioning Committee (March 2026) Population Health Strategy Progress Report: Frailty and End of Life presented to the Boards (July 2026). Annual Statements on Health Inequalities to the Boards (July 2026). Working with People and Communities Annual Reports presented to the Joint Strategic Commissioning Committee (May 2026). Annual Reports on Working in Partnership with People and Communities presented to the Boards (July 2026).	✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓		To establish the cluster-wide strategic approach to prevention.	2.7
Development and implementation of a DLN outcomes, audit and monitoring assurance approach , including an integrated dashboard and prioritisation framework, to triangulate clinical audit, outcomes and population health intelligence; identify inequalities and unwarranted variation; and inform commissioning, pathway improvement and preventative interventions.	DLN Outcomes Audit Monitoring Assurance Approach, to the Joint Quality and Service Improvement Committee (September 2026).	✓		✓		To implement the DLN outcomes and assurance framework to inform commissioning priorities and reduce unwarranted variation.	2.11
Development and implementation of a cluster-wide digital and data strategy and associated delivery framework , aligned to strategic commissioning priorities, supporting digital transformation, interoperability, digital inclusion, innovation and the use of technology-enabled care. This includes the integration of digital solutions within commissioning, pathway redesign, neighbourhood development, prevention and transformation programmes across the three ICBs.	Joint Strategic Commissioning Committee: Emerging Strategic Approach to Digital Transformation across DLN (April 2026) Population Health Strategy and Commissioning Plan presented to the Boards (February 2025, February 2026 and <i>pending March 2027</i>) and Joint Strategic Commissioning Committee (January 2026) Digital Technology Strategic Priority Update to the Boards (<i>pending January 2027</i>) NNICB Internal Audit Review – Delivering Digital Transformation (Significant Assurance)	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		To develop cluster-wide Digital and Data Strategy, based on existing Strategies across the three ICBs.	2.8
Establishment and ongoing development of cluster-level digital governance arrangements to support oversight, prioritisation and coordination of digital transformation initiatives across the three ICBs, ensuring alignment with strategic commissioning priorities, service	Joint Strategic Commissioning Committee: Emerging Strategic Approach to Digital Transformation across DLN (April 2026) Digital Technology Strategic Priority Update to the Boards (<i>pending January 2027</i>)	✓ ✓			✓ ✓	To align digital transformation governance arrangements across the cluster.	2.9

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
redesign, interoperability requirements and wider transformation programmes.	NNICB Internal Audit Review – Delivering Digital Transformation (Significant Assurance) Senior Information Risk Owner (SIRO) Annual Report to the Audit Committee (April 2026) and Board (May 2026) Information Governance Assurance Reports to the Audit Committee (February and June 2026)	✓	✓	✓			

Action(s):	Responsible Officer	Implementation Date
2.1: To embed and scale the use of the Strategic Analytics and Intelligence Unit (SAIU) consistently across all three ICBs.	Executive Director of Commissioning	~~November 2026~~ March 2027
2.2: To develop and align a consistent Population Health Management (PHM) approach across the cluster.	Executive Director of Commissioning	~~November 2026~~ March 2027
2.3: To refocus the Strategy and Planning Coordination Group from strategy development to oversight of operational delivery.	Executive Director of Strategy and Citizen Experience	~~September 2026~~ Superseded
2.4: To develop and implement the cluster Commissioning Oversight and Escalation Framework.	Executive Director of Commissioning	September 2026
2.5: To finalise the cluster-wide Outcomes Framework and operational oversight of delivery of the Strategy.	Executive Director of Strategy and Citizen Experience / Executive Director of Outcomes / Executive Director of Commissioning	April 2027
2.6 To review the strategic approach to neighbour health development following the publication of national guidance.	Executive Director of Strategy and Citizen Experience	~~August 2026~~ March 2027
2.7: To establish the cluster-wide strategic approach to prevention.	Executive Director of Outcomes	November 2026
2.8: To develop cluster-wide Digital and Data Strategy, based on existing Strategies across the three ICBs.	Executive Director of Finance	~~September 2026~~ March 2027
2.9: To align digital transformation governance arrangements across the cluster.	Executive Director of Finance	~~October 2026~~ March 2027
2.10 To implement the cluster-wide neighbourhood framework and supporting clinical leadership arrangements.	Executive Director of Strategy and Citizen Experience / Executive Director of Outcomes	April 2027
2.11 To implement the DLN outcomes and assurance framework to inform commissioning priorities and reduce unwarranted variation.	Executive Director of Outcomes	April 2027

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

RR140 – Insufficient DLN cluster capacity and resource risks delayed digital transformation and reduced efficiencies.

Risk 6 – Failure to involve people and communities meaningfully in commissioning and service design									
Strategic Risk Narrative:	Risk that the ICBs do not systematically co-produce solutions with service users, carers, and communities, leading to services that do not meet local needs or legal requirements for engagement.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)				
Executive Risk Owner:	Executive Director of Strategy and Citizen Experience	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 3)	No change.				
Lead Committee:	Joint Strategic Commissioning Committee			Open					
Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:		
Development of a robust Engagement Strategy across all three ICBs, aligned with the Strategic Commissioning Framework's requirement for systematic community involvement and co-production.	Citizen Stories presented to the ICB Boards (each meeting) Arrangements for public and patient involvement update to the Joint Strategic Commissioning Committee (February 2026) Annual Working with People and Communities Report to the Joint Strategic Commissioning Committee (May 2026) Working with People and Communities Strategy updates to the Joint Strategic Commissioning Committee (<i>pending</i>)	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		To produce an aligned, cluster-wide Engagement Strategy.	6.1		
The establishment and embedding of Directorate governance arrangements to provide oversight of community engagement activity, ensure learning and insight from engagement is reviewed, and support alignment between citizen feedback, strategic development and commissioning decisions.	Arrangements for public and patient involvement update to the Joint Strategic Commissioning Committee (February 2026) Annual Working with People and Communities Report to the Joint Strategic Commissioning Committee (May 2026) Ad-hoc commissioning proposals, assessed via patient and public involvement and engagement processes.	✓ ✓ ✓		✓ ✓ ✓		To formalise and embed Directorate governance arrangements for oversight of community engagement activity.	6.2		
Development of a Co-production Framework to provide a consistent, structured approach for involving service users, carers, and communities. The framework will define how engagement activity integrates with co-production, ensuring that lived experience systematically informs strategy, service design, and commissioning decisions.	Statement of intent and co-production arrangements for children, young people and families reported via Joint Quality and Service Improvement Committee (July 2026) Arrangements for personalised care update to the Joint Strategic Commissioning Committee (May 2026 and <i>pending, November 2026</i>) Evidence of co-production through programme-specific commissioning proposals and service redesigns.	✓ ✓ ✓		✓ ✓ ✓		To produce an aligned, cluster-wide Co-production Framework.	6.3		
Maintenance of a system-wide Patient and Public Involvement (PPI) infrastructure across all three ICBs, providing structured mechanisms, including patient and citizen panels, public meetings, online engagement platforms, Public and Patient Partners, communities of practice, and engagement steering groups, to support bespoke engagement activities.	Arrangements for public and patient involvement update to the Joint Strategic Commissioning Committee (February and June 2026 and <i>pending, Oct 2026 and February 2027</i>) Annual Working with People and Communities Report to the Joint Strategic Commissioning Committee (May 2026) DDICB Internal Audit Review – Public Involvement (Moderate assurance)	✓ ✓ ✓		✓ ✓ ✓		None identified.			
Completion and review of Equality and Quality Impact Assessments (EQIA/QIA) for all proposed service changes and commissioning decisions, ensuring that identified potential impacts on service users, carers, and communities inform the design and focus of engagement activities.	Annual Equality Assurance Report to the Boards (May 2026) Equality Delivery System update to the Joint Strategic Commissioning Committee (April 2026) DLN Approach to EDI for 2026/2027 to the Joint Strategic Commissioning Committee (September 2026)	✓ ✓ ✓		✓ ✓ ✓		To align EDI policies, processes and procedures across the cluster, building on existing arrangements within the three ICBs.	6.4		

