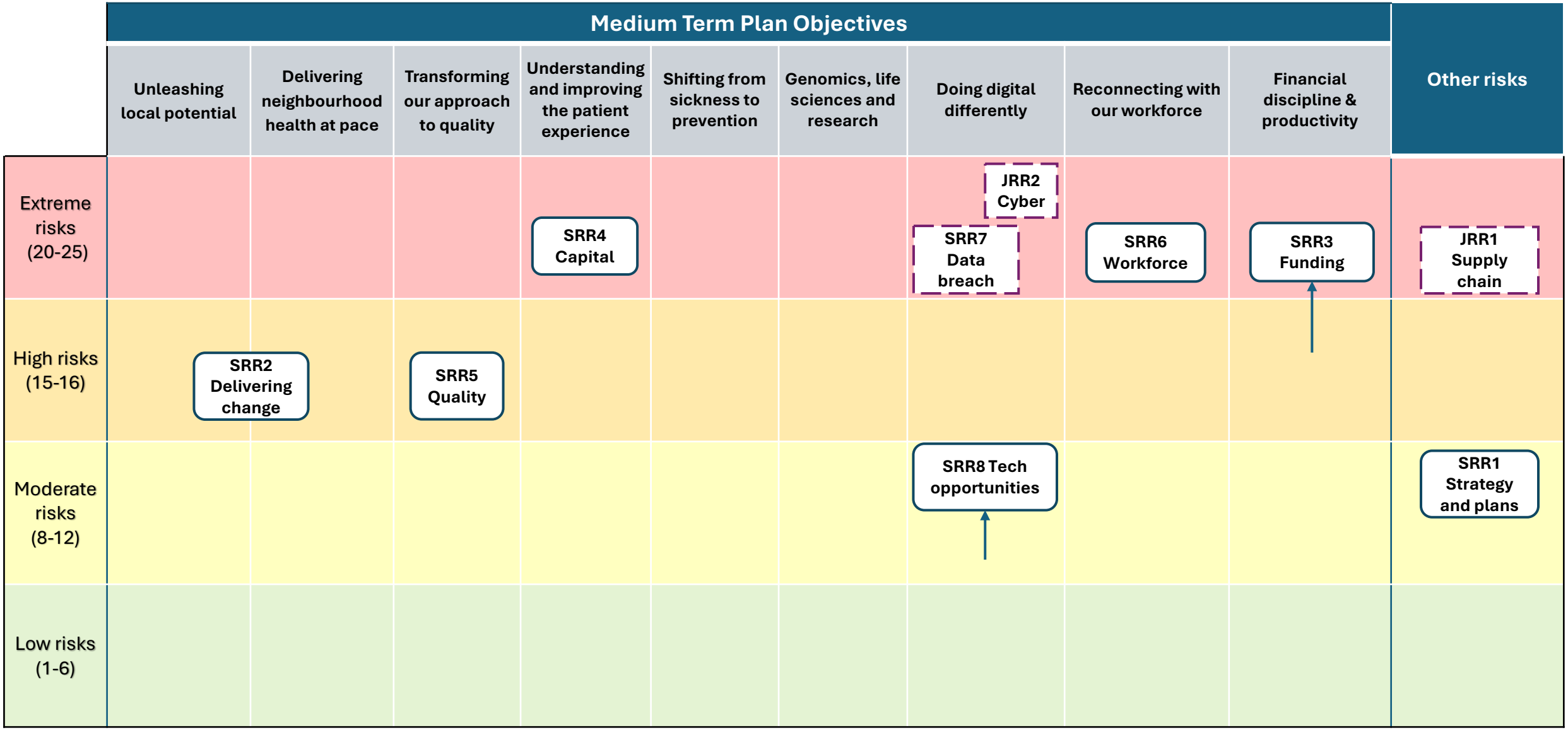
NHS England Strategic Risk Register

NHS England Board

1 October 2026

NHSE Risk Profile



Risk ownership: SRR = NHSE; JRR = Joint with DHSC **Risk domain:** Delivery & Transformation; Resilience & Protection

