



North Central London
Integrated Care Board



North West London

**North Central London ICB and North West London ICB
Board of Members Meeting in Common
24th March 2026**

Report Title	Combined Board Assurance Framework ('BAF') Report	Date of report	16 th March 2026	Agenda Item	3.9
Lead Director / Manager	Sarah Morgan, Chief People Officer- NCL and NWL ICBs.	Email / Tel		Sarahlouise.morgan@nhs.net	
Board Member Sponsor	Katie Fisher, Chief Executive Officer- NCL and NWL ICBs.				
Report Author	Andrew Spicer, Assistant Director of Governance, Risk and Legal Services- NCL ICB Martyn Schofield, Company Secretary- NWL ICB	Email / Tel		andrew.spicer1@nhs.net martyn.schofield1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Each BAF assists the respective ICBs to manage their most significant financial risks.			
Report Summary	<p>NHS North Central London Integrated Care Board (NCL ICB) and NHS North West London Integrated Care Board (NWL ICB) are scheduled to merge and form a new organisation on 1 April 2026. Until then, they work closely together but remain separate statutory bodies and individually accountable for their respective functions.</p> <p>To support this, the following combined report presents the Board Assurance Framework ('BAF') for each ICB's Board of Members. Each BAF captures the most serious risks that have been identified as threatening the achievement of the respective ICB's strategic objectives. This is the final BAF report for each organisation prior to merger- with the next steps on organisation close down set out below.</p> <p>This report contains the following sections:</p> <ul style="list-style-type: none"> • Risk Overview. This sets out the movement of the BAF risks together with key highlights to bring to each Board's attention; • BAF Risk Overview Report. This is a strategic snapshot of each BAF risk including risk scores, strategic updates and movement over the previous four Board reports: <ul style="list-style-type: none"> ○ North Central London ('NCL') ICB's report is at Appendix 1; ○ North West London ('NWL') ICB's report is at Appendix 2; • BAF Register. This is the full BAF risk register should Board members require further detail on each risk and the risk plans to control the risks 				

(including controls, evidence of controls/assurances, gaps in controls and actions);

- The full version of the NCL ICB BAF risk register is here:
<https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-3-NCL-ICB-BAF-risks-March-2026-v0.1.xlsx>
- The full version of the NWL ICB BAF risk register is here:
<https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-4-NWL-BAF-March-2026-v0.2.docx>

North Central London ICB Risk Overview

There are 4 risks on the BAF:

- 3 are system risks (COMM32, PERF34 and COMM22);
- 1 is an ICB only risks (CS26)
- All of the risks are below the BAF threshold but included for information.

One risk has decreased:

- COMM32- Failure to provide adequate Child and Adolescent Mental Health Services ('CAMHS') (Threat): This risk has reduced from 16 to 12 due to the work being undertaken to establish a Community Children and Young People's Mental Health ('CYPMH') provider collaborative in North Central London and the completion of the strategic commissioning programme on the VCSE CAMHS contracts held by the ICB.

North West London ICB Risk Overview

There are 9 risks on the BAF:

- 3 are system risks (BAF4, BAF5 and BAF7)
- 6 are ICB only risks (BAF1, BAF2, BAF3, BAF6, BAF8 and BAF9);

Four risks have decreased- with all other current risk scores remaining the same:

- BAF5: This risk has reduced from 20 to 15 as the ICB reached a breakeven position at year end. However, the risk has now shifted to Financial Year 26-27- where a breakeven position is forecast but with risk;
- BAF7: This risk has reduced from 12 to 8 due to strengthened working with providers and embedding quality impact and equality health impact assessment processes;
- BAF1: This risk has reduced from 16 to 12 due to additional work undertaken to ensure staff are supported and that the final staff structures are appropriate;
- BAF6: This risk has reduced from 12 to 8 due to extensive work being undertaken to ensure appropriate corporate governance and risk managements are in place for the new ICB from 1st April 2026 to effect a 'safe landing'.