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
	Annual Statement on Information on Health Inequalities Assurance Report presented to the Joint Strategic Commissioning Committee (June 2026) NHS Core20PLUS5 Adults update through the Joint Strategic Commissioning Committee work programme (<i>pending, October 2026</i>) NHS Core20PLUS5 Children and Young People update through the Joint Strategic Commissioning Committee work programme (<i>pending, November 2026</i>)	✓ ✓ ✓		✓			
Formalised partnerships and engagement with Voluntary, Community and Social Enterprise (VCSE) organisations, Healthwatch, Local Authorities, Primary Care Networks (PCNs), and Health and Overview Scrutiny Committees (HOOSCs) to support neighbourhood-level engagement, gather local insights, and ensure community intelligence systematically informs service design and commissioning decisions.	Strategic approach to neighbourhood health development update to the Joint Strategic Commissioning Committee (April 2026) Delivery approach to neighbourhood health development update to the Joint Strategic Commissioning Committee (April 2026) Annual Working with People and Communities Report to the Joint Strategic Commissioning Committee (May 2026) Evidence of Health Overview and Scrutiny Committee engagement arrangements reported through Public and Patient Involvement updates (February 2026 and <i>pending</i>)	✓ ✓ ✓ ✓		✓ ✓ ✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
6.1: To produce an aligned, cluster-wide Communications and Engagement Strategy.	Executive Director of Strategy and Citizen Experience	November 2026
6.2: To formalise and embed Directorate governance arrangements for oversight of community engagement activity	Executive Director of Strategy and Citizen Experience	~~September 2026~~ December 2026
6.3: To produce an aligned, cluster-wide Co-production and Engagement Framework.	Executive Director of Strategy and Citizen Experience / Executive Director of Quality	~~January 2027~~ March 2027
6.4: To align EDI policies, processes and procedures across the cluster, building on existing arrangements within the three ICBs.	Executive Director of Quality	~~September 2026~~ March 2027

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

RR048 – Ongoing negative media and workforce changes risk damaging public trust in local NHS services.

Risk 7a – Failure to allocate resources effectively and shape provider markets to deliver value, productivity and system priorities

Strategic Risk Narrative:	Risk that the ICBs do not align funding to population needs, optimise resource use, or proactively shape and manage provider markets. This could result in poor value for money, reduced productivity, inequitable access, and an inability to achieve national and local priorities or deliver sustainable improvement in health outcomes.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Commissioning, Executive Director of Finance, Executive Director of Strategy and Citizen Experience	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 3)	No change.
Lead Committee:	Joint Strategic Commissioning Committee			Open	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Development and delivery of a cluster-wide Medium Term Financial Plan , aligning future resource allocation with strategic commissioning priorities, population need and financial sustainability. The Plan supports the shift towards neighbourhood health, community-based services and prevention, whilst maintaining provider sustainability and system affordability.	Medium Term Planning updates to the Boards (December 2025 and January 2026) Operational and Financial Plan updates to the Joint Finance and Performance Committee Financial and efficiency reports to the Joint Finance and Performance Committee (each meeting) Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly) System Review Meetings (QSRMs) with NHSE Regional Teams (quarterly)	✓ ✓ ✓		✓ ✓ ✓		None identified.	
Development and implementation of a cluster-wide, aligned commissioning decision-making process (phase one), with a planned transition to a more refined approach, including a weighted prioritisation methodology (phase two). The weighted value framework (phase two) will be based on criteria including strategic 'fit' and anticipated benefits aligned with the commissioning priorities identified in the Five-Year Population Health Strategy, Five-Year Strategic Commissioning Plan, and the ICBs' Outcomes Framework.	Joint Decision-Making Framework and establishment of a Joint Commissioning Review Group update to the Joint Strategic Commissioning Committee (February 2026) Joint Commissioning Executive Group Assurance Reports to the Joint Strategic Commissioning Committee (each meeting) 360 Assurance Internal Audit Review - Governance Arrangements (August 2026, Significant Assurance)	✓ ✓		✓ ✓		To finalise and implement the phase 2 weighted value framework to strengthen commissioning decision-making and prioritisation.	7a.1
Implementation of evidence-based commissioning approaches to support resource allocation and prioritisation decisions . Commissioning proposals are informed by population health intelligence, outcomes, service performance, clinical evidence and value-for-money considerations to ensure resources are directed towards interventions that deliver the greatest benefit.	Joint Commissioning Executive Group Assurance Reports to the Joint Strategic Commissioning Committee (each meeting)	✓		✓		See action 1.2	
Role, remit and operating framework of the Joint Commissioning Executive Group (JCEG) , supported by the Joint Commissioning Review Group (CRG) , to ensure commissioning decisions are	Joint Decision-Making Framework and establishment of a Joint Commissioning Review Group update to the Joint Strategic Commissioning Committee (February 2026)	✓		✓		To deliver training to embed understanding of aligned commissioning decision-making	7a.2