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						
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. **Current position:** The strategy risk remains unchanged at 12. While there has been no movement in score since May, the nature of the risk continues to evolve as the organisation moves from strategy development towards implementation of the 10 Year Health Plan. Since the last report: • multidisciplinary approaches to strategy development have continued to mature; • work has progressed to establish long-term outcome measures and success metrics; • further prioritisation work has been undertaken following the Board's July strategy discussion; • development of Health Inequalities Accelerator Sites has continued to support delivery of prevention and inequalities objectives. The risk owner considers the risk is beginning to diminish. Planned mitigations focus on establishing long-term outcome measures, strengthening analytical assessment of progress, and embedding health inequalities measures within executive performance and oversight processes in order to support prioritisation and delivery decisions.	**Medium**	**20 (L4xI5)**	**12 (L3xI4)**	**6 (L2xI3)**	►	Director General Strategy and Healthcare Policy
SRR2 : Delivering change						
There is a risk that NHS England is unable to create the conditions for success for delivering the 10 Year Health Plan within available resources, because of the scale of change required. **Current position:** The current score remains at 16. However, the supporting narrative continues to reflect the significant scale and complexity of change required to deliver the ambitions of the 10 Year Health Plan. Since May there has been progress across several transformation programmes, including: • development of strategic commissioning capability through the Strategic Commissioning Development Programme; • implementation of the NHS Oversight Framework; • work to align ICBs with emerging strategic authority arrangements; • advancement of Integrated Health Organisation development; • continued progress on CSU transition and direct commissioning transfer programmes. The risk owner notes that delivery remains broadly on track but continues to identify significant dependencies associated with the wider NHSE/DHSC transition programme, local government reform and future operating model decisions. The revised risk description also highlights workforce disruption, leadership capability, implementation readiness and governance complexity as important factors influencing successful delivery. Whilst unchanged at 16, the risk has evolved considerably since May and now explicitly captures the complexity of delivering multiple large-scale transformation programmes simultaneously, including organisational transition, commissioning reform, neighbourhood health implementation and system restructuring. The risk owner continues to note significant dependencies and delivery challenges associated with implementing the 10 Year Health Plan at pace. Planned mitigations focus on clarifying future accountabilities and strengthening system capability through operating model alignment, strategic commissioning development, Integrated Health Organisation implementation and transfer of direct commissioning responsibilities to ICBs.	**Low/ Medium**	**20 (L4xI5)**	**16 (L4xI4)**	**15 (L3xI5)**	►	Director General System Development

- **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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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 **Current position:** The most significant movement in the register is the increase in financial risk from 16 to 20. The updated assessment highlights: • pay settlement and Agenda for Change risks; • a £160m planning gap within system plans; • £11.3bn of planned efficiencies across systems; • industrial action pressures; • implications of the US medicines agreement; • inflationary and geopolitical pressures; Compared to the previous report, there is a significantly more cautious assessment of affordability and financial sustainability. The Finance team's focus is now on maintaining tight financial control and active management of emerging pressures throughout 2026/27 and beyond. Planned actions include targeted support to organisations facing the greatest operational and financial challenges, ongoing monitoring of financial risks and mitigations across the Spending Review period, close management of industrial relations risks, continued scrutiny of value for money and productivity initiatives, and early preparation with DHSC for the next Spending Review settlement. These actions are intended to strengthen financial discipline and reduce exposure over time.	**Low/ Medium**	**25 (L5xI5)**	**20 (L5xI4)**	**12 (L3xI4)**	▲	Director General Finance
SRR4: Constraints on capital availability and estates and facilities management workforce capability						
As the Darzi Review found there has been a period of sustained capital underinvestment in the NHS Estate. 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. As a result, planning, running and maintaining the estate is highly complex yet 45% of the workforce will retire in the next 10 years and the commercial and technical capability is weak. Combined, these two factors have a direct impact on the estate utilisation, recovery of clinical productivity and present significant risks to patient and staff safety. **Current position:** SRR4 has evolved from a predominantly capital-focused risk into a broader strategic risk concerning the future sustainability of NHS estates infrastructure and estates workforce capability. The revised risk highlights sustained historic underinvestment in NHS estates, infrastructure increasingly misaligned with modern care models, significant backlog maintenance pressures, workforce sustainability concerns within estates and facilities management, declining strategic estates capability across systems, and risks to patient safety, productivity and delivery of neighbourhood health ambitions. The risk owner notes progress through completion of ICS Estate Strategies, development of estate categorisation frameworks and mobilisation of a national asset survey. However, concerns remain regarding succession planning, data quality, workforce capability and long-term investment requirements. Whilst the score remains unchanged at 20, the revised description presents a broader and potentially more significant strategic challenge than the previous version of this risk. Future mitigation activity is focused on strengthening strategic estates planning, improving national estate condition and utilisation data, developing asset management capability, supporting neighbourhood health infrastructure requirements and addressing long-term workforce sustainability through recruitment, retention and development initiatives.	**Low/ Medium**	**25 (L5xI5)**	**20 (L5xI4)**	**16 (L4xI4)**	►	Director General Finance