Key Highlight

The key highlight to bring to each Board's attention is:

Organisation Close Down

The BAF reports for both ICBs include the key risks to the delivery of each organisation's strategic objectives. However, as both organisations will cease to exist the current ICB BAFs are being closed down.

Due to the nature of the risks those on the NWL ICB BAF will be closed. For NCL, there are currently no risks that reach the BAF threshold but those that are presented in this report will be reviewed and transferred to the new West and North London ICB ('WNL ICB') as appropriate. Those risks that transfer will

	<p>continue to be overseen at the level below the BAF by the relevant Executive Directors.</p> <p>Moving forward work has started to develop the new ICB's approach to its Board Assurance Framework, to support the transition to being a strategic commissioner and using risk to inform its work. In due course the Board of WNL ICB will agree its strategic objectives, identify its BAF risks and set its risk appetite.</p> <p>In addition, all of the key risks below the BAF level in both current ICBs are being reviewed to ensure the right risks are transferred to the new organisation. This supports business continuity, helps ensure robust risk management and a 'safe landing' into the new ICB.</p>
Recommendation	<p>The Boards of Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report and the treatment of the current BAF risks.
Identified Risks and Risk Management Actions	<p>Each BAF is a risk management document which highlights the most significant risks to the achievement of the ICB's strategic objectives.</p>
Conflicts of Interest	<p>Conflicts of interest are managed robustly and in accordance with each ICB's Conflict of Interest Policy.</p>
Resource Implications	<p>Updating of the BAF is the responsibility of each risk owner and their respective directorates. The Governance and Risk Team in each ICB helps to support this by providing monitoring, guidance and advice.</p>
Engagement	<p>The BAF report is presented to each Board of Members meeting. Risk discussions continue at the Executive Management Team and the Audit Committee.</p>
Equality Impact Analysis	<p>The BAF report is presented to each Board of Members meeting. Risk discussions continue at the Executive Management Team and the Audit Committee.</p>
Report History and Key Decisions	<p>The Board Assurance Framework report is presented to each ICB's Board of Members meeting.</p> <p>Risks are kept under review by the risk owners and by the relevant committees of the Board of Members.</p>
Next Steps	<p>The next steps are as follows:</p> <ul style="list-style-type: none"> • To continue to manage risks in a robust way; • To continue robust oversight of each ICB's key risks and new emerging issues; • To continue the development of the new ICB's approach to risk with the relevant Non-Executive Members and Executive Directors; • To review and transfer the appropriate risks to the new ICB.
Appendices	<p>The following documents are included:</p> <ul style="list-style-type: none"> • Appendix 1- NCL BAF Risks Overview Report • Appendix 2- NWL BAF Risks Overview Report • Appendix 3- NCL BAF Register: https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-3-NCL-ICB-BAF-risks-March-2026-v0.1.xlsx • Appendix 4- NWL BAF Register: https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-4-NWL-BAF-March-2026-v0.2.docx