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
evidence-based, prioritised against population need, and subject to robust scrutiny, enabling effective allocation of resources and delivery of population outcomes.	Joint Commissioning Executive Group Assurance Reports to the Joint Strategic Commissioning Committee (each meeting) Ad-hoc commissioning proposals, developed in line with cluster-wide commissioning decision-making and prioritisation processes. 360 Assurance Internal Audit Review - Governance Arrangements (August 2026, Significant Assurance)	✓		✓		processes and governance structures across the cluster.	
Development and implementation of a provider market strategy to identify service gaps, stimulate innovation, and ensure sufficient provider capacity, supporting prioritised investment and resource allocation.	Arrangements for shaping and managing the provider market update to the Joint Strategic Commissioning Committee (<i>pending</i>) Strategic Commissioning Plan delivery and transformation programme assurance reports to the Joint Strategic Commissioning Committee (<i>pending</i>) Commissioning delivery reports to the Boards and Joint Finance and Performance Committee (each meeting). DLN Palliative End of Life Care Strategic Commissioning Framework to the Joint Strategic Commissioning Committee (Sept 2026)	✓				To develop a provider market development approach across the cluster to identify service gaps, stimulate innovation and support sufficient provider capacity to meet future system priorities. To implement an aligned framework for provider oversight, contract management and performance assurance across the cluster.	7a.4 7a.5
Develop and embed a joint procurement framework across the three ICBs to ensure all provider selection, contract award, and contract management processes are PSR-compliant, deliver value for money, and are consistently applied; as described within the ICBs' joint Procurement and PSR Policy. The framework supports appropriate market assessment, due diligence, governance scrutiny and consideration of affordability, value for money, and strategic fit. Development of a comprehensive, automated contract management database across the three ICBs for secondary care contracts, providing a single record of contractual arrangements and proactively identifying contracts approaching review, expiry or procurement. This enables timely planning and decision-making, supports compliance with procurement and Provider Selection Regime requirements.	Provider Selection Regime Annual Report to the Audit Committees (April 2026) Joint Commissioning Executive Group Assurance Reports to the Joint Strategic Commissioning Committee (each meeting) DDICB Internal Audit Review – Provider Selection Regime (Significant assurance) NNICB Internal Audit Review – Provider Selection Regime (Significant assurance) DLN Internal Audit Reviews – Procurement (Q3/Q4)	✓		✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
7a.1: To finalise and implement the phase 2 weighted value framework to strengthen commissioning decision-making and prioritisation.	Executive Director of Commissioning	Complete
7a.2: To deliver training to embed understanding of aligned commissioning decision-making processes and governance structures across the cluster.	Executive Director of Commissioning	Complete
7a.3: To develop and implement a provider market strategy across the cluster to identify gaps, stimulate innovation, and ensure sufficient provider capacity to meet system priorities.	Executive Director of Finance	Superseded
7a.4 To develop a provider market development approach across the cluster to identify service gaps, stimulate innovation and support sufficient provider capacity to meet future system priorities.	Executive Director of Strategy and Citizen Experience	November 2026
7a.5 To implement an aligned framework for provider oversight, contract management and performance assurance across the cluster, supporting delivery of the provider market strategy.	Executive Director of Commissioning	December 2026

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

No high scoring ORR risks identified.

Risk 7b – Failure to commission services through effective procurement and contract management arrangements, compromising financial sustainability

Strategic Risk Narrative:	Risk that the ICBs do not utilise robust procurement frameworks, contracting mechanisms, or contract management processes, leading to inefficiencies, unmanaged demand, poor provider performance, increased financial risk, or inability to deliver statutory financial duties and long-term sustainability.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Commissioning, Executive Director of Finance	High (4 x 4)	High (4 x 4)	Medium (4 x 3)	No change.
Lead Committee:	Joint Finance and Performance Committee			Open	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
The development and delivery of a three-year operational plan for 2026/27 to 2028/29 , including integrated revenue, workforce, and operational performance and activity plans. The plan sets out how the ICBs will deliver statutory duties, meet performance standards, manage resources, and align financial, workforce, and operational arrangements.	Medium Term Planning updates to the Boards (December 2025 and January 2026) (<i>open and/or confidential sessions</i>)	✓		✓		None identified.	
	Opening budgets reported to the Boards (annually)	✓		✓			
	Operational and Financial Plan update to the Joint Finance and Performance Committee (Jan 2026 and, <i>pending Jan and Feb 2027</i>)	✓		✓			
	Finance reports to the Boards (each meeting)	✓		✓	✓		
	Finance reports presented to the Joint Finance and Performance Committee (each meeting)	✓		✓	✓		
	Commissioning delivery reports presented to both the Boards and the Joint Finance and Performance Committee (each meeting)	✓		✓	✓		
	Thematic commissioning delivery reviews to the Joint Finance and Performance Committee (Sept <i>and pending</i> , Dec 2026 and Jan 2027)	✓					
	360 Assurance – Internal Audit Review, Financial ledger and reporting (<i>pending</i> , Q3)		✓	✓	✓		
	Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly)		✓	✓	✓		
	System Review Meetings (QSRMs) (including Providers) with NHSE Regional Teams (quarterly)		✓				
Develop and embed a joint contract management framework across the three ICBs to ensure all provider contracts are actively monitored, outcomes and KPIs are assessed, and payments are aligned to services delivered. This includes the establishment of provider-specific Contract Delivery Review and Oversight Meetings (CDROMs) as the principal commissioner-provider forum for contractual accountability and oversight. CDROMs provide a single, integrated mechanism for monitoring contractual delivery across quality, operational performance	Contract Management Reports to the Joint Finance and Performance Committee (September 2026, <i>pending February 2027</i>)					To establish a single, shared contract management database across the ICBs to support consistent contract recording and monitoring. To develop and implement a standardised and aligned approach to contract management across the ICBs, including	7b.3
	Commissioning Delivery Reports to the Boards and Joint Finance and Performance Committee (each meeting) Finance Reports to the Joint Finance and Performance Committee (each meeting)						7b.4

