Annex 1: NHS England Strategic Risk Register

| ID | High Level Risk Description | Risk Appetite | Inherent Score | Current Likelihood | Current Impact | Current Score | Target Score | Move in Score | Risk Owner | Oversight Committee | Deep dive to c'ttee |
|-------|---|------------------|-------------------|-----------------------|-------------------|------------------|-----------------|------------------|---|--|------------------------|
| SRR1 | Strategy and delivery plans: 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 implementation of the 10 Year Health Plan. | Medium | 20 | 3 | 5 | 15 | 6 | • | Director General Strategy and Healthcare Policy | Strategy Committee | 16/04/2026 |
| SRR2 | Delivering change: 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. | Low/ Medium | 20 | 4 | 5 | 20 | 15 | • | Director General System Development | Finance and Performance Committee | 12/06/2026 |
| SRR3 | Delivering objectives within NHS funding envelope: There is a risk that without robust prioritisation and actions to improve productivity the funding allocation for the NHS will be insufficient. | Low/ Medium | 25 | 5 | 5 | 25 | 20 | • | Director General Finance | Finance and Performance Committee | 20/03/2026 |
| SRR4 | Constraints on capital availability: 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. | Low/ Medium | 25 | 5 | 4 | 20 | 16 | • | Director General Finance | Finance and Performance Committee (or Strategy Committee) | 18/12/2026 |
| SRR5 | Quality of care: 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. | Low | 25 | 4 | 4 | 16 | 16 | • | Medical Directors | Quality Committee | 25/03/2026 |
| SRR6 | Workforce quantity & capability: There is a risk that the NHS workforce is not sufficiently skilled, resourced or engaged to deliver the three shifts outlined in the 10 Year Health Plan for England. | Medium | 25 | 4 | 5 | 20 | 15 | > | Director General People | People Committee | 19/08/2026 |
| SRR7 | Supply chain fragility: 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. | Medium | 20 | 5 | 4 | 20 | 16 | • | Director General Commercial and Growth | Strategy Committee - with elements of third-party supply overseen in other Committees, eg Cyber | 04/06/2026 |
| SRR8 | Data and digital security: 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. | Low | 25 | 5 | 5 | 25 | 20 | • | Director General Technology and Data | Data, Digital and Technology Committee (via Cyber Security & Risk Sub-Committee) | 07/01/2026 |
| SRR9 | Significant NHS England data breach: 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. | Low | 25 | 5 | 5 | 25 | 20 | • | Director General Technology and Data | Data, Digital and Technology Committee (via Cyber Security & Risk Sub-Committee) | 08/06/2026 |
| SRR10 | Failure to maximise opportunities from new technologies & innovations: 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. | Medium | 25 | 4 | 5 | 20 | 5 | • | Director General Technology and Data | Data, Digital and Technology Committee | 12/01/2026 |

| High Level Risk Summary | Risk Appetite | Inherent Score | Current Score | Target Score | Move in Score | Risk Owner |
|---|------------------|-------------------|------------------|-----------------|---------------|---|
| SRR1: Strategy and delivery plans | | | | | | |
| 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 (10YHP). Key controls and mitigations: The first meeting of the new Strategy Committee was held on 16 October. The Committee reviewed the list of significant strategies and policies in development and considered an initial framework for structuring DHSC and NHSE policy and strategy work. This work will complement ongoing 10YHP delivery reporting which has now commenced. The Strategy Team and the Healthcare Inequalities Improvement Team will continue to work with the planning team to ensure that the NHS Planning Framework and the new approach to integrated planning, from this autumn, will help to deliver on NHSE's vision and objectives. The Healthcare Inequalities Team is working with regional health inequalities leads to ensure there is a consistent understanding of health inequalities expectations in medium term delivery plans. | Medium | 20 (L4xI5) | 15 (L3xl5) | 6 (L2xl3) | • | Director General Strategy and Healthcare Policy |
| SRR2 : Delivering change | • | | | | | |
| 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 Key controls and mitigations: The Model Integrated Care Board Blueprint and Model Region Blueprint have been published, and work is underway to support their implementation and ensure alignment with the NHS England and DHSC transformation programme. The refresh of the Strategic Commissioning Framework is progressing, alongside a proposal to strengthen skills and capability for strategic commissioning, including support for Integrated Health Organisation contracts. The Direct Commissioning Programme Delivery Group continues to oversee the design and transfer of commissioning functions, with implementation currently on track for April 2027, subject to legislative timelines. | Low/ Medium | 20 (L4xI5) | 20 (L4xl5) | 15 (L3xl5) | • | Director General System Development |
| SRR3: Delivering objectives within NHS funding envelope | | | | | | |
| There is a risk that without robust prioritisation and actions to improve productivity the funding allocation for the NHS will be insufficient Key controls and mitigations Savings and efficiencies identified through the Zero-Based Review and spending controls have helped stabilise the in-year position. Work is progressing on a new financial playbook to guide the approach for systems that do not meet financial plans. The Medium-Term Planning Framework has been published, emphasising financial accountability, phasing out deficit support funding by 2027, and requiring 2% annual productivity gains alongside service transformation aligned with the 10-Year Plan. NHSE is also working with DHSC to monitor financial risks related to NHS restructuring and agree a plan for managing and mitigating their impact on the NHSE Group position in 2025/26 and over the next three years. | Low/ Medium | 25 (L5xl5) | 25 (L5xl5) | 20 (L4xl5) | • | Director General Finance |