North Central London ICB BAF Risks - Oversight Report						2025 - 2026				Movement From Last Report	Target Risk Score	
						Current Risk Score						
Risk ID	Risk Title	Risk Owner	Committee	Risk description	Strategic update	MAY	JUL	NOV	MAR			
System Risk - reducing to below BAF threshold												
COMM32	Failure to provide adequate Child and Adolescent Mental Health Services (CAMHS) (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB fails to respond to the significantly increased need for Child and Adolescent Mental Health Services (CAMHS) services.</p> <p>EFFECT: There is a risk that local children and young people (CYP) with mental health conditions do not access the timely, good quality mental health care they need.</p> <p>IMPACT: This may result in the deterioration of CYPs' mental health and national targets not being met by the ICB and create a long term population health impact.</p>	<p>Following discussions with the NHS Child and Adolescent Mental Health Services (CAMHS) providers, all parties have agreed with the proposal to establish a Community Children and Young People's Mental Health (CYPMH) provider collaborative in NCL in order to reduce fragmentation, improve outcomes and better meet rising need. Preparatory work was undertaken during 2025/26 to enable formal Board approval for North London Foundation Trust (NLFT) to become the lead provider.</p> <p>The ICB has worked with NLFT and the partners who will form the Community CYP MHS Provider Collaborative to enable mobilisation of the arrangements from 2026/27. This has culminated in the production of a Business Case which sets out the needs of CYP with MH difficulties, the challenges facing the current provision and the ambition for community CYP MHS across NCL. The Business Case also describes the proposed clinical model for the Provider Collaborative, the priority service development areas and their year 1 goals / milestones, alongside other key enablers and ways of working that will support delivery, including the development of a pan NCL CYPMHS Waiting List Dashboard. The business case also outlines the governance, contractual and financial arrangements required to support mobilisation and operation of the Provider Collaborative.</p> <p>The Business Case will form part of the suite of contractual documentation, alongside Key Performance Indicators, quality improvement plans and data quality improvement plans. Robust reporting and monitoring arrangements have been agreed between the ICB and the Lead Provider, which will then be mirrored through the Provider Collaborative between the Lead Provider and its provider sub-contractors. The importance of the relationship at a local level between the providers, the Provider Collaborative and local authorities is also recognised and will be supported.</p> <p>Through 2025/26 the ICB and its partners have observed a shift change in the way providers have come together to not only prepare for the establishment of the NCL Community CYP MHS Provider Collaborative, but also deal with ongoing operational and strategic challenges facing services. This provides for a strong foundation as a genuine partnership to reduce fragmentation and improve the outcomes and experience for CYP and their families / carers. The Provider Collaborative has worked strongly with local authority partners, the North Central and East London Provider Collaborative (for intensive & inpatient CYP MH services) and local Voluntary, Community and Social Enterprise (VCSE) partners throughout this development phase and the ongoing involvement of partners is recognised throughout the governance and operational structures of the Provider Collaborative.</p> <p>Given this significant step for the commissioning and provision of community CYP the current risk rating has reduced from 16 to 12. From April 2026, the risk will be further updated to reflect that the Controls In Place include the established NCL Community CYP MHS Provider Collaborative.</p> <p>Alongside the establishment of the NCL Community CYP MHS Provider Collaborative, the strategic commissioning programme on the VCSE CAMHS contracts held by the ICB has now been completed. Recommendations for renewal/termination of these contracts were shared with the Executive Management Team in November and December 2025 as part of the 2026/27 contracting process. All proposals align with the Thrive model that underpins the strategic direction of travel for CYP MH services in NCL as well as provide alignment with the operational arrangements established as part of the NCL Community CAMHS Provider Collaborative. Contracts for 2026/27 onwards are now being finalised and agreed with providers.</p>	16	16	16	12		↓	12
System Risks - below BAF threshold, but included for oversight												
PERF34	Failure to deliver compliance with national operational standards across elective, urgent, and mental health care pathways (Threat).	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB and system partners fail to ensure adequate capacity and resilience across urgent, elective, cancer, and mental health pathways.</p> <p>EFFECT: there is a risk that patients may face treatment delays, breaching national standards.</p> <p>IMPACT: This may result in a negative impact on patient outcomes and experience, increased system backlogs, and adversely affect the ICB's performance and oversight rating.</p>	<p>There remains a significant risk that North Central London ICB and its providers will not consistently meet national standards across urgent and emergency care (UEC), elective, cancer, and mental health pathways. This reflects ongoing pressures including increased demand, workforce constraints, winter pressures, the potential breakdown in provider collaboration and sustained challenges across mental health, children's and young people, and learning disability and autism services (LDA).