

Annex 1: NHS England Strategic Risk Register



High Level Risk Summary	Risk Appetite	Inherent Score	Current Score	Target Score	Move in Score	Risk Owner
SRR1: Strategy and delivery plans						
<p>There is a risk that NHS England is unable to produce a coherent set of strategies and delivery plans needed to achieve its vision and objectives, including reducing healthcare inequalities, and the 10 Year Health Plan.</p> <p>Key controls and mitigations develop robust strategies for all core areas of work with detailed delivery plans. The appointment of an Executive Director of Strategy to NHS England's new Executive team will help to build the organisation's capability for strategic work. This will be overseen by a newly established Strategy Committee at board level. Work has started to develop a delivery plan for the 10 Year Health Plan and other key strategies, which incorporate both the feedback from the Darzi Review and the 10 Year Health Plan. Work is ongoing to ensure health inequalities are addressed through all strategic programmes and in planning guidance, commissioning intentions, budget-setting, and performance oversight. Targeted actions are being prioritised in areas with known disparities.</p>	Medium	20 (L4xI5)	15 (L3xI5)	6 (L2xI3)	NEW RISK	Executive Director of Strategy
SRR2 : Delivering change						
<p>There is a risk that NHS England is not able to create the conditions for success for delivering the 10 Year Health Plan within available resources, because of the scale of change required</p> <p>Key controls and mitigations include a series of strategic initiatives which are being implemented to clarify roles, responsibilities, and accountability across the health system, including leadership capabilities. The updated National Oversight Framework and the publication of Model Blueprints for ICBs and Regions will provide clearer expectations and reduce ambiguity. These are being co-designed with system partners to ensure alignment. The establishment and delivery of the Model ICB/Region will support the transition to a future operating model. Additionally, the Strategic Commissioning Programme will enhance ICB capability and define mechanisms for neighbourhood care delivery, further reducing systemic risk. Work will be aligned with the DHSC/NHS England transition programme.</p>	Low/ Medium	20 (L4xI5)	20 (L4xI5)	9 (L3xI3)	►	Financial Reset and Accountability Director
SRR3: Delivering objectives within NHS funding envelope						
<p>There is a risk that without robust prioritisation and actions to improve productivity the funding allocation for the NHS will be insufficient</p> <p>Key controls and mitigations include a rigorous financial planning process to support balance across the Spending Review period, underpinned by strengthened monthly financial monitoring, targeted support for systems under pressure, and the development of revised financial oversight and escalation processes. A detailed productivity plan has been developed, and work is underway to reset financial frameworks and policies to support long-term sustainability. Tech investment has been largely protected in all versions of the Spending Review bid to support this.</p> <p>Multi-year planning is being aligned with national priorities, supported by updated guidance and governance frameworks. These measures are designed to ensure the NHS can deliver within its funding envelope for 2025/26 and prepare for future years. In parallel, NHS England is engaging with DHSC and HM Treasury to ensure alignment between the financial settlement and delivery of key priorities, including elective recovery, productivity, and the 10 Year Health Plan.</p>	Low/ Medium	25 (L5xI5)	25 (L5xI5)	20 (L4xI5)	►	Chief Financial Officer

- **Inherent** score is the score assigned to a risk before any controls are in place or if the controls fail in their entirety. This is unlikely to change after the original assessment. The inherent score should be higher than or equal to the current score.
- **Current** score is the level of risk that remains after all existing controls have been applied. This will vary over time and should be reassessed each time the risk is reviewed to make sure it accurately reflects the current position.
- **Target** score is the level that future mitigation should aim to achieve, or better. This may vary over time and should be reassessed each time the risk is reviewed to make sure it is achievable in the timeframe. The target score should be lower than or equal to the current score.

