Annex 2: NHS England Operational Risk Register

ORR Summary	Risk Appetite	Inherent Score	Current Score	Target Score	Move in Score	Risk Owner
15077: Significant operational disruption to critical digital live services In the event of a significant operational disruption to critical live services there is a risk of negatively impacting patient care, causing patient harm and impacting the operational running of the health and care system. **Key controls and mitigations** Preventative controls include regular resilience testing of systems and the development of a new digital workforce strategy. Detective controls involve early outage detection and 24/7 monitoring by the IT Operations Centre. Resilience testing schedules are in place for different service tiers. Mitigating actions are supported by major incident and business continuity processes.	Low/ Medium	25 (L5xI5)	25 (L5xI5)	15 (L3xI5)	▶	Clinical Transformation Director
18882: Performers List Regulations There is a risk that the team will not have the capacity to simultaneously support the rebuild of the Revalidation Management System, Athena and re-procurement of Primary Care Support England (PCSE) Online. Between them, the IT systems support the delivery of the Performers List and Responsible Officer Regulations, and each are at a critical point that question their ability to maintain effective service delivery. If the capacity in the team is adversely affected during the integration phase mutual aid will need to be sought from the directorate to maintain delivery of statutory functions. **Key controls and mitigations** Controls are being reviewed in light of integration and budget constraints. The team is reprioritising resources, though delivering all systems remains challenging. Resource constraints are being escalated through governance channels. Interim support options are being explored to increase capacity. These actions aim to maintain delivery despite increased workload.	Medium	25 (L5xI5)	25 (L5xI5)	9 (L3xI3)	▲	Medical Director
14710: Location, function, condition and age of the NHS estate 45% of estates infrastructure (including RAAC) is not fit for the services the NHS delivers today and holds significant risk, through failing services and poor technical oversight and assurance. This results in disruption to productive clinical services and can lead to significant risks to patient and staff safety. We are also witnessing an increase in Private Finance Initiative (PFI) failure through financial distress and failure of projects. **Key controls and mitigations** The Premises Assurance Model and the Estates Return Information Collection data collection are used to monitor estates risks. National programmes are in place to manage RAAC risks and ensure structural assessments. Technical standards and guidance are being developed. Supplier resilience and PFI risks are being managed with limited resources. Long-term infrastructure strategies are being developed with finance and strategy teams.	Low	25 (L5xI5)	20 (L4xI5)	16 (L4xI4)	▶	Clinical Transformation Director
16936: Digital workforce retention and recruitment In the event of being unable to recruit and retain a workforce of appropriate capacity and capability there is a risk of failing to achieve the digitally enabled acceleration to transform the delivery of health and care. **Key controls and mitigations** A workforce strategy is being developed to address the need for specialist skills, including data, digital and technology roles. Reviews are underway to manage contingent labour usage and ensure alignment with future role designs. Communications and support are being provided to help staff transition. Training and organisational development plans are being implemented to support staff in new roles. Dashboards are being used to track resourcing and HR metrics.	Low/ Medium	25 (L5xI5)	20 (L4xI5)	12 (L3XI4)	▶	Clinical Transformation Director

