NHS England Operational Risk Register: Q2, 2026/27

ORR Summary	Risk Appetite	Inherent Score	Current Score	Target Score & Date	Move in Score	Risk Owner
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** Controls include secure architecture, change management, cryptography, identity and access controls, and operational resilience measures like CSOC monitoring and backups. Additional safeguards cover vulnerability management, secure configuration, and supplier security. Mitigations focus on asset inventory, integrated assurance frameworks, legacy technology removal, insider threat monitoring and proactive vulnerability management. Actions continue to progress centralised logging and threat modelling, alongside implementation of an enhanced integrated cyber assurance framework to improve compliance, streamline assurance activity and address identified control gaps. Proactive vulnerability management program now implemented. Assurance framework pilot is progressing to plan and is providing valuable assurance insights. Technical implementation of a centralised asset inventory is advancing to ensure comprehensive visibility and protection of organisational assets with incremental technical and design advancements made over mid-June. Activity to strengthen supply chain resilience has further matured, with supplier security assurance now embedded as business-as-usual and supporting a more systematic and scalable approach to managing third-party cyber risk.	**Low/ Medium**	**25 (L5xI5)**	**25 (L5xI5)**	**20 (L4XI5)** **31/03/27**	2025/26 Q1 ▲ Q2 ▶ Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	DG Technology, Digital and Data
8736: Lack of system support for the management of performance concerns There is a significant operational risk due to delays in the rebuild and re-procurement of two national IT systems: Revalidation Management System and Athena. These systems are essential for implementing the Performers List Regulations, Responsible Officer Regulations, and NHS England policy. The current platforms are outdated and increasingly unstable, requiring intensive support from the National Professional Standards Team just to maintain basic functionality. The delay in progressing system redevelopment is compounding the pressure, creating a fragile operating environment and increasing the risk of service disruption. **Key controls and mitigations:** reprioritisation of resources is taking place, though maintaining all systems and supporting rebuilds remains unsustainable. It has been agreed that no re-platforming of Athena should take place until the future target operating model is clear. The scoping exercise for re-platforming Athena is underway – this has passed the June mitigation deadline. The deadline for the delivery of the reporting functionality is currently estimated to be December 2026. It is already understood however that this piece of work will only be able to provide very limited reporting .Capacity and risk concerns are being escalated through governance channels. Scoping of a replacement system can now begin follow Exec approval for drafting a business case.	**Medium**	**25 (L5xI5)**	**25 (L5xI5)**	**20 (L4xI5)** **31/03/27**	2025/26 Q3 NEW Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	National Medical Director
16936: Digital workforce retention and recruitment **I**n the event of being unable to recruit and retain a skilled digital and data workforce of appropriate capacity and capability there is a risk of failing to achieve the 1.2% annual productivity improvements and other health and clinical benefits planned in the Spending Review PBC commitments. **Key controls and mitigations.** Controls include secure architecture, change management, cryptography, identity and access controls, and operational resilience measures such as CSOC monitoring, incident response and data backups. Additional safeguards cover vulnerability and patch management, secure configuration, and strengthened third-party and supplier security management. Mitigations focus on asset inventory, integrated assurance frameworks, legacy technology removal, insider threat monitoring and proactive vulnerability management. Actions continue to progress centralised logging and threat modelling, alongside implementation of an enhanced integrated cyber assurance framework to improve compliance, streamline assurance activity and address identified control gaps, including a live pilot relating to vulnerability management. Technical implementation of a centralised asset inventory is advancing to ensure comprehensive visibility and protection of organisational assets. Activity to strengthen supply chain resilience has further matured, with supplier security assurance now embedded as business-as-usual and supporting a more systematic and scalable approach to managing third-party cyber risk. The development of a workforce strategy specifically addressing the need for specialist skills (e.g. DDaT) but including other critical skills required to support delivery of tech and data capabilities is in progress and is being included in the development of the 10 Year Workforce Plan.	**Low/ Medium**	**25 (L5xI5)**	**25 (L5xI5)**	**16 (L4XI4)** **30/06/26**	2025/26 Q1 ▶ Q2 ▶ Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	DG Technology, Digital and Data