</p> <p>The ICB and system partners are working to address these challenges through a range of actions, including the submission of 2025/26 delivery plans, enhanced oversight via performance review forums, targeted recovery plans in cancer and elective care, and strengthened mental health service commissioning. In cancer, Referral to Treatment, and urgent care, regular system-wide meetings and NHS England engagement are supporting improved trajectory management and mutual aid. Mental health pressures are being tackled through inpatient flow improvement plans, out-of-area placement reduction efforts, and pathway redesign to reduce delays in discharge. Targeted service improvement plans are also in place for Talking Therapies, children and young people's mental health services and LDA pathways to improve access and sustainability.</p> <p>Despite these mitigating actions, sustained system-wide pressures continue to pose a risk to national standards delivery and may impact the ICB's System Oversight Framework segmentation and overall reputation.</p> <p>Mental Health waits in Emergency Departments (ED) continue to be a challenge, though improvements were made in reducing the number of mental health patients waiting for a medical bed. Additionally, NHS England recently published the 'model ED' guidance, which sets out to address the ongoing challenges faced in acute settings. It emphasises that ED flow is a whole-hospital responsibility, clarifies the expected internal ED pathways and defines what is in the control of ED. Acute providers are currently undertaking a self-assessment against the model ED guidance, which will be brought to the Flow Operational Group for agreement of system-level priorities.</p> <p>In cancer, NCL ranked first nationally against the 62-day standard. The NCL providers' aggregated 62-day Performance (from all referral routes to first treatment, across all modalities and cancer types) improved by 1% to 80.8% in December 2025. Compared to this time last year NCL was 14th out of 21 alliances. NCL was one of nine systems to exceed the 2025/26 annual target for the 62-day standard (75%) in December 2025.</p>	12	12	12	12		→	12
COMM22	Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution, impacting on the delivery of population health improvements (Threat).	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB fails to effectively manage the devolution of many specialist services to the ICB, and the opportunity to integrate pathways and tackle the underlying population health issues that are causing the growth in specialist activity and spend is lost.</p> <p>EFFECT: There is a risk that the expected improved health outcomes are lost and that provider services are destabilised and expertise is lost. There is also a risk that services are lost, particularly fragile services including Highly Specialised Services which, whilst not being devolved, could be destabilised if other related services experience issues. Changes to services and changes to the funding formula for specialised services could also lead to further provider and/or individual service pressures and resulting impacts on outcomes and performance.</p> <p>IMPACT: This may result in a negative impact on quality and equity of access, as well as, loss of workforce, increasing waiting times, significant cost pressures and the lost opportunity to improve outcomes.</p>	<p>The residual issues associated with this risk are related to the future structure of the NHS England (London) Team supporting delegated services and whether the responsibilities will transition to the ICB unexpectedly. We do expect further delegation of Directly Commissioned services to occur and this is likely to pick up pace during 2026/27. The main financial risk arising from Specialised Commissioning around Elective Recovery Fund (ERF) has to some degree been mitigated as Host Commissioners are now only responsible for ERF payments related to their own registered patients, something that had a major impact on NCL during 2025/26 as a significant importer of care.</p>	12	12	12	12		→	9
ICB Only Risk - below BAF threshold, but included for oversight												
CS26	ICB Merger (Threat).	Ian Porter - Executive Director of Transition	Joint Transition Committee	<p>CAUSE: If the ICBs fail to put the necessary arrangements in place to: a) ensure the new West and North London ICB can effectively operate and discharge its functions from 1 April 2026, and b) provide NHSE with the appropriate assurance of this;</p> <p>EFFECT: There is a risk that either a) NHSE will not approve the Establishment Order so delaying the creation of the new ICB by a year, or b) the new ICB will not have a 'safe landing', its operations are significantly disrupted and/or it does not have appropriate oversight of its functions;</p> <p>IMPACT: This may result in the 25/26 merger consultation being invalidated, delays to the ICB's business, wasted time, energy and effort, a negative impact on staff morale and partnership reputation, a lack of organisational assurance and an increased risk of legal challenges.</p>	<p>With the new executive structure now in place including the Executive Director Of Transition (EDOT), full focus is now on delivering the extensive programme that has been designed to successfully and safely deliver the merger of NCL and NWL ICBs, and maximising all opportunities to contribute to the £19 per head national target. Regular assurance checks and reports are being provided through multiple forums including to the Board of Members in Common.</p> <p>Workstreams are in place across multiple disciplines and are reporting into the programme working group (chaired by EDOT) on a weekly basis. We will continue to ensure the provision of regular and timely updates to staff, board members and key external stakeholders.</p>			8	8		→	4

