NHS 24 Corporate Risk Register

Case ref.	Category	Receipt Date	Primary Governance Committee	Secondary Governance Committee	Description	Significant Impact	Executive Risk Owner	Strategy Type	Mitigating Action	Previous Score	Current Score + Movement on previous score	Target Score	Target Date
RPND/021544	Staff	22/09/2015	Staff Governance Committee	Planning & Performance Committee	There is a risk that the current sickness absence rates will impact on the efficiency and effectiveness of Service Delivery.	Negative impact on staff experience, wait times for patients and clinical safety. Resulting in a compromised ability to deliver safe, effective care and achieve KPIs. A secondary consequence would be a negative impact on NHS 24's ability to deliver its strategic objective 'Building a Stronger Organisation' as it is unable to attract recruitment candidates and retain staff, resulting in potential reputational damage.	Director of Workforce	Reduce	Attendance management improvement plan 19/20 to be developed (Complete) and implemented (Ongoing) - This contains a large number of actions and initiatives including a target to reduce sickness absence by March 2020 by 0.5%, wellbeing test of change established in the east and the provision of Health & Wellbeing initiatives for staff). Director of HR identified need for sharing good practice/research between Boards (Progressing). NHS 24 Values work ongoing to support the delivery of an improved culture within the organisation (Ongoing). Support our staff by providing positive working environment, occupational health services and one to one support (Ongoing). National and Local Staff Engagement Plans and yearly planner of engagement developed by Communications team (Complete). Service Delivery lead appointed to oversee absence initiatives (Complete).	15	15 ⟷	6	29/03/2020
RPND/032338	Clinical	14/02/2018	Clinical Governance Committee	Planning & Performance Committee	There is a risk that the quality of the patient journey could be affected in the event that there are inaccuracies in referral centre availability on Knowledge Management System (KMS) that NHS 24 are unable to update in real time.	The patient journey is compromised. NHS 24 directly refer to NHS GGC without going through the hub. If the Board informs us that they are closing a PCEC and we do not update the information in real time in KM the risk is that we send a patient to a closed PCEC and the patient comes to harm.	Director of Service Delivery	Reduce	Communications are being sent to staff in real time in relation to PCEC end point status (Ongoing). A short-term solution has been put in place to provide internal data management team cover (who have the ability to update remotely) from 9am-6pm 7 days a week. Cover is extended from 8am to 8pm on public holidays. Working group established to monitor progress in relation to the development and implementation of the long term solution (Complete). Clinical Systems Development Team to develop a Robotic Process Automation as a long term solution for this risk. Software has been installed, test of change is underway and anticipated go live is August . (Progressing) .	15	15 ⟷	5	30/09/2019
RPND/036117	Business (Operational)	24/06/2019	Clinical Governance Committee	Planning & Performance Committee	There is a risk that the technology components supporting NHS 24's front line application will become more prone to failure and parts to repair, upgrade or patch will become more difficult to resource. Components have either reached or are getting close to an end of life position as upgrade of the components should have occurred in 2018.	Increases potential system downtime impacting on the delivery of NHS 24's front line services. Security threats are also increased as patches become less available. Negative impact on public, partner and staff relations.	Chief Information Officer	Reduce	NHS 24 have targeted a Technical Transformation decision point in August 2019 to identify an agreed way forward in respect of technical transformation (Ongoing). Identify critical assets and ensure alternative Business Continuity Plans in place for critical asset failure (Ongoing). A new Major Incident process has been agreed and there is a significant improvement process underway with the supplier. This is managed via the Continuous Service Improvement Plan. (Ongoing) Critical patching in place where possible (Ongoing).	New	12	4	31/08/2020