- **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 aft. er 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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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 and failover testing of systems, alongside prioritisation of key recruitment to support live services and resilience. Detective controls include early outage identification and 24/7 proactive monitoring and alerting through the IT Operations Centre, supported by central Cyber Security Operations Centre capabilities. Resilience testing schedules are in place across different service tiers, including formal ITSCM assurance with defined testing cycles. Mitigating actions are supported by established major incident and business continuity arrangements, including post-incident review processes to identify corrective actions and strengthen recovery capability. Options continue to be explored for automated monitoring of supplier access and security controls, including testing approaches within PDS before potential wider rollout. An application rationalisation plan remains in development to reduce complexity and cyber risk across the digital estate, with benefits expected over the medium term. Work to lockdown access to write accounts for mission critical applications (in scope 13 MCS apps) was completed on 31 July as planned. Workforce and recruitment capacity constraints, with the additional of impact of VR, remain a risk to delivery pace. However, approval of additional resource allocation should now lead to a reduction in risk likelihood going forward.	**Low/ Medium**	**25 (L5xI5)**	**25 (L5xI5)**	**12 (L4xI3)** **31/12/26**	2025/26 Q1 ▶ Q2 ▶ Q3 ▼ Q4 ▶ 2026/27 Q1 ▶ Q2 ▲	DG Technology, Digital and Data
19587: Clinical Safety & Digital Systems There is a risk that the use of NHS England products (systems) or services may cause or contribute directly to patient harm. **Key controls and mitigations:** A strategic approach to clinical safety is being embedded across directorates. Controls include embedding a clinical safety strategy, strengthening governance alignment, compliance with DCB standards, and engagement of clinical leads across programmes and products. A single coordinated model for clinical and system engagement across the technology, digital and data portfolio, facilitating bi-directional flow of advice, guidance and intelligence is under development. Mitigations include updating and maturing assurance frameworks and strengthening oversight of live products through better use of safety data and reporting mechanisms. The assessment of all live products is now complete and is being incorporated into the redevelopment of the Governance and Assurance Framework. Clinical safety responsibilities are being further clarified and redesigned based on product risk and scope, with senior leadership review underway. Monthly risk reporting, portfolio reviews and stronger escalation routes (including use of ServiceNow, learning from patient safety events data and structured escalation into governance forums) are supporting improved identification and management of risks, alongside continued alignment with NHS patient safety teams to identify harms and drive improvement. Likelihood score of risk increased (risk score increased from 16 to 25) due to the process presently being established for a clinical advisory panel to connect and liaise with TDD programmes regarding clinical safety and impacts. The process is due to commence at the end of September. Additional mitigation included of a single coordinated model for clinical and system engagement across the technology, digital and data portfolio, facilitating bi-directional flow of advice, guidance and intelligence is under development. This mitigates the overall risk by providing clinical advice and guidance that enables programmes to deliver intelligent national digital products supporting safe, effective services that improve outcomes, experience of care, both giving and receiving, and productivity.	**Low**	**25 (L5xI5)**	**25 (L5xI5)**	**6 (L2xI3)** **01/04/27**	2025/26 Q1 ▼ Q2 ▲ Q3 ▶ Q4 ▶ 2026/27Q 1 ▼ Q2 ▲	DG Technology, Digital and Data
NEW 22956: Significant outsourcing of technology delivery There is a risk that the Tech, Digital, and Data programme will incur loss of value for money, be non-compliant with government standards, and incur various delivery issues as a consequence of pursuing a heavily outsourced/contracted delivery model while trying to balance delivery of the spending settlement with reductions in organisational headcount. For instance, the plan for the programme which includes the NHS App is expected to be heavily reliant on the out-house model. This risk has been raised in business cases and Executive and other discussions. **Key controls and mitigations:** Controls include Collaborative Voluntary Redundancy (VR) panels and phased reduction of staff, VR applications rejected for retention of critical expertise required for delivery of commitments. Individual programme SROs are also responsible for ensuring risks such as weakened intelligent client functions and SFI compliance are mitigated within their own areas. Mitigations will be set out robustly in a new operating model that is being developed as well as limited additional recruitment being permitted from July onwards where better value for money can be achieved rather than outsourced activity and where there is confidence that the roles will be required into the future (particularly technical specialists such as data engineers or developers).		**20 (L4xI4)**	**25 (L5xI5)**	**9 (L3xI3)** **31/03/2027**	2026/27 Q2 NEW	DG Technology, Digital and Data