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
---------------------	--------------------------	-----------------------	-----------------------------

North West London ICB BAF Risks - Oversight Report					2025 - 2026				Movement From Last Report	Target Risk Score		
					Current Risk Score							
Risk ID	Risk Title	Risk Owner	Committee	Risk description	Strategic update				JUN	AUG	NOV	MAR
Reducing System Risks												
BAF 5 - ICB Finance	We are unable to deliver the required levels of activity and quality within a recurrent cost base that ensure the best value for money for the ICB. ICB operations will allow for the delivery of the ICB strategy and associated plans	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Lower funding level per head of population in NWL compared to other ICBs nationally Failure to deliver recurrent cost reduction and productivity event delivered the overall national target and/or over budget over the period of the ICB Failure of the national capital budget to allow for adequate resource levels to be invested in NWL Failure to create investment revenue through for funding maintenance and reducing the ability to transform services Failure to have appropriate city and contract across the system to deliver the levels of productivity and value for money being sought Increase in the level of patients with no criteria to ensure achieving efficiency in bed usage and poor patient experience Poor productivity in provider organisations with the continuation of a growing workforce without trading higher level of patients EFFECT: <ul style="list-style-type: none"> Reduction in capital resource levels and cash balances available to invest in capital transformation to deliver the ICB Strategy Reduction in resource levels to invest in wider ICB programme areas e.g. new services, technology, and resource requirements Ongoing funding challenges in Social Care increasing the level of patients waiting on-going care and admissions Continued unmet need across wider population of NWL and potential increase in health inequalities and differential health outcomes 	Looking ahead to 2026/27 - a breakeven financial plan has been submitted as part of the final national planning submission on 12 February 2025. The 2025/27 plan sits at a breakeven position however it is a challenging plan.	20	20	20	15		↓	15
BAF 7 - ICB Performance and Quality	Failure to meet the statutory duty of the ICB to improve quality of services	Dr Jo Savage - Chief Medical Officer and Jennifer Roper - Chief Nurse Officer	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Failure to use the data provided for System Oversight Meetings EFFECT: <ul style="list-style-type: none"> statutory duty of the ICB to improve quality of services not met statutory duty of the ICB to have regard to the wider ethical of decisions not met 	The NWL system quality group continues to have good engagement from providers where quality improvement and lessons learnt from patient safety events are shared. The Chief Nurse, with the quality team, met with the SRO to discuss the scale provider collaborative monthly to discuss emerging quality concerns and share local quality intelligence regarding quality improvement actions, being taken. The quality team has now embedded the ICB quality improvement process with commissioning and procurement teams in NWL, in conjunction with the equality health impact assessment process. This process ensures that quality risks and mitigation are clearly articulated when commissioning/provider changes are made to local services. Therefore the likelihood of the risk occurring has reduced from a 3 to a 2.	12	12	12	8		↓	8
Continuing System Risk												
BAF 4 - ICB and ICB Resilience	Failure to ensure we have the ability to respond to a major incident and effectively to manage major risks, events and potential disruptions (e.g. cyber/pandemic)	Sarah Morgan - Chief People Officer	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Multiple training exercises on what to do, where to go Ineffective scenario testing /realism with partners Physical security measures not robust IT security arrangements not robust EFFECT: <ul style="list-style-type: none"> Disruption to or complete failure of business as usual / communities affected Loss of systems / data Reputational and brand damage Unprotected costs i.e. fines, the replacement of infrastructure etc. High on track of the - significant impact on all involved (patients, staff) 	The current risk score remains at 16. A target score of 12 was always an ambitious target as the risks relating to resilience depend on those related to data and on managing on-going and the effectiveness of the backup and restoration. A data, was set in place by the service collaborative which takes incremental backups from infrastructure and uses a cloud based approach to restore with only a few hours loss of data. Community, mental health and primary care have different IT funding models and more of a reliance upon third party providers. Support for NCL for the NWL SOC been after staff negotiations has helped stabilise the team but risks will always remain.	16	16	16	16		→	12