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
and finance; identifying and escalating provider risks; overseeing recovery and improvement plans; reviewing contract variations; and supporting future contract development and negotiation. The framework will also include the establishment of a formal control framework for payer mechanisms to ensure providers are paid appropriately for services delivered, supported by robust validation, reconciliation and contract management processes	Thematic Commissioning Delivery Reviews to the Joint Finance and Performance Committee (September 2026, <i>pending December 2026 and January 2027</i>) DLN Internal Audit Review – Contract Management (planned)					contract tiering, governance arrangements, and defined management responsibilities proportionate to contract risk and value. To develop and embed a formal control framework for payer mechanisms once national guidance is published.	7b.2
Alignment and development of performance management, contractual oversight and productivity monitoring controls across the cluster to oversee provider performance and system outputs, supporting delivery of operational plans, improved productivity and value for money. This includes: • Activity, Pricing and Payment Technical Groups operating beneath each CDROM to provide detailed oversight of activity delivery, financial performance, pricing, payment reconciliation, coding, counting, data quality, contract variations and recurrent financial impacts. • An overarching Activity, Finance and Performance Group, providing strategic oversight of commissioning and operational plan delivery, with alternating focus on Acute services and Mental Health and Community services. • Provider-specific Contract Delivery Review and Oversight Meetings (CDROMs) which monitor contractual, activity, quality, operational and financial performance, consider risks and interdependencies collectively, and oversee agreed corrective actions and recovery plans. • Performance Recovery and Oversight Meetings where sustained underperformance is identified, providing structured oversight of provider recovery plans and a clear route into formal contractual escalation where sufficient improvement is not demonstrated. • Escalation of material performance, quality, operational or financial concerns through established contractual management arrangements, including Contract Performance Notices, remedial action plans and executive-level intervention, where required.	Contract Management Reports to the Joint Finance and Performance Committee (September 2026; pending February 2027) Commissioning Delivery Reports to the Boards and Joint Finance and Performance Committee (each meeting) Thematic Commissioning Delivery Reviews to the Joint Finance and Performance Committee (September 2026, <i>pending December 2026 and January 2027</i>) Operational and Financial Plan Updates to the Joint Finance and Performance Committee (January 2026, <i>pending January and February 2027</i>) DDICB Internal Audit Review – Data Quality and Performance Management Framework (Advisory) DLN Internal Audit Reviews – Contract Management and Data Quality (planned)					See action 2.4. See action 7b.1.	
Alignment and embedment of robust ‘grip and control’ measures across the three ICBs to oversee financial performance, alongside routine monitoring of budgets, efficiency programmes, and compliance with the ICBs’ Standing Financial Instructions, Scheme of Reservation and Delegation and other financial governance requirements. This includes:	Finance Reports to the Joint Finance and Performance Committee (each meeting) Savings and Efficiency Reports to the Joint Finance and Performance Committee (September 2026 and ongoing) Operational and Financial Plan Updates to the Joint Finance and Performance Committee (January 2026, <i>pending January and February 2027</i>)	✓		✓	✓	None identified.	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
- The ICBs' Financial Recovery Meeting (FRM), providing CEO-chaired, Executive-led oversight of delivery of the ICBs' financial recovery plans and efficiency programmes, including monitoring achievement of financial recovery trajectories, reviewing significant financial risks and pressures, and overseeing actions to improve delivery confidence. - The ICBs' Savings and Efficiency Group (SEG), providing detailed programme-level oversight of delivery of the ICBs' efficiency programmes and cost improvement initiatives, including review of scheme delivery, identification and resolution of barriers to delivery, monitoring progress against agreed savings plans and escalation of risks requiring Executive intervention.	DDICB Internal Audit Review – Cost Improvement Plan (Significant Assurance) Internal Audit Reviews – Financial Ledger and Reporting (<i>planned</i>). External Audit – Year-end Financial Accounts Reviews Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly) System Review Meetings (QSRMs) (including Providers) with NHSE Regional Teams (quarterly)		✓	✓			
			✓				
			✓				
			✓	✓	✓		
			✓	✓	✓		

Action(s):	Responsible Officer	Implementation Date
7b.1: To establish an aligned contract management framework across the ICBs.	Director of Commissioning / Director of Finance	Superseded (see 7b.3 and 7b.4)
7b.2: To develop and embed a formal control framework for payer mechanisms once national guidance is published.	Director of Finance	~~September 2026~~ December 2026 (<i>dependent on national guidance publication</i>)
7b.3 To establish a single, shared contract management database across the ICBs to support consistent contract recording and monitoring.	Director of Finance	Complete
7b.4 To implement and embed a consistent provider oversight and contract management framework across the cluster, including Contract Delivery Review and Oversight Meetings (CDROMs), associated escalation arrangements and risk-based contract management processes.	Director of Finance / Director of Commissioning	November 2026

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

RR151 – Rising demand for autism and ADHD assessments risks unmet need, poor experience and adverse outcomes.

RR165 – Delays to replacement Derbyshire Urgent Treatment Centre services could disrupt urgent care delivery, reducing access and increasing pressure.

RR134 – Insufficient recurrent financial efficiencies risk slower improvement in underlying deficit and reduced ability to meet population needs in Lincolnshire.

Risk 9 – Failure to systematically improve the quality of healthcare services

Strategic Risk Narrative:	Risk that the ICBs do not effectively monitor, evaluate and drive improvement in commissioned services, limiting their ability to both restore quality where standards fall below expectations and deliver transformative quality improvement to achieve better outcomes and experience.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Quality (Nursing)	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	No change.
Lead Committee:	Joint Quality and Service Improvement Committee			Cautious	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Development and alignment of the ICBs' approach to quality across the cluster, through the establishment of a formal Quality Strategy and clear, shared priorities for 2026/27 aligned to commissioning intentions and statutory duties, including: - Access and capacity: Ensuring timely and equitable access to services. - Patient safety and experience: Reducing harm, learning from incidents, and improving user experience, with particular focus on maternity and mental health. - Reducing health inequalities: Targeted interventions for underserved groups, using population health management approaches. - Workforce: Focusing on training, retention, sickness management, and staff wellbeing to support quality delivery. - Clinical effectiveness: Ensuring evidence-based care, pathway redesign, and robust outcome measurement. - Digital maturity: Leveraging technology for safer, more effective care, with attention to CHC transformation. - Safeguarding and health protection: Maintaining robust frameworks for vulnerable groups, including children and people with mental health conditions, learning disabilities, and autism (LDA).	Derbyshire, Lincolnshire and Nottinghamshire Quality Approach update to the Joint Quality and Service Improvement Committee (January 2026) Quality Strategy update to the Joint Quality and Service Improvement Committee (February 2026 and ongoing through the 2026/27 work programme) Quality Improvement Priorities and Plans presented to the Joint Quality and Service Improvement Committee (February 2026 and ongoing) Quality Priorities 2026/27 update to the Joint Quality and Service Improvement Committee (February 2026) Delivery of Quality Improvement Plans reporting to the Joint Quality and Service Improvement Committee (July and <i>pending, November 2026</i>) Clustered System Review Meetings (SRMs) with NHS England Regional Teams (monthly)	✓		✓		To develop clear, measurable plans to oversee delivery of the quality priorities.	9.2
		✓		✓		To establish and implement a cluster-wide quality approach for 2026/27, including agreed priorities, aligned oversight arrangements and consistent reporting across the three ICBs, as an interim position ahead of a full strategy.	9.5
		✓		✓			
		✓		✓		To develop and embed a Quality Management System (QMS) approach across the future single ICB, aligned to the national quality strategy and informed by delivery of the 2026/27 quality priorities.	9.6
		✓		✓			
			✓	✓	✓		