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NEW 19720: Primary care support services - operational service continuity There is a risk that services may not be transferred by the end of August 2028 due to delays in procurement etc and reduced resource. **Key controls and mitigations:** Contingency plans developed to ensure business continuity should PCCS services not be in a position to transfer by August 2028. Future Services Programme delivery strategy has been revised and new critical path developed to ensure service transition on time. Additional resource secured through PA consultancy to mitigate programme delivery risks. Further extension to Capita contract being negotiated based on supplier transition plans as part of commercial strategy to manage risk of delay in replacement services. Monthly risk review meeting has been established to review the cross functional risks including service continuity, legal and operational issues.		**20 (L5xI4)**	**20 (L5xI4)**	**9 (L3xI3) 31/12/2028**	Q2 NEW	National Director Primary Care and Community Services
14710: Location, Function, Condition and Age of the NHS Estate provides significant risk to workforce and productivity 45% of estates infrastructure (including RAAC) is not fit for the services the NHS delivers today and hold 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 witness an increase in PFI failure through financial distress and Failure of Project Co.s. **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, with finance reviewing funding for technical assurance team – no further update on 34 NHS sites which now have RAAC or 29 that have been eradicated, however the programme was subject to a gateway review in which it scored green. Business case approval for 26/27 to 29/30 is still pending however works are starting to progress albeit at a slower rate and potentially reduced scope. Tender process will begin once approval received (new target date of end September). 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) 31/03/27**	2025/26 Q1 ▶ Q2 ▶ Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	DG Finance
T20: Morale and engagement There is a risk of reducing levels of staff morale and engagement in NHS England during the period of integration with DHSC and wider organisational changes **Key controls and mitigations**: include i) use of existing wellbeing support offers such as Employee Assistance Programme, ii) enhanced support and wellbeing offers to support staff through change, focusing on stress management, wellbeing, and career development iii) continued temperature checks of staff experience including Pulse surveys, trade union engagement, FTSU check ins, MHFA feedback, with data then triangulated at team level and by the OD team to identify hotspots in the organisation that would benefit from OD support iiii) the Improving NHSE Together programme is leading and overseeing improvements in day-to-day working, including improved people management services, simpler business case approval processes, a refreshed learning and development catalogue, and a 'Recognise Together' function to allow mutual recognition between colleagues. Comms and engagement controls and mitigations include i) regular and consistent communications on organisational change ii) continued engagement with NHSE Staff Networks and the FTSU team; iii) Improving NHSE Together communications to recognise and celebrate examples of success and/or improvement.	**Medium**	**25 (L5xI5)**	**20 (L4xI5)**	**12 (L3xI4) 31/03/27**	2025/26 Q2 NEW Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	COO

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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: Controls:** Sustained and increased demand for services from patients. Constrained capacity in primary and community services, including workforce and estates. **Mitigations:** The Medium-Term Planning Framework (MTPF) introduces an 18-week ICB-level target for CHS waits from 2026/27, with targets of 78% by March 2027 and 80% by March 2029. The MTPF asks ICBs to develop a plan to eliminate >52 weeks waiting times in 26/27. National assurance processes will monitor attainment against agreed ICB plans for 18-week performance, which will inform targeted improvement support offers. Supported by the SR settlement, the MTPF includes an expectation that CHS capacity should be increased in line with demand (estimated to be 3% per year). The majority of plans submitted this year include this, but not all. Resources to support improvements in CHS waiting times have been published, including a community MSK service specification, an action plan setting out the priority measures to reduce waiting times, together with a set of accompanying improvement action checklists. Service line-specific versions of these checklists have also been developed for the most challenged CHS service lines. PCN test sites being used to test future resource requirements, programme delivery on track and expected to run for another full year – programme now collecting data on general practice demand and capacity to inform future contract reform and policy. Changes to the GP contract SFE took effect from 1 May 2026, introducing the new practice-level GP reimbursement scheme to further bolster GP numbers. The new practice-level GP reimbursement scheme has been administered through CQRS Local, providing a scalable and consistent payment mechanism across all ICB areas.	