Reducing ICB Only Risks												
BAF 6 - Organisation Re-Design	Failure to effectively engage with the multiple risks associated with the requirement to reduce running and programme costs by 25% as well as the requirement to merge with North Central London by 1 April 2026. Failure to develop a sustainable operating model that complies with national funding envelopes and enables delivery of the revised role and responsibilities of ICBs ensuring effective strategic commissioning for the population of North West London.	Ian Porter - Executive Director of Transition	People & Remuneration Committee Transition Committee	CAUSE: <ul style="list-style-type: none"> Multiple changes to the landscape of the NHS within a very short time frame (6-12 months) Difficulties maintaining the current legal requirements of the ICB statutory duties due to staff uncertainty Failure to develop a sustainable operating model that complies with national funding envelopes and enables delivery of the revised role and responsibilities of ICBs ensuring effective strategic commissioning for the population of North West London. EFFECT: <ul style="list-style-type: none"> Increased anxiety for staff due to the uncertainty over their future purpose in the merged NCL/NWL ICB and job prospects within the wider NHS Difficulties maintaining the current legal requirements of the ICB statutory duties due to staff uncertainty Failure to develop a sustainable operating model that complies with national funding envelopes and enables delivery of the revised role and responsibilities of ICBs ensuring effective strategic commissioning for the population of North West London. 	Significant reduction in risk score due to alignment with NCL, transition risk and the work achieved to date on becoming a strategic commissioner. A dedicated Executive Director of Transition in post to lead transition programme throughout 2025/27. The pace of the transition means the scale of the mitigations and risks are reported directly to the joint Transition Executive and Transition Committee.	20	20	12	12		→	8
BAF 1 - ICB People	Failure to recruit, retain and develop the right people with the right skills	Sarah Morgan - Chief People Officer	People & Remuneration Committee	CAUSE: <ul style="list-style-type: none"> Low workforce morale and wellbeing - change fatigue - multiple restructuring, significant resource reductions, post pandemic health and care pressures on workforce National and local recruitment challenges and availability of appropriate skills EFFECT: <ul style="list-style-type: none"> An adverse effect on creating a fit for purpose ICB within the ICB, delivery of organisational objectives, statutory duties and functional operating model 	The current risk score was set at 20 in April 2025 due to the announcement in March 2025 of the new ICB operating model. In November 2025 the Chief People Officer reduced the current score to 15 due to additional HR team investment and a coordinated approach across NCL and NWL for the consolidation. Proposed NWL staff structure reviewed and revised by Executive Team following significant feedback and shared with staff on 23 February 2025. The detailed review has focused upon the need to create a fit for purpose ICB within the new model ICB framework.	20	20	16	12		↓	12
BAF 8 - ICB Governance	Failure to ensure that the governance arrangements in place are fit for purpose and provide line of sight across the operating model	Sarah Morgan - Chief People Officer	Audit & Risk Committee	CAUSE: <ul style="list-style-type: none"> Inconsistent policies, procedures, terms of reference Ineffective work on policy, SOPs and risk management on track to be completed by 31 March 2026. NHS England due diligence requirements to corporate governance journals for completion Composition of Board and Committees (experience, skills, numbers) EFFECT: <ul style="list-style-type: none"> Decrease based on inaccurate / outdated information Confidence in ICB leadership questioned Long term vision and strategy are underdeveloped Ineffective oversight or lack of visibility of key issues/risks/concerns meaning the ICB are ill-equipped 	Board and cohesive transition governance preparation underway including use of 1st committee Board and committees where possible. Significant work on policy, SOPs and risk management on track to be completed by 31 March 2026. NHS England due diligence requirements to corporate governance journals for completion. Risk over non-compliance with some Subject Access Requests that have not been completed within required time limits however detailed mitigation plan in place to address immediately.	12	12	12	8		↓	8
Continuing ICB Only Risks												