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Establishment and ongoing development of the ICBs' quality oversight and commissioning framework, ensuring systematic monitoring, evaluation and improvement of commissioned services in line with statutory duties, including: - The ICBs' quality framework, commissioning processes and integrated quality reporting arrangements, including the development and use of quality dashboards and Integrated Performance Reports, which provide systematic oversight of quality, safety, performance and patient outcomes, drive quality improvement in line with statutory responsibilities, and ensure services are routinely assessed against required quality and safety standards. - Development and implementation of robust quality schedules for 2026/27, embedded within contract management arrangements, providing structured mechanisms for quality assurance and continuous improvement across commissioned providers - Continued embedment of the Patient Safety Incident Response Framework (PSIRF), establishing consistent systems and processes for responding to patient safety incidents, supporting organisational learning and improvement.	Quality Oversight Reports to the Joint Quality and Service Improvement Committee (each meeting) Thematic Quality Reports to the Joint Quality and Improvement Committee (every other meeting) Learning, Safety and Continuous Improvement Reports (including PSIRF and patient safety intelligence) to the Joint Quality and Service Improvement Committee (May and <i>pending, November 2026</i>) The Patient Safety Incident Response Framework to the Joint Quality and Service Improvement Committee (May 2026) Health Protection Report to the Joint Quality and Service Improvement Committee (May 2026) Oversight of Mortuary and After Death Care in Provider Organisations to the Joint Quality and Service Improvement Committee (May 2026) Education Quality Summary Report to the Joint Quality and Service Improvement Committee (May 2026) Provider Quality Accounts Corroborative Statements to the Joint Quality and Service Improvement Committee (May 2026) Modern Slavery Statements to the Joint Quality and Service Improvement Committee (May 2026) LICB Internal Audit Review – Patient Safety NNICB Internal Audit Review – Patient Safety Incident Response Framework (PSIRF) DLN Internal Audit Review – Quality oversight arrangements (<i>pending</i>) DLN Internal Audit Review – Safeguarding arrangements (<i>pending</i>)	✓		✓	✓	To develop robust quality schedules and associated monitoring arrangements (in conjunction with contracting colleagues).	9.3
Implementation of an aligned quality oversight, assurance and improvement framework, enabling the ICBs to systematically monitor, evaluate and improve the quality of commissioned services, identify areas where standards fall below expectations, oversee delivery of improvement actions, and escalate concerns where quality, safety, outcomes or patient experience are at risk. This includes: - The System Quality Group, acting as the central forum for quality and safety oversight, triangulating intelligence from provider reporting, patient safety, safeguarding, complaints, quality surveillance and commissioning assurance arrangements. Routine quality oversight through provider quality forums and quality review meetings, enabling detailed scrutiny of quality performance, patient safety incidents, complaints, regulatory concerns and thematic risks, and agreeing actions to improve the quality and safety of commissioned services.	Quality Oversight Reports to the Joint Quality and Service Improvement Committee (each meeting) Focused reports on NOF 3 and 4 providers to the Joint Quality and Service Improvement Committee (January and May 2026 and <i>pending, September 2026</i>) Thematic Quality Reports to the Joint Quality and Improvement Committee (every other meeting) Learning, Safety and Continuous Improvement Reports (including PSIRF and patient safety intelligence) to the Joint Quality and Service Improvement Committee (May and <i>pending, November 2026</i>) Thematic Quality Report – Learning Disabilities and Autism to the Joint Quality and Service Improvement Committee (April 2026) Deep Dive into Quality Escalations – maternity at NUH and UHDB to the Joint Quality and Service Improvement Committee (May 2026) Primary and Neighbourhood Care Quality and Improvement Plans to the Joint Quality and Service Improvement Committee (May 2026)	✓		✓	✓	To review and rationalise operational quality oversight arrangements, ensuring the balance of ICB-level and cluster-wide oversight is appropriate.	9.4

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
- Routine commissioning assurance through Contract Review Meetings (CRMs), monitoring delivery against contractual quality requirements and agreed improvement trajectories. Contract Delivery Review and Oversight Meetings (CDROMs), providing integrated oversight of significant quality, safety and delivery risks, ensuring quality concerns identified through surveillance, assurance and review processes are considered alongside wider delivery risks and supported by clear improvement and recovery actions. - Formal escalation and intervention through Contract Executive Board(s), providing senior commissioner-provider leadership oversight where quality concerns require formal escalation. Mental Health, Learning Disability and Autism (MHLDA) Programme Board, providing cluster-wide commissioning assurance and oversight of service quality, outcomes, access, patient experience and improvement delivery across mental health, learning disability and autism services, with responsibility for escalating significant quality and delivery risks through the wider commissioning governance framework. - Regular safeguarding assurance forums (including children and adults), ensuring statutory safeguarding responsibilities are met and risks to vulnerable groups are identified, escalated and managed effectively. Maternity quality oversight and perinatal assurance arrangements, including DLN-wide maternity governance through the Perinatal Partnership Group and associated quality assurance processes, together with provider-specific quality oversight, surveillance and escalation forums for Nottingham University Hospitals (NUH) and University Hospitals of Derby and Burton (UHDB). Primary care and delegated commissioning quality forums, ensuring consistent oversight of quality, safety and patient experience across GP, dental, pharmacy and optometry services. Quality surveillance and escalation arrangements aligned with regional and national NHS England processes, supporting the sharing of intelligence, coordinated responses to emerging concerns and system-wide improvement activity.	Salivary Gland Assessment and Management Pathway Assurance to the Joint Quality and Service Improvement Committee (April 2026) Safeguarding Vulnerable Adults updates to the Joint Quality and Service Improvement Committee (<i>pending, September 2026</i>) Safeguarding Children updates to the Joint Quality and Service Improvement Committee (<i>pending, October 2026</i>) Regional LMNS oversight and performance meetings with NHS England Regional Learning Disability and Autism (LDA) oversight and performance meetings with NHS England Clustered System Review Meetings (SRMs) with NHS England Regional Teams (monthly) Quality System Review Meetings (QSRMs) (including providers) with NHS England Regional Teams (quarterly)	✓		✓			
		✓					
		✓	✓				
			✓	✓	✓		
			✓	✓	✓		
			✓	✓	✓		
				✓	✓		

Action(s):	Responsible Officer	Implementation Date
9.1: To develop and implement a formal cluster-wide Quality Strategy, establishing agreed priorities and mechanisms for quality oversight and reporting across the three ICBs.	Director of Quality (Nursing)	Superseded (see 9.5 and 9.6)
9.2: To develop clear, measurable plans to oversee delivery of the quality priorities.	Director of Quality (Nursing)	~~September 2026~~ Complete

9.3: To develop robust quality schedules and associated monitoring arrangements (in conjunction with contracting colleagues).	Director of Quality (Nursing)	~~June 2026~~ Complete
9.4: To review and rationalise operational quality oversight arrangements, ensuring the balance of ICB-level and cluster-wide oversight is appropriate.	Director of Quality (Nursing)	November 2026
9.5 To establish and implement a cluster-wide quality approach for 2026/27, including agreed priorities, aligned oversight arrangements and consistent reporting across the three ICBs, as an interim position ahead of a full strategy.	Director of Quality (Nursing)	~~April 2026~~ Complete
9.6 To develop and embed a Quality Management System (QMS) approach across the future single ICB, aligned to the national quality strategy and informed by delivery of the 2026/27 quality priorities.	Director of Quality (Nursing)	April 2027

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

RR150 – Delays in MH discharges causing flow issues across ED and inpatient settings impacting patient safety and quality across the cluster.

RR149 – LDA patients in inappropriate inpatient settings due to discharge delays impacting quality and outcomes across the cluster.

RR161 – Ineffective cluster wide discharge processes, may increase length of stay and cause harm, deconditioning, and poor experience.