- 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.

| High Level Risk Summary | | Inherent Score | Current Score | Target Score | Move in Score | Risk Owner | | | |
|--|-----|-------------------|------------------|-----------------|------------------|--------------------------------|--|--|--|
| SRR4: Constraints on capital availability | | | | | | | | | |
| 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. Key controls and mitigations: The Integrated Care Services (ICS) Estate and Infrastructure Strategy Programme underpins second-generation ICS Infrastructure Plans delivering through 2028 and mitigates risk through a long-term, risk-based approach to capital deployment and backlog maintenance reduction. The completed ICS Estate Strategy will be adapted to reflect new system governance, where strategic estate capability is shifting from ICBs to providers at scale, while regions retain a strategic planning role. Controls include mobilisation of the national asset survey (delivery through 2026/27), launch of the Digital Maturity Assessment with operational digitalisation strategy on track for March 2026, and development of the next-generation Procure framework by April 2026. Mitigations address capability gaps via graduate recruitment, digital platforms, and incident tracking pilots (reporting March 2026), alongside engagement with NHS Property Services and shaping capital planning guidance. | | 25 (L5xI5) | 20 (L5xI4) | 16 (L4xI4) | • | Director General Finance | | | |
| SRR5: Quality of care | | | | | | | | | |
| 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. Key controls and mitigations: Quality and safety functions have been included in the recently published Model ICB and Model Region, and a new Quality Strategy - aligned to the commitments set out in the 10 Year Health Plan and the Dash Review - will be developed by the National Quality Board by March 2026. The NQB's terms of reference and membership have been revised. NHSE's internal quality governance has also been revised, including risk escalation; this revision will support reporting to both NHSE and DHSC during the integration and in relation to ICB and regional changes. The status and breadth of mitigating work in progress has allowed a reduction of the risk's score from 20 (L4 x I5) to 16 (L4 x I4). | Low | 25 (L5xl5) | 16 (L4xl4) | 16 (L4xl4) | • | Medical Directo | | | |