**Low/ Medium**	**20 (L5xI4)**	**20 (L5xI4)**	**9 (L3xI3)** **31/03/27**	2025/26 Q1 ▶ Q2 ▶ Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	National Director for Primary Care and Community Services
19817 There is a risk that historical non-compliance with IR35 regulations in the use of contingent labour may result in a significant financial penalty from HMRC Due to historical non-compliance with IR35 regulations in the use of contingent labour within Health Education England, NHS England may face a significant financial penalty from HMRC. This risk affects multiple budgets and involves over 37 role groups and up to 4,500 individuals, many of whom worked on a sessional basis, making compliance tracking challenging. The final liability may be reduced following a detailed assessment and HMRC's review. Penalties could be suspended if NHSE demonstrates improved processes and controls, but this is not yet confirmed. **Key controls and mitigations**: Since Q3 24/25 an NHSE HR Contingent Labour Working Group has been established to review compliance with IR35 regulations since 2017 (pre-HEE merger with NHSE). The IR35 tax liability position has continued to improve as a result of significant remediation activity and ongoing engagement with HMRC. In parallel, the programme has strengthened compliance arrangements through the issue of Status Determination Statements (SDSs), migrated workers on to compliant payroll arrangements where appropriate, and established governance processes with regions to manage future IR35 assessments and disputes. The focus of the programme has now shifted to agreeing the final liability position with HMRC. While the risk remains open pending confirmation of a final settlement, discussions are indicating increased confidence in the current position, with a materially lower estimated exposure than originally anticipated. Once finalised with HMRC in the coming months, it is anticipated this risk can then be closed.	**Medium**	**25 (L5xI5)**	**20 (L5xI4)**	**15 (L3xI5)** **30/09/26**	2025/26 Q2: NEW Q3 ▶ Q4 ▶ 2026/27 Q1 ▼ Q2 ▶	Director General, People
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. Accountability letters were sent to new DGs, including responsibility for statutory duties currently in the SoD. This clarifies accountabilities from 3 November 2025. Duties are mapped against assurance that they are being delivered in an organisational framework, statutory functions are now mapped to internal audits to identify any functions having not been covered by audits or other assurance reviews – a second tranche of reviews was presented to ECG in October. The risk remains elevated particularly following VR departures with further departures to follow. This risk will remain until NHSE is abolished however to support existing controls and mitigations, several statutory duty areas will be addressed by internal audits in the 26/27 audit plan.	**Medium**	**20 (L5xI4)**	**16 (L4xI4)**	**9 (L3xI3)** **31/03/27**	2025/26 Q1 ▶ Q2 ▼ Q3 ▶ Q4 ▶ 2026/27 Q1 ▲ Q2 ▶	COO

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ORR Summary	Risk Appetite	Inherent Score	Current Score	Target Score & Date	Move in Score	Risk Owner
18360: Capacity of adult secure inpatient services There is an ongoing capacity risk relating to the bed base in adult secure (staffed, not commissioned) in relation to Adult Secure inpatient services having an impact upon NHSE's objectives to provide care in the least restrictive environments, reducing the length of stay, improving outcome and experience for patients and carers, admissions from prison within 28 days of referral. This risk score has risen from 16 to 25, primarily following the February 2026 decision by the NHS Executive to direct the movement of all patients from the St Andrew's Healthcare (StAH) Northampton site as result of continuing patient safety concerns. **Key controls and mitigations (in response to the rising risk):** National EPRR response established for the StAH Northampton incident, providing coordinated system oversight. Patient Placement and Commissioner Response Group in place, with detailed patient cohort mapping, capacity mapping and placement oversight. Clinical Reference Group established, including development of an ethical framework to support complex decision-making and differing clinical opinions. Enhanced quality improvement and oversight arrangements for affected services. Dedicated finance and contract subgroup managing financial, contractual and commercial impacts. Ongoing collaboration between Specialised Commissioning, Health & Justice, DHSC and MoJ on risk management, operational oversight and system solutions. Continued development of improved capacity monitoring, transfer and remission frameworks, patient flow solutions and alternatives to admission. Work is continuing to support the movement from the StAH Northampton site of non-Midlands adult secure patients, those from devolved nations and Crown Dependencies, and those from the Midlands who are clinically ready for discharge. Alongside this, modelling has been undertaken to determine the future requirement from the site for both delegated and retained adult secure services.	