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SRR4: Constraints on capital availability						
<p>As the Darzi Review found there has been a period of sustained capital underinvestment in the NHS. Combined with advancements in technology and improved care pathways, this means that 45% of estates infrastructure is not fit for the services the NHS delivers today, is located in locations not aligned to population needs and is subject to continued failure. This has a direct impact on the recovery of clinical productivity and presents significant risks to patient and staff safety.</p> <p>Key controls and mitigations include the implementation of ICB integrated infrastructure strategies, aimed at improving estate utilisation and supporting a shift toward community-based care, a clear understanding of investment need and a c£2bn p.a. uplift in public capital available to the NHS. These strategies are supported by national coordination through the NHS Estates Delivery Board and collaboration with DHSC and the NHS Property Companies. The strategies have categorised estates into Core, Flex, and Tail to inform strategic planning and investment into those assets and services that are critical to service delivery.</p> <p>The system Estate Strategy programme has now concluded, providing us with a system wide position statement of the estate, and will be adapted to reflect revised system governance through the use of a single digital platform. The next phase involves analysing capital returns to ensure future capital deployment aligns with these strategies, alongside the 10 Year Health Plan and the much need “Multiyear” Spending Review, thus ensuring capital is deployed in the most optimum way and the estate is utilised to greatest effect.</p> <p>An asset management strategy and updated estate code are in development, alongside efforts to modernise procurement frameworks, drive forward digitalisation and explore additional investment through private finance.</p> <p>While some programmes are experiencing delays due to resource constraints and organisational change, efforts remain focused on improving estate efficiency, supporting workforce capability, and preparing for future investment in alignment with national priorities.</p>	Low/ Medium	25 (L5xI5)	20 (L5xI4)	16 (L4xI4)	►	Financial Reset and Accountability Director
SRR5: Quality of care						
<p>There is a risk to care quality (safety, effectiveness and experience) for patients, carers and families if NHS England does not satisfactorily deliver its statutory functions; commissioning and regulatory duties; implement national policy and strategy that cover assurance, improvement and planning functions.</p> <p>Key controls and mitigations include the implementation of the Patient Safety Incident Response Framework, supported by local risk management systems and the Learning from Patient Safety Events service. The National Patient Safety Strategy is being operationalised through targeted policies such as Martha’s Rule and enhanced training for patient safety specialists. A new national Quality Strategy, aligned with the 10 Year Health Plan and the Dash Review, will set out system-wide priorities across safety, experience, and clinical effectiveness.</p> <p>Governance is being reinforced through revised escalation pathways, refreshed National Quality Board (NQB) structures, and improved alignment with DHSC during the integration period. Clarity on quality and safety functions, roles and responsibilities at regional and ICB level through the development of the Model ICB/Region will support the transition to a future operating model. Data and intelligence capabilities are being enhanced via real-time dashboards, audit reviews, and early warning systems. Resources and guidance, including the NQB’s position on quality risk during change and new tools for Quality Impact Assessment, are being deployed to support ICBs and providers in maintaining high standards of care</p>	Low	25 (L5xI5)	20 (L4xI5)	16 (L4xI4)	►	Co-National Medical Director