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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. **Current position:** The quality risk remains at 16 with a target score of 12. The revised risk description and supporting narrative provide a more comprehensive assessment of strategic quality risk than previous versions of the register. The risk is now explicitly framed around the quality of care delivered to patients, carers and families and encompasses patient safety, clinical effectiveness, patient experience, statutory quality responsibilities, commissioning and assurance functions, quality governance, and implementation of national quality policy and strategy. Since the previous report: • the Quality Strategy was published in July 2026; • revised quality escalation arrangements have been introduced; • quality governance structures have been reviewed; • additional focus has been placed on maternity services; • quality intelligence and audit arrangements have been strengthened; • work has continued on Quality Management Systems, and • information sharing arrangements with CQC are in place to address operational regional challenges and strengthen insight to drive inspections. Importantly, the risk owner notes that organisational restructuring, workforce reductions, loss of organisational memory and limitations in quality intelligence continue to present material quality risks. Publication of the Quality Strategy is viewed as a significant enabler but not, in itself, a risk-reducing intervention. Future mitigation activity is focused on implementation of the Quality Strategy, delivery of supporting Modern Service Frameworks, strengthening Quality Management Systems, improving quality intelligence and oversight arrangements, and embedding clearer governance and accountability arrangements across NHSE, regions and systems.	**Low**	**25** (L5xI5)	**16** (L4xI4)	**12** (L3xI4)	►	National Medical Director
SRR6: Workforce capacity						
There is a risk that the NHS workforce is not sufficiently skilled, resourced or engaged to deliver the 10 Year Health Plan (10YHP) for England enabled through the 3 strategic shifts. **Current position:** The workforce risk remains at 20. Mitigation activity remains focused on delivery of key workforce reforms, including publication of the 10 Year Workforce Plan, expansion of apprenticeships, leadership development, training reform and delivery of workforce commitments set out within the 10 Year Health Plan. However, progress continues on a number of key 10YHP milestones, including • Staff Standards and Management and Leadership Framework publications, • 10 point plan for resident doctors contributing to industrial action prevention, • NHS College of Leadership and Management chair appointment and • 2K additional nurse apprenticeship has as approved £65.4m investment The risk owner remains confident regarding the long-term direction of travel but acknowledges continued uncertainty regarding publication timelines and implementation of workforce reforms. In particular, due to the likelihood of re-drafting to include social care components and refreshed data modelling requirements, there remains some uncertainty on the feasibility of an October timeframe. Once a reduced score of 15 is achieved, the ambition will be to work towards further scoring reductions.	**Medium**	**25** (L5xI5)	**20** (L4xI5)	**15** (L3xI5)	►	Director General People