BAF 2 - Collaboration and Engagement	Failure of the ICB to hear from our major stakeholders (including patients, staff, and LA, NHS and third sector partners)	Sarah Morgan - Chief People Officer	Strategic Commissioning Committee Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Lack of involvement strategy Poor visibility of who requires to be engaged with, and who will take responsibility for that Activity of mandate EFFECT: <ul style="list-style-type: none"> Loss of confidence in the ICB Commissioned services do not match local needs Informal strategy / decision making 	The engagement and involvement BAF current risk score was set at 12 in April 2025 due to a number of examples where there the risk of being engaged with stakeholders was not fully mitigated. This included the public response to a campaign for primary care access and Greater. For the majority of 2025/26 management of the risk has been steady and the joined up work by the NCL and NWL, communications teams further mitigated the effect of the risk being raised. However in recent months, the risk has increased again due to external factors, with NHS England not undertaking the relevant formal engagement for a service change to a neighbouring provider who had engagement in a SGI. This has led to additional collaboration and involvement work required for the NWL, Communications team to step in to address to mitigate the possible consequences. Therefore, this risk rating remains the same at the end of the year with a further plan to reduce.	12	12	12	12		→	8
BAF 3 - ICB Strategic Delivery	Failure to develop a prioritised, resourced and deliverable ICB strategy and associated delivery plans that improve the health and wellbeing of NWL's residents and deliver our statutory duties to commission and deliver our operating plan. ICBs are being reviewed and the structure of the NHS is undergoing significant upheaval.	Richard Dale - Chief Strategic Officer	Strategic Commissioning Committee	CAUSE: <ul style="list-style-type: none"> Limited capability & capacity with leadership team (short term pressures) Balance of resources between longer term planning and near term delivery Availability of supporting guidance and tools Increasing complexity of the system and resulting ambiguity of roles Constraints on resources available to the ICB Lack of staff or inappropriate deployment of evidence, modelling and/or assumptions Lack of good business intelligence and financial and workforce realities Ability to recruit and retain workforce (primary care) to ensure sufficient levels of capacity Misunderstanding and dissatisfaction with the new model of care amongst patients (primary care) EFFECT: <ul style="list-style-type: none"> Loss of confidence in ICB Failure to commission appropriate services for users Failure to transform services to deliver longer term improvement and sustainability Failure to provide consistent high quality services for the registered population across NW London (primary care) Failure to achieve intended outcomes for equity of access (primary care) Increased pressure upon other areas of the system where patients are accessing other services (especially primary care) 	Risk score was raised a 20 at the start of 2025/26 due to the slow progress in developing robust strategies and implementation plans which were due to capacity and capability across both the ICB and partners. Strategic narrative and three year financial and activity plan submitted to NHSE 9 Feb 2026. The plan reflects the strategic intent to reduce reliance on secondary care and to increase investment in neighbourhood, community and mental health services in line with the NHS 10 Year Health Plan (Fit for the Future). The focus for 2026/27 will be implementation.	16	16	16	16		→	12
BAF 8 - Contract Management	Failure to effectively manage contracts	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Change in procurement legislation (Provider Selection Regime) Failure to follow the operating model to ensure that contracts are managed by programmes and strengths Failure to complete the annual contract review Failure to complete the Better Care Fund and provide budget review Failure to assess quality and activity within sub-side and small contracts EFFECT: <ul style="list-style-type: none"> Increase in contract breaches Increase in need for short-term contracting waivers Lack of oversight on the quality of smaller contracts (see BAF 7 ICB Performance) Repeated poor performance in sub-side contracts Increase in legal cases about how procurement is managed Decreased productivity and increased cost 	Comprehensive implementation of the Business Case Review Group has improved efficiencies in the contract process. However breaches of contract management continue to be reported to the Audit & Risk Committee. Mitigation includes further scrutiny and working with contract teams to appropriately plan ahead. A contract management framework will be developed to mitigate the risk of breaches over 2026/27.	12	12	12	12		→	6

Risk Key
 Risk Improving ↑
 Risk Worsening ↓
 Risk neither improving nor worsening but working towards target →

Risk Scoring Key

Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
---------------------	--------------------------	-----------------------	-----------------------------