Risk 10 – Failure to ensure timely and equitable access to healthcare services in line with national and local performance standards					
Strategic Risk Narrative:	Risk that the ICBs do not rigorously monitor, evaluate, and adapt services, resulting in persistent non-delivery of access targets.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Commissioning	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	No change.
Lead Committee:	Joint Finance and Performance Committee			Cautious	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
The development and delivery of a three-year operational plan for 2026/27 to 2028/29 , including integrated revenue, workforce, and operational performance and activity plans. The plan sets out how the ICBs will deliver statutory duties, meet performance standards, manage resources, and align financial, workforce, and operational arrangements.	Medium Term Planning updates to the Boards (December 2025 and January 2026) (<i>open and/or confidential sessions</i>)	✓		✓		None identified.	
	Operational and Financial Plan update to the Joint Finance and Performance Committee (Jan 2026 and, <i>pending Jan and Feb 2027</i>)	✓		✓			
	Commissioning delivery reports presented to both the Boards and the Joint Finance and Performance Committee (each meeting)	✓		✓	✓		
	Thematic commissioning delivery reviews to the Joint Finance and Performance Committee (Sept, <i>pending Dec 2026 and Jan 2027</i>)	✓					
	NNICB Internal Audit Review – Delivery of Operational Plans (Significant assurance)		✓	✓			
	Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly)		✓	✓	✓		
	System Review Meetings (QSRMs) (including Providers) with NHSE Regional Teams (quarterly)		✓	✓	✓		
Establishment and ongoing development of a comprehensive commissioning oversight and commissioning delivery framework across the DLN cluster, enabling systematic monitoring, evaluation, escalation and adaptation of commissioned services to support delivery of operational plans and access standards, including: - A defined governance and escalation architecture, including the Commissioning Oversight Group and Joint Commissioning Executive Group, providing oversight of commissioning delivery, performance and risk, and enabling timely escalation of issues requiring system-level intervention or commissioning action. Management-led oversight forums across commissioning domains (including finance, quality, commissioning, strategy, outcomes, digital, and vaccinations and immunisations), ensuring coordinated and thematic review of delivery and supporting adaptation of services in response to emerging risks and system priorities.	Ad-hoc Assurance Meetings with NHSE Regional Team (bi-monthly)					See action 2.4. See action 7b.1.	
	Contract Management Reports presented to the Joint Finance and Performance Committee (June 2026, and <i>pending Oct 2026 and Feb 2027</i>)	✓					
	Commissioning delivery reports presented to both the Boards and the Joint Finance and Performance Committee (each meeting)	✓		✓	✓		
	Thematic commissioning delivery reviews to the Joint Finance and Performance Committee (Sept, <i>pending Dec 2026 and Jan 2027</i>)	✓					
	NHS England delegated functions updates (Specialised Services) to the Joint Strategic Commissioning Committee (<i>pending</i>)	✓					
	NHS England delegated functions updates (Dental, Ophthalmic and Pharmaceutical Services) to the Joint Strategic Commissioning Committee (<i>pending</i>)	✓					
	DDICB Internal Audit Review – Data Quality and Performance Management Framework (Advisory)		✓				
	DLN Internal Audit Reviews, including: Data quality of a Board-level indicator (indicative) and Contract management (<i>pending, Q2</i>)		✓				

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
- Formalised programme and delivery oversight through Programme Boards, providing routine monitoring of delivery trajectories, milestones and risks, and ensuring commissioning plans are translated into deliverable transformation and service change programmes. - An integrated Activity, Finance and Performance (AFP) oversight model, comprising: Activity, Finance and Performance Technical Group(s), responsible for detailed monitoring and triangulation of activity, finance and delivery metrics, identifying emerging risks, variation from plan and areas requiring intervention DLN Activity, Finance and Performance Group, providing consolidated oversight of commissioning delivery and operational plan trajectories, with structured focus across Acute services and Mental Health and Community services. - Routine commissioning delivery oversight through Contract Review Meetings (CRMs), monitoring delivery against contractual, activity, quality and financial requirements, and enabling early identification and management of underperformance against agreed trajectories. - Formal escalation and intervention through Contract Executive Board(s), bringing together ICB and provider leadership to review delivery concerns, agree recovery actions, and oversee implementation of improvement plans where services are not delivering in line with commissioning expectations. - A Commissioning Delivery Dashboard, incorporating metrics aligned to national standards, operational planning requirements and strategic commissioning priorities, enabling consistent monitoring of delivery against trajectories and early identification of variance. - Defined escalation triggers and a formal escalation framework, enabling proportionate and timely response to deterioration in delivery, including escalation through ICB governance and, where required, NHSE oversight arrangements. - Joined-up commissioning delivery and financial recovery oversight, including the Financial Recovery Meeting, ensuring activity, performance and financial position are considered collectively, with coordinated escalation and agreement of mitigation actions where material variance from plan is identified.							
Implementation of a Primary Care Operational Scheme of Delegation , establishing a consistent framework across the three ICBs for the discharge of NHS England delegated primary care functions, including clear accountabilities, delegated decision-making arrangements, oversight of Primary Medical, Dental, Ophthalmic and Pharmaceutical	Commissioning delivery reports presented to both the Boards and the Joint Finance and Performance Committee (each meeting) Primary Medical Care Services Assurance Report to the Joint Strategic Commissioning Committee (January 2026)	✓ ✓		✓	✓	To establish a consistent, cluster-wide model for primary care operational governance, aligning contract management and performance oversight across the three ICBs.	10.1

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
Services, contract management, quality oversight, provider performance management, commissioning decisions and escalation arrangements. Delivery is supported through the Joint Primary Care Commissioning Group , operating as a sub-committee of the Joint Strategic Commissioning Committee with responsibility for exercising delegated primary care commissioning functions and receiving assurance regarding provider quality, performance and contractual management arrangements.							
Daily system calls and On-call arrangements, alongside alignment of the System Co-ordination Centres (SCC) across the cluster; the purpose of which is to ensure the safest and highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all health and care settings. Operational Pressures Escalation Level (OPEL) Framework across primary and secondary care providers.	Commissioning delivery reports presented to both the Boards and the Joint Finance and Performance Committee (each meeting)	✓		✓	✓	To align and integrate the three System Co-ordination Centres (SCCs) into a single, consistent cluster-wide operating model.	10.2

Action(s):	Responsible Officer	Implementation Date
10.1: To establish a consistent, cluster-wide model for primary care operational governance, aligning contract management and performance oversight across the three ICBs.	Director of Commissioning	~~October 2026~~ Complete
10.2: To align and integrate the three System Co-ordination Centres (SCCs) into a single, consistent cluster-wide operating model.	Director of Commissioning	~~September 2026~~ December 2026

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

RR151 – Rising demand for autism and ADHD assessments risks unmet need, poor experience and adverse outcomes.

RR073 – Mental health bed shortages risk inappropriate placements and pressure on urgent care.

RR165 – Delays to replacement Derbyshire Urgent Treatment Centre services could disrupt urgent care delivery, reducing access and increasing pressure.