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SRR6: Workforce capacity							
<p>There is a risk that the NHS workforce is not sufficiently skilled, resourced or engaged to meet the immediate or future needs of the population.</p> <p>Key controls and mitigations include the expansion of training pipelines across priority professions (e.g. midwifery, pharmacy, dentistry, nursing), with accelerated entry routes and simulation-based learning to increase throughput and readiness. Skills development is being supported through the launch of a national Management and Leadership Framework, reform of statutory and mandatory training, and the introduction of digital learning platforms such as the Genomics Training Academy. Retention risks are being mitigated through targeted interventions including the People Promise Accreditation Scheme, flexible retirement options, and national deployment of retention self-assessment tools. Cultural and wellbeing improvements are underpinned by the national induction framework, occupational health strategies, and the People Promise Exemplar Programme, which has demonstrated measurable impact on leaver rates. Strategic alignment with the 10 Year Health Plan will provide a policy framework for future mitigations, including postgraduate training reform and enhanced workforce modelling. Additional enablers include the expansion of generalist skills via the Enhance Programme, deployment of simulation faculty, and scaling of apprenticeship pathways to widen access and support system level workforce planning.</p>		Medium	25 (L5xI5)	20 (L4xI5)	15 (L3xI5)	►	Chief Workforce, Training and Education Officer
SRR7: Supply chain fragility							
<p>There is a risk of national supply disruption in the supply market of non-clinical goods, services, medical devices and clinical consumables; amplified supply chain fragility due to a variety of factors including geopolitical, global economic challenges, cyber threats, lack of processes and capacity to proactively anticipate and manage supply challenges, could have potential adverse consequences for patient outcomes.</p> <p>Key controls and mitigations of supply disruption include coordinated oversight through established governance mechanisms, where they exist, such as the Shortage Management Oversight Group and incident response structures led by NHS Resilience - Emergency Preparedness, Resilience and Response, and DHSC. Demand management and contingency planning (e.g. air freight) help mitigate critical shortages. Work is underway to align processes and resources across NHS England, DHSC, and NHS Supply Chain (NHSSC), with a focus on high-risk categories. Continued integration of commercial, clinical, and regulatory expertise remains essential to improving system resilience.</p> <p>There are a number of strategic interventions, including NHSSC using data from the Global Supply Intelligence Programme to flag emerging issues, and a National Strategic Supplier Relationship Management programme has been launched to strengthen engagement with key suppliers.</p> <p>Proactive interventions to reduce risk include enhanced procurement practices aligned with modern slavery regulations, and efforts to address fragile markets such as home oxygen and linen. The risk is also influenced by broader regulatory and geopolitical factors, with DHSC leading horizon scanning and policy response.</p>		Medium	20 (L5xI4)	20 (L5xI4)	16 (L4xI4)	►	Chief Financial Officer
SRR8: Data and digital security							
<p>There is a risk that malicious cyber actors deploy widespread, catastrophic cyber-attacks against the NHS leading to patient harm and/or data misuse causing knock-on financial consequences.</p> <p>Key controls and mitigations include a coordinated programme to strengthen cyber resilience across the health and care system. This includes carrying out technical reviews of Arms Length Bodies, ensuring there is a suite of policies and guidance available to frontline organisations, the creation of national incident response procedures, enhancements to the national cyber security operations centre, regional/local funding to help bolster defences, and continuous improvement of cyber security standards. Specific examples include the use of High Severity Alerts to ensure timely responses to critical vulnerabilities and the publication of a cyber security charter for suppliers to the NHS.</p>		Low	25 (L5xI5)	25 (L5xI5)	20 (L5xI4)	►	Clinical Transformation Director

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SRR9: Significant NHS England data breach						
<p>There is a risk of significant data breach resulting in accidental or unlawful loss, alteration, unavailability, unauthorised disclosure of, or access to, personal data causing patient and employee harm, poor clinical outcomes, damage to public trust, lost productivity and financial loss.</p> <p>Key controls and mitigations include a robust governance and accountability framework to ensure compliance with UK GDPR and the Data Security and Protection Toolkit. Data protection is embedded by design through the use of Data Protection Impact Assessments, information governance advice and support. Data protection responsibilities and awareness are supported by appropriate policies, procedures, guidance, training, and awareness. Records management policies, procedures, guidance and data retention and disposal are in place, with updated training to be rolled out and discussions taking place with the Digital team on additional corporate tooling.</p> <p>Incident response capabilities include clear breach reporting procedure, 24/7 processes in place to respond, report to the Information Commissioners Office, work as part of an incident response team to investigate, assess and advise on mitigating the risks and impact to individuals, support communications and reporting and identify lessons learned. Established processes for engaging any legal support. A Data Protection Officer led risk reduction and improvement plan to be implemented during 2025/26 to further mitigate risk, introduce new information governance audit process and improve assurance processes.</p> <p>This risk is closely linked to cyber security, as a cyber incident could trigger a high-impact personal data breach. The risk score reflects this dependency.</p>	Low	25 (L5xI5)	25 (L5xI5)	20 (L5xI4)	▲	Clinical Transformation Director
SRR10: Failure to maximise opportunities from new technologies and innovations						
<p>There is a risk that the Health and Social Care system does not fully embrace the opportunities for transformation presented by digital, data, and other technologies, leading to sub-optimal outcomes for patients and staff and higher costs.</p> <p>Key controls and mitigations include strengthened scrutiny of strategic investment cases to ensure alignment with service transformation goals and delivery of measurable benefits. A benefits-first approach is being embedded through updated planning frameworks and procedural adjustments to prioritise impact and cross-directorate collaboration.</p> <p>Mitigations also include the development of a digital workforce plan, a strategic vision for community, prevention, and elective care. Strategic alignment with the 10 Year Health Plan will provide a policy framework for future mitigations on digital, innovation and change mobilisation.</p> <p>The positive outcome of the Spending Review is expected to lower this risk in future. NHS England/ DHSC integration will influence future risk exposure and mitigation effectiveness.</p>	Medium	25 (L5xI5)	25 (L5xI5)	5 (L1xI5)	►	Clinical Transformation Director