- **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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13180: Cyber secure and resilient NHS England fails to deliver proportionately cyber secure and resilient services resulting in compromised data, unavailability and lost productivity, leading to patient harm and poor outcomes. **Key controls and mitigations** A comprehensive suite of internal cyber controls is in place, including malware protection, secure boundaries, and vulnerability management. Security policies and incident management processes are governed through a Cyber Governance Board. Regular security testing and awareness training are conducted across the organisation. The Cyber Security Operations Centre provides real-time monitoring and response. Mitigations include implementing a new security control framework and enhancing threat modelling and backup policies.	**Low/ Medium**	**25 (L5xI5)**	**20 (L4xI5)**	**16 (L4XI4)**	►	Clinical Transformation Director
13263: Demand and capacity in primary care and community services. There is a risk that demand exceeds capacity across primary and community health services. **Key controls and mitigations** The Primary Care Access Recovery Plan outlines key actions. Contractual levers are used across pharmacy, optometry, and dentistry. Emergency Preparedness Response and Resilience teams support mitigation of collective action impacts. Focus is on reducing long waits and improving access. Community waiting times are monitored and addressed through regional support.	**Low/ Medium**	**20 (L5xI4)**	**20 (L5xI4)**	**9 (L3xI3)**	►	National Director for Pricary Care and Community Services
18594: Delivering the NHS 2025/26 budget within allocation Each year the NHS is issued with a budget by the DHSC. Most of that funding is passed via allocations to Integrated Care Boards (ICBs), some is held and distributed by national programmes and the rest allows the running of NHS England. There is a risk that if the in-year budget is overspent there are consequences for subsequent years. **Key controls and mitigations** Regular monitoring of finances on a monthly basis with systems and regions, focussed on identifying high risk systems and providing intensive support to improve delivery.	**Low**	**25 (L5xI5)**	**20 (L5xI4)**	**15 (L5xI3)**	▲	Chief Financial Officer
NEW: 20320: There is a risk that changing leadership and governance structures have an adverse impact on decision making, accountability or cross-team working Most of NHS England's executive team are new in post and there has been a resultant loss of corporate memory, with the potential for this to continue as posts are appointed to the new organisation. Board and executive structures are in the process of being revised, with further changes likely as integration with DHSC progresses, which could result in a lack of clarity on appropriate governance routes or accountabilities. **Key controls and mitigations** Frequent executive meetings support robust decision-making and inter-organisational collaboration ensures governance clarity. A governance manual outlines decision-making powers, with revised terms of reference defining committee responsibilities. Cultural change is supported through top-down leadership.	**Medium**	**20 (L5xI4)**	**20 (L5xI4)**	**10 (L5xI2)**	►	Deputy Chief Executive
RE-ESCALATED: There is a risk to the ability / responsibility of NHS England to respond to emergencies as defined in the CCA / EPRR Framework due to the impact of industrial action on the NHS in England and NHS England. **Key controls and mitigations:** include command and control arrangements with regional and clinical representation, adequate resourcing at national, regional and local level to support planning and response and clear Executive oversight of the forthcoming industrial action response. Mitigations to be undertaken during the period of industrial action include assurance and SitReps undertaken to maintain oversight of the system impacts of IA, clear SRO arrangements across IA and non-IA risks, joined up working with DHSC, minimising duplication and maximising value add from available staff and application of learning from previous IA.		**20 (L5xI4)**	**20 (L5xI4)**	**12 (L4xI3)**	▲	UEC and Operations Director

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10520: Slow recovery so that the weakest trusts and systems continue with poor performance and finances for many years, providing poor quality healthcare and incurring very large deficits Challenged trusts and systems may take too long to recover, leading to negative impacts on patients. **Key controls and mitigations** Quarterly reviews and Improvement Directors are used to track progress. Reports are submitted to Regional Support Groups and the Quality & Performance Committee. Exit criteria and metrics are in place to ensure focus. National executives oversee progress through review meetings. A new reporting dashboard and deep dives are being developed.	Low	20 (L5xI4)	16 (L4xI4)	12 (L3xI4)	►	Financial Reset & Accountability Director
13275: Urgent and Emergency Care (UEC) capacity If there is failure to create additional UEC capacity to meet demand, there would be an adverse impact on patient outcomes (and system working) **Key controls and mitigations** Funding has been allocated to increase UEC capacity, including 5,000 additional beds and over 11,000 virtual ward beds. Same Day Emergency Care services have expanded. Plans are monitored by the Integrated UEC Programme Board and Flow Board. Operational planning guidance supports system-level improvements. Actions focus on reducing ambulance delays, improving hospital front-door care, and reducing hospital stays.	Low	25 (L5xI5)	16 (L4xI4)	12 (I4xI3)	►	UEC and Operations Director
REFRAMED: 15678: Non compliance with statutory duties There is a risk that capacity in compliance, audit or legal functions is reduced through integration with DHSC, resulting in reduced oversight and compliance with statutory duties. This could result in financial loss, formal sanctions, and loss of trust. **Key controls and mitigations** A Scheme of Delegation outlines statutory duties and responsible individuals or committees. Duties are mapped against assurance that they are being delivered in an organisational framework. Prioritisation ensures critical oversight functions are maintained.	Medium	20 (L5xI4)	16 (L4xI4)	12 (L3-I4)	►	Deputy Chief Executive
REFRAMED: 15680: Non compliance with NHS England policies and processes There is a risk that compliance with key policies and processes is reduced because of a lack of awareness, capacity or engagement. This could result in in financial loss, loss of assets including data, and loss of trust. **Key controls and mitigations** A policy library and staff handbook outline key compliance requirements. Compliance metrics are reported to the NHS England Executive meeting. Training is offered, and dashboards support compliance monitoring. Line manager training covers key policies and controls. Efforts are underway to improve compliance behaviours and simplify processes.	Medium	16 (L4xI4)	16 (L4xI4)	9 (L3-I3)	►	Deputy Chief Executive
18184: Medicines supply issues Number of high-impact medicines supply issues impacting on patient outcomes, clinical services or prescribing cost. **Key controls and mitigations** Supplier issues are triaged through established controls. Collaboration with DHSC and suppliers aims to improve supply chain resilience. Inventory modelling and buffer stock compliance are monitored. Value-based procurement influences supplier performance. Dormant license activation and backup stock strategies are in place.	Medium	16 (L4xI4)	16 L4xI4)	9 (L3xI3)	►	Chief Finance Officer