Risk 11 – Failure to develop and implement an effective operating model and workforce capability to support the transition to a merged ICB

Strategic Risk Narrative:		Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)
Executive Risk Owner:	Executive Director of Transition	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 3)	No change.
Lead Committee:	Joint Transition Committee / Joint Remuneration and Human Resources Committee			Open	

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
The establishment and ongoing delivery of a jointly agreed ICB Transition Programme Plan, providing a structured and coordinated approach to managing the transition across the three ICBs. The Programme Plan includes development of the future operating model and strategic commissioning arrangements, including assessment of future ICB functions, commissioning capability requirements and organisational design needed to support future cluster and merger arrangements. The Plan is underpinned by defined workstreams, with assigned Senior Responsible Officers (SROs) including: - the Estates workstream, which is responsible for delivering efficiencies and establishing future corporate HQ and satellite space. - the Commissioning Support Unit (CSU) Transition workstream, which is responsible for reviewing CSU functions and determining proposals for future delivery models. - the Finance workstream, which is responsible for monitoring budgets, allocations, and cost efficiencies. - the Governance workstream, which is responsible for ensuring robust decision-making, oversight, and risk management. - the Communications and Engagement workstream, which is responsible for supporting staff and stakeholder communications, including consultation processes. - the Management of Workforce Change workstream, which is responsible for overseeing staff transition, voluntary redundancy planning, and associated consultation processes. - the development and implementation of a structured merger readiness and due diligence workstream and associated	Transition programme updates to the ICB Boards (each meeting) (<i>open and/or confidential sessions</i>)	✓		✓		To develop and implement detailed merger plans once the future ICB footprint is confirmed, informed by the publication of the NHS Reform Bill and aligned with local government reorganisation decisions.	11.1
	Transition Programme Plan delivery and risk reporting updates to the Joint Transition Committee (each meeting)	✓		✓			
	Operating model development updates to the Joint Transition Committee, including a focused update in Q3 2026/27 on plans (where relevant) for the transfer of ICB functions to other NHS bodies (each meeting)	✓		✓		To establish a structured merger and due diligence workstream to support the planned merger, including defined assurance reporting to the Joint Transition Committee and Boards.	11.2
	Strategic Commissioning Development Plan updates to the Joint Transition Committee (May 2026, <i>and pending</i>)	✓		✓			
	Summary of the NHS Reform Bill to the Joint Transition Committee (July 2026)	✓		✓			
	Assessment of merger/boundary change preparation requirements to the Joint Transition Committee (<i>pending</i>), subject to confirmation of future ICB footprints in line with the anticipated timetable for local government reorganisation decisions.	✓					
	Merger/boundary change plan updates to the Joint Transition Committee (<i>pending</i>), with delivery updates in Q4 2026/27.	✓					
	Merger plan delivery updates to the Boards and Joint Transition Committee (<i>pending</i>)	✓					
	360 Assurance Internal Audit – Independent support and assurance on transition and merger due diligence (Q4)		✓				
	360 Assurance Internal Audit Review - Governance Arrangements (August 2026, Significant Assurance)		✓	✓			
	Clustered System Review Meetings (SRMs) with NHSE Regional Teams (monthly)		✓	✓			
	System Review Meetings (QSRMs) (including Providers) with NHSE Regional Teams (quarterly)		✓	✓			

[illegible]

Control Description <i>(How are we going to stop the risks happening?)</i>	Assurances <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Control / Assurance <i>(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)</i>	Action ref:
	DLN Internal Audit Review: Support Mechanisms for Staff (Q4 2026/27)		✓	✓	✓		

Action(s):	Responsible Officer	Implementation Date
11.1: To develop and implement detailed merger plans once the future ICB footprint is confirmed, informed by the publication of the NHS Reform Bill and aligned with local government reorganisation decisions.	Director of Transition	~~September 2026~~ October 2026
11.2: To develop and implement a cluster-wide Organisational Development (OD) Plan, informed by the commissioning competency framework and self-assessment.	Director of Transition	December 2026
11.3: To establish a structured merger and due diligence workstream to support the planned merger, including defined assurance reporting to the Joint Transition Committee and Boards.	Director of Transition	October 2026

Related high/extreme (≥15) operational risks from the ICBs’ Joint Operational Risk Register:
<i>No high scoring ORR risks identified.</i>

Risk 12 – Failure to maintain cyber resilience									
Strategic Risk Narrative:	Risk that the ICBs do not establish robust cyber security arrangements, which could compromise delivery of core functions and disrupt access to critical data and systems.	Opening Risk Level and Score (I x L)	Current Risk Level and Score (I x L)	Risk Appetite and Target Risk Score (I x L)	Movement in risk score (since last reporting period)				
Executive Risk Owner:	Executive Director of Outcomes (Medical)/SIRO, Executive Director of Finance	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 2)	No change.				
Lead Committee:	Audit Committee			Cautious					
Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:		
Development and implementation of a cluster-wide Cyber Security Strategy, informed by national NHS cyber security policy and existing organisational strategies, to establish a consistent approach to cyber governance, assurance, risk management and resilience across the three ICBs. This includes alignment of cyber oversight arrangements, assurance reporting, and provider transition plans, supporting increased digital collaboration and readiness for the future single ICB while safeguarding systems, information assets and service continuity.	Information Governance Assurance Reports to the Audit Committee (February and June 2026) Senior Information Risk Owner (SIRO) Annual Report to the Audit Committee (April 2026) Senior Information Risk Owner (SIRO) Annual Report to the Board (May 2026) National Cyber Security Centre (NCSC) NHS cyber security training (Board Development Session, pending Dec 2026) IT Providers' Cyber Essentials and Cyber Essentials Plus Accreditations Dionach pen testing reported to the SIRO (complete, all three ICBs) 2026/27 DLN Internal Audit Reviews – IT Disaster Recovery/Business Continuity (Q2)(Significant Assurance) NHS England (NHSE) phishing exercise reported to the SIRO (pending)	✓		✓		To review existing cyber security strategies across the three ICBs and develop a single, aligned cluster-wide Cyber Security Strategy. See action 2.8	12.1		
Role and remit of the ICBs' Data Protection & Security (DP&S) Steering Group, which is a cluster-wide operational forum that coordinates and strengthens information governance, data protection and cyber security arrangements across the three ICBs. The Group is responsible for: - coordinating and overseeing cyber resilience and information security assurance across the cluster. - monitoring and assessing each ICB's compliance with the Cyber Assurance Framework (CAF) through the CAF-aligned Data Security and Protection Toolkit (DSPT), in line with the annual profile set by NHS England. - providing collective oversight of cyber and information security risks. - supporting the proactive management of cyber security threats, vulnerabilities and incidents across the cluster.	Information Governance Assurance Reports to the Audit Committee (February 2026 and June 2026), including updates in relation to the ICBs' compliance with the DSPT. Cyber Security Updates to the Data Protection & Security (DP&S) Steering Group, which summarise cyber security progress and cyber risk mitigations, including patching, password hygiene, and strategic infrastructure upgrades (to every other meeting) Communications via the ICBs; Staff News relating to cyber security (as per IG Comms Plan and TNA) 2025/26 Internal Audit Review (DDICB) – DSPT (Low risk) 2025/26 Internal Audit Review (NNICB) – DSPT (Low risk) 2025/26 Internal Audit Review (LICB) – DSPT (Very high risk)	✓				To deliver the Lincolnshire ICB DSPT Improvement Plan and strengthen compliance with DSPT requirements through completion of agreed improvement actions.	12.4		
Alignment of existing digital and cyber governance structures across the three ICBs, adopting a common NHIS-aligned approach to governance,	Senior Information Risk Owner (SIRO) Annual Report to the Audit Committee (April 2026)	✓		✓		To review, align, and consolidate digital and cyber governance arrangements across the three ICBs.	12.2		