| High Level Risk Summary | Risk Appetite | Inherent Score | Current Score | Target Score | Move in Score | Risk Owner |
|---|------------------|-------------------|----------------------|----------------------|------------------|---|
| SRR6: Workforce quantity and capability | | | | | | |
| 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. Key controls and mitigations: Work is progressing on a joint DHSC-NHSE delivery plan for the 10YHP workforce commitments, with governance being strengthened through a new Joint Executive Team and clear Senior Responsible Officer accountability across 11 thematic groups. Notable commitments include: Codes and Standards for a new NHS Leadership & Talent Management Framework, a staff experience 10-point plan for resident doctors (inclusive of a new annual leave policy, greater rota transparency and expense process), an Executive/Clinical Leadership college and Medical Training Review diagnostic publication and work towards a new NHS trust payroll system as well as Digital HR services. Publication of the 10-Year Workforce Plan has been deferred via ministerial decision to Summer 2026; interim actions and stakeholder engagement are underway. Funding constraints are being managed through reprioritisation exercises to align resources with critical commitments. Performance targets, including lowering sickness absence and reducing reliance on international recruitment, provide measurable assurance. | Medium | 25 (L5xl5) | 20 (L4xl5) | 15 (L3xI5) | • | Director General People |
| SRR7: Supply chain fragility | | | | | | |
| 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. Key controls and mitigations: Cross-organisational alignment between NHSE, DHSC and NHS Supply Chain is underway to strengthen supply resilience, with resources directed to the highest-risk areas. An expert working group has been established, and immediate focus is on winter preparedness. Processes are being aligned to prioritise risk by product category, supported by risk mapping to identify high-impact areas and inform next steps. Access to data is being improved to enable effective horizon scanning and proactive planning. The Global Supply Chain Intelligence Pilot tool is being developed to flag supply issues and support early risk identification, with a joint bid for its purchase expected in Q3 2025/26. A National Strategic Supplier Relationship Management programme has been launched, introducing a phased approach to supplier engagement and categorisation. The first milestone is a joint health/supplier workshop by December 2025, with full programme delivery scheduled for December 2026. Communication to Trusts and ICBs is being strengthened to provide early warning and system preparedness for emerging risks, with a system-wide approach targeted for March 2026. Further measures include a major IT infrastructure upgrade for NHS Supply Chain, with mobilisation underway and completion planned for March 2029. National strategic leadership is being enhanced to support market management, contingency planning and fragile market oversight. | | 20 (L5xl4) | 20 (L5xl4) | 16 (L4xI4) | • | Director General Commercial and Growth |
| SRR8: Data and digital security | | | | | | |
| 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. Key controls and mitigations: The Cyber Improvement Programme strengthens system-wide cyber resilience through technical reviews, alignment of the Data Security and Protection Toolkit with the Cyber Assessment Framework, and clear risk appetite guidance. High Severity Alert processes remain robust, with strong response rates across organisations. Enhancements include rollout of a centralised threat monitoring service. Funding has supported local security projects, and work continues on updating guidance and standards to close policy gaps. Recent progress includes publication of the Data Security Protection Toolkit assessments, launch of the Digital Maturity Assessment, and planning for secure backup and directory reviews for Arms Length Bodies. | Low | 25 (L5xl5) | 25 (L5xl5) | 20 (L5xl4) | • | Director General Technology and Data |

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|---|--------|-------------------|------------------|-----------------|---------------|---|--|--|
| SRR9: Significant NHS England data breach | | | | | | | | |
| 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. Key controls and mitigations A Risk Reduction Plan has been drafted by the Data Protection Officer, with an implementation plan due by March 2026. An Information Governance incident management guide is in final review for publication, and breach analysis processes are being enhanced with improved reporting tools and dashboards. New audit processes to monitor compliance are scheduled to commence by December, alongside updated guidance and training on artificial intelligence governance. Completed actions include a new Data Protection Impact Assessment procedure and assurance processes for lessons learned. Some timelines have been impacted by resource constraints and integration planning, particularly for corporate information retention tooling. | | 25 (L5xl5) | 25 (L5xl5) | 20 (L5xl4) | • | Director General Technology and Data | | |
| SRR10: Failure to maximise opportunities from new technologies and innovations | | | | | | | | |
| 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. Key controls and mitigations: The 10YHP's commitment to shift healthcare from analogue to digital has set a clear strategic direction for the adoption of technology at scale. This is supported by the increased technology investment from the last Spending Review. Additionally, the Medium-Term Planning Framework, published in October, sets a 'digital by default' policy for the NHS, and work is underway to create principles and a framework to embed this approach through Modern Service Frameworks and other priority deliverables. The forthcoming Long-Term Workforce Plan refresh will address digital and data skills gaps. While some investment has been reprofiled to later years, adoption of the 'digital by default' policy and delivery of the first Modern Service Frameworks in Spring 2026 are expected to make a material difference to reducing this risk. | Medium | 25 (L5xl5) | 25 (L5xI5) | 5 (L1xl5) | • | Director General Technology and Data | | |