**Medium**	**25 (L5xI5)**	**16 (L4xI4)**	**12 (L4xI3)** **30/09/26**	2025/26 Q2 NEW Q3 ▶ Q4 ▶ 2026/27 Q1 ▲ Q2 ▼	DG, System Development
11941: Insufficient capacity or capability to prepare for, or respond to, a new and emerging pandemic. There is a risk that there is insufficient capacity or capability for NHS England, or the NHS in England, to prepare for, or respond to, a new and emerging pandemic similar to, or in excess of, the scale of COVID-19. **Key Controls and Mitigations:** A comprehensive suite of national pandemic plans, governance arrangements and experienced EPRR structures is already in place, underpinned by updated NHS England operating frameworks and strong joint working with DHSC and UKHSA. Learning from Covid-19 and Exercise Pegasus is being actively implemented, with agreed approaches in place to respond to emerging Inquiry recommendations and to adapt and scale care, including respiratory and critical care surge. Operational resilience is being strengthened through assured critical care, PPE and medical devices stockpiling and deployment arrangements, alongside clear incident management and national and regional coordination structures. DHSC has assumed formal accountability for Medtech pandemic preparedness and joint working across NHSR. These measures are further reinforced by Executive and Board ownership of preparedness, continued multi-agency collaboration, and implementation of the Government's Pandemic Preparedness Strategy to maintain and enhance national readiness (latter an individually owned and specific mitigating action). NHSE Exec / Board at the March 2026 Board agreed that individual directorates should take accountability for pandemic preparedness capabilities and planning in their areas.	**Low/ Medium**	**20 (L5xI4)**	**16 (L4xI4)**	**8 (L2xI4)** **31/03/27**	2026/27 Q1 escalated Q2 ▶	COO
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** There remains a risk of high demand exceeding capacity in place therefore potential increased impact on patient waiting times and experience and performance targets. A new methodology has been developed to identify tiered Trusts linked to NOF, overall performance for 4 hours, 4 hours against plan, 12 hours and ambulance handovers. Moderation undertaken with Regions to define final list of Tiered Trusts. A reset of the UEC delivery framework has been instigated outlining the key deliverables that will support achievement of 4 and 12-hour targets including delivery of a 'Model ED' which seeks to drive better performance against UEC Plan headline ambitions. The risk currently remains elevated due to sustained demand and system flow constraints however operational oversight, GIRFT support and winter preparedness controls/mitigations are also in place.	**Low**	**25 (L5xI5)**	**16 (L4xI4)**	**12 (L4xI3)** **31/03/27**	2025/26 Q1 ▶ Q2 ▶ Q3 ▶ Q4 ▶ 2026/27 Q1 ▶ Q2 ▶	DG, Performance and Delivery

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ORR Summary	Risk Appetite	Inherent Score	Current Score	Target Score & Date	Move in Score	Risk Owner
22898: Loss of workforce talent and critical capability during pre-integration with DHSC There is a risk that NHS England loses talented colleagues and critical capability during the period of pre-integration with DHSC, resulting in reduced organisational capacity and capability to deliver statutory duties and key priorities during 2026/27 and to support safe and effective transition into the future DHSC operating model. **Key controls and mitigations:** Active re-profiling of priority delivery areas within Directorates and Regions to protect critical roles and capability. Established mechanisms to enable timely appointment to business-critical posts. Implementation of the *Improving NHSE Together* programme to address key drivers of engagement and retention informed by colleague insight and staff survey feedback. Enhanced performance, development and support arrangements through revised appraisal and continuous performance conversation frameworks. Strengthened Learning and Development offer, including expanded provision, strategic partnerships, and increased access to coaching and mentoring. Leadership Support Circles providing structured peer support and leadership development during the transition period. Planned talent and succession planning with senior leaders to identify high-potential colleagues, single points of failure and flight risk, alongside targeted retention and development actions.	**Low**	**25 (L5xI5)**	**16 (L4xI4)**	**6 (L3xI2)** **31/03/27**	2026/27 Q1 NEW Q2 ▼	COO