Control Description (How are we going to stop the risks happening?)	Assurances (How do we know the controls are working?)	I	E	+	-	Gaps in Control / Assurance (Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)	Action ref:
assurance and oversight for digital services, cyber security and technology investment. This will support the transition of Derby and Derbyshire ICB and Lincolnshire ICB digital functions into the NHIS operating model, provide consistent governance arrangements across the cluster, and strengthen readiness for the future single ICB. <i>It should be noted that existing arrangements continue to exist at the current IT providers until the transition to NHIS.</i>	Senior Information Risk Owner (SIRO) Annual Report to the Board (May 2026) Information Governance Assurance Reports to the Audit Committee (February and June 2026), including updates in relation to the ICBs' compliance with the DSPT. 2026/27 DLN Internal Audit Reviews – IT Disaster Recovery/Business Continuity (Q2)(Significant Assurance)	✓		✓		See action 2.8	
Role of the joint Senior Information Risk Owner (SIRO) for the three ICBs, responsible for overseeing and managing information governance and cyber security risks across the cluster. The SIRO ensures organisational data is protected, cyber threats are mitigated, and compliance with legal, regulatory, and NHS cyber standards is maintained across all three ICBs.	Senior Information Risk Owner (SIRO) Annual Report to the Audit Committee (April 2026) Senior Information Risk Owner (SIRO) Annual Report to the Board (May 2026) National Cyber Security Centre (NCSC) NHS cyber security training (Board Development Session, pending Dec 2026)	✓		✓		None identified.	
Role of the Emergency Preparedness, Resilience and Response (EPRR) Team across the three ICBs, ensuring that Business Impact Assessments (BIA) identify critical digital systems and services across the cluster. This will enable the cluster to understand cyber risks and maintain continuity plans that support rapid recovery from cyber disruptions.	Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Report to the Boards (pending, Jan 2027) Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity updates to the Audit Committee (December 2025 and May 2026) DDICB Internal Audit Review – Business Continuity (Significant assurance) EPRR NHSE Core Standards Self-Assessment (all three ICBs) 2026/27 DLN Internal Audit Reviews – IT Disaster Recovery/Business Continuity (Q2)(Significant Assurance)	✓		✓		To undertake testing across all ICBs' BIA critical systems.	12.3

Action(s):	Responsible Officer	Implementation Date
12.1: To review existing cyber security strategies across the three ICBs and develop a single, aligned cluster-wide Cyber Security Strategy.	Director of Finance	~~October 2026~~ June 2027
12.2: To review, align, and consolidate digital and cyber governance arrangements across the three ICBs.	Director of Finance	~~October 2026~~ June 2027
12.3: To undertake testing across all ICBs' BIA critical systems.	Director of Finance	~~June 2026~~ January 2027
12.4 To deliver the Lincolnshire ICB DSPT Improvement Plan and strengthen compliance with DSPT requirements through completion of agreed improvement actions.	Executive Director of Outcomes (Medical)/SIRO	December 2026

Related high/extreme (≥15) operational risks from the ICBs' Joint Operational Risk Register:

No high scoring ORR risks identified.

Annex 1: Alignment of BAF Strategic Risks to ICBs' Joint objectives/core aims

Strategic Risks <i>(What could prevent us from achieving our strategic aims/objectives and statutory duties?)</i>	To improve outcome in population health and healthcare.	To tackle inequalities in outcomes, experience, and access.	To enhance productivity and value for money.	To help the NHS support social and economic development.
Risk 1: Failure to develop and maintain a comprehensive, evidence-based understanding of local population health needs <i>Risk that the ICBs do not use joined-up, person-level data and intelligence to identify current and future needs, drivers of risk, and underserved communities, leading to ineffective or inequitable commissioning decisions.</i>	✓	✓		
Risk 2, 3, 4 and 5: Failure to deliver system transformation through delivery of a long-term, outcomes-focused commissioning strategy <i>Risk that the ICBs do not establish or implement a robust, evidence-based commissioning strategy that delivers the three strategic shifts of the 10-Year Health Plan: from sickness to prevention, from hospital to community-based care, and from analogue to digital; resulting in missed opportunities to improve health outcomes, reduce inequalities, and deliver system priorities.</i>	✓	✓	✓	✓
Risk 6: Failure to involve people and communities meaningfully in commissioning and service design <i>Risk that the ICBs do not systematically co-produce solutions with service users, carers, and communities, leading to services that do not meet local needs or legal requirements for engagement.</i>	✓	✓		
Risk 7a: Failure to prioritise resources and shape provider markets to meet local needs <i>Risk that the ICBs do not prioritise investment or allocate resources according to local needs, resulting in inefficiencies, reduced productivity, and an inability to deliver services that meet population needs.</i>			✓	✓
Risk 7b: Failure to manage contracts effectively and achieve financial sustainability <i>Risk that the ICBs do not effectively manage contracts or ensure providers deliver agreed services, leading to poor value for money and inability to achieve financial balance.</i>	✓	✓	✓	✓
Risk 9: Failure to systematically improve the quality of healthcare services <i>Risk that the ICBs do not effectively monitor, evaluate and drive improvement in commissioned services, limiting their ability to both restore quality where standards fall below expectations and deliver transformative quality improvement to achieve better outcomes and experience.</i>	✓	✓		
Risk 10: Failure to ensure timely and equitable access to healthcare services in line with national and local performance standards <i>Risk that the ICBs do not rigorously monitor, evaluate, and adapt services, resulting in persistent non-delivery of access targets.</i>	✓	✓	✓	
Risk 11: Failure to develop and implement an effective operating model and workforce capability to support the transition to a merged ICB <i>Risk that the ICBs do not build and maintain the strategic commissioning skills, capabilities and operating model required to support the transition to a merged ICB, while supporting the wellbeing of the combined workforce.</i>			✓	
Risk 12: Failure to maintain cyber resilience <i>Risk that the ICBs do not establish robust cyber security arrangements, which could compromise delivery of core functions and disrupt access to critical data and systems.</i>	✓	✓	✓	

Impact ↑	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
		Likelihood →				
	Risk Profile	Very Low (1-3)	Low (4-6)	Medium (8-12)	High (15-20)	Extreme (25)