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SRR7: 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. **Current position:** The current score remains 20. The risk owner notes that growing volumes of national data, organisational transition, increased use of AI and the complexity of NHS data sharing continue to create significant exposure. Since May: • Information Governance Health Checks have been introduced; • AI governance arrangements have developed; • the Data Protection Officer (DPO) Risk Reduction Plan has moved into implementation; • data sharing assurance reviews continue; and • additional focus has been placed upon integration-related records management risks. The overall control environment continues to strengthen, although exposure remains significant. Planned mitigation activity focuses on delivery of the DPO Risk Reduction Plan, implementation of Information Governance Health Checks, strengthening governance for AI, enhanced assurance of data-sharing arrangements and targeted reviews of access controls to national systems.	**Low**	**25 (L5xI5)**	**20 (L5xI4)**	**16 (L4xI4)**	▶	Director General Technology, Digital & Data
SRR8: 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. **Current position:** Technology and innovation remains one of lowest-scoring risk on the register, although it has increased in this cycle from 8 to 12. The risk owner reports continued progress through: • publication of the Quality Strategy and Modern Service Frameworks; • implementation of digital-by-default approaches; • delivery of technology investment plans; • integration of digital transformation into wider service reform programmes. The risk's score has increased to account for additional complexities of delivering the planned digital interventions. The principal remaining challenge is shifting from strategic direction and investment approval into widespread adoption and delivery. Future mitigation activity is focused on embedding technology within broader service transformation programmes, including delivery of the 10 Year Workforce Plan, publication of further Modern Service Frameworks, completion of the UEC and Planned Care Strategy and testing new digitally-enabled service models. The overall aim is to ensure technology becomes a core enabler of service redesign rather than a standalone transformation programme.	**Medium**	**16 (L4xI4)**	**12 (L3xI4)**	**5 (L1xI5)**	▲	Director General Technology. Digital & Data

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JRR1: Supply chain fragility						
There is a risk of national supply disruption across medicines, medical products, and non-clinical goods and services. These supply chains are complex, global, and particularly for medicines highly regulated, making them vulnerable to acute shocks (such as manufacturing failures, demand spikes, trade restrictions, cyber incidents, and geopolitical or economic instability) as well as chronic, structural weaknesses, leading to potential adverse outcomes for patients and/or significant cost to the NHS. **Current position:** The supply chain risk remains at 20. Global supply chains continue to face pressure arising from geopolitical instability, economic uncertainty and structural market vulnerabilities. The principal concern remains continuity of supply across medicines, medical products and key services. While formal medicines notifications have reduced compared to the previous year, local concerns regarding product availability and community pharmacy pressures continue. Progress is being made through domestic manufacturing initiatives, procurement reform and broader resilience programmes. Mitigations focus on strengthening long-term resilience through supply chain diversification, domestic manufacturing initiatives, improved visibility of emerging shortages, enhanced supplier reporting arrangements and investment in supporting supply chain infrastructure.	**Medium**	**20** (L5xI4)	**20** (L5xI4)	**16** (L4xI4)	►	Director General Commercial and Growth
JRR2: Cyber Attack						
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. **Current position:** Cyber remains the highest-rated risk on the register with a current score of 25. The risk continues to reflect exposure to a large-scale cyber attack affecting DHSC, NHS England, arm's-length bodies or the wider health and care system. Recent reporting highlights: • continued concerns regarding cyber maturity across parts of the NHS; • a high number of organisations with Data and Security Protection Toolkit (DSPT) standards not met; • continued cyber alerts; • work to strengthen cyber resilience through the Cyber Improvement Programme; • development of a Target Operating Model and Cyber Strategy to 2030; and • increased focus on organisational resilience and recovery capability. Future risk reduction is expected through delivery of the Cyber Improvement Programme, including strengthened endpoint protection, improved cyber risk management, workforce capability initiatives, cyber risk quantification and implementation of the Cyber Strategy to 2030. In terms of the system wide consequences related to the Cyber risk, the focus of cyber risk management is increasingly extending beyond prevention to include resilience and recovery. This has been a particular focus for the Cyber Security & Risk Committee in recent months. Activity in this area includes strengthening the resilience of Mission Critical Systems, delivery of the Technical Resilience and Cyber Improvement Programmes, remediation of vulnerabilities identified through red team testing, and implementation of lessons identified from a simulation exercise to test NHS resilience to a significant incident. Collectively, these measures are intended to strengthen operational continuity, recovery capability and system-wide resilience in the event of a significant cyber disruption.	**Low**	**25** (L5xI5)	**25** (L5xI5)	**16** (L4xI4)	►	Director General Technology, Digital & Data / Tom Weschler (DHSC)