RPND/025796	Business (Operational)	31/08/2016	Planning & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 is vulnerable to a successful phishing or malware attack due to a range of control measures not being fully utilised.	Resulting in an introduction of malware, data loss, corruption of data and potentially service delivery disruption.	Chief Information Officer	Reduce	A Change Request raised by Head of Information Governance & Information Security to investigate and implement as many National Cyber Security Centre securing email blueprint controls, as possible. Investigation to be completed before a clear set of timescales can be established. Current target date 31/09/2019. This action is designed to reduce the amount of spoofed emails that are delivered into NHS 24 which should result in a reduction in Phishing attacks. (Progressing) Network Information Systems Directive (NIS(D)) will incorporate additional controls that will help secure email. This will be dependent on the technical refresh decision in August 2019. Head of Info Gov & Sec has supported the tech refresh options appraisal (Ongoing). The plan to migrate to Office 365 through technical refresh will mean that the Secure email blueprint controls need to be considered afresh to understand how they could/can be implemented as part of the Office 365 migration (Ongoing). A new web filter product (zScaler) has been rolled out replacing the Bloxx solution which reduces the number of potential attacks (Complete).	12	12 ⟷	6	31/03/2020

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RPND/025797	**Business (Operational)**	31/08/2016	Planning & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 may fail to comply with current information, records management and data protection legislation leaving it vulnerable to cyber/insider threat, reputational damage and financial penalties.	This will result in potential service disruption (eg cyber attack, insider threat), financial penalties and reputational damage.	Chief Information Officer	Reduce	Information Asset Owners aware of their responsibilities through additional training and education (Progressing). Statement of responsibility to be signed by EMT members (Progressing). Information Asset Owners to complete the e-learning module as instructed by end of 19/20 (Progressing) A range of records management policies to be updated and approved by the Information Governance & Security Gorup. (Complete). Information Governance & Security Group established to manage and monitor the risk (Complete). Records Management Gorup established to monitor and review process of national records management plan (Complete).	12	12 ⟷	4	30/11/2019
RPND/025466	**Reputational and External**	04/08/2016	Planning & Performance Committee	Clinical Governance Committee	There is a risk of insufficient stakeholder support to drive change and provide a service aligned to our corporate objectives, strategy and implementation timescales.	Services delivered by NHS 24 does not meet the needs of partners and public.	Director of Service Development	Reduce	NHS 24 have employed a Head of Stakeholder engagement to co-ordinate activities **(Complete)**. Stakeholder Framework in place which aligns with organisational strategy **(Complete)**. Development of stakeholder engagement plans across the organisation and change portfolio to support closer relationships with key partners **(Progressing)**. Partner management approach to be reviewed to ensure it aligns with the NHS 24 Strategy **(Progressing).** Development of plan for the sharing/decision making of stakeholder intelligence **(Progressing)** Development and implementation of the Service Development Directorate with a clear role and remit in relation to user research and stakeholder engagement **(Progressing)**.	9	12 ⬆	5	31/03/2020
RPND/030229	**Business (Operational)**	10/10/2017	Staff Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 fail to realise the long term benefits of delivering a sustainable shift review which better aligns staff deployment to demand while meeting the needs of the service.	Increase operational challenge associated with operating technology system. Increased cultural issues associated with lack of teaming approach on front-line. Challenging performance and workforce planning which may impact service levels and cost. Limit ability of NHS 24 to deliver desired outcomes from strategic delivery plan.	Director of Service Delivery	Reduce	Matching process to be developed and implemented (Progressing) Shift review aligned to Better Working, Better Care clinical supervision test of change (Ongoing). Staff to be issued with letter advising of their shift/rota w/c 5 August 2019. (Progressing - On target to be completed by end August). Modelling option being developed by NHS 24 supported by NICE (Ongoing). The outputs from the staff engagement are being used to inform the modelling of options (Ongoing). Engage third party Subject Matter Expert to conduct shift review allowing a fully transparent process. (Complete). Ensure robust communication plan in place including staff survey, off-line time for staff to attend focus groups. (Complete) All stakeholders are engaged and informed at all stages of the review (Complete). Commitment of resources to the Project to develop the full scope of	12	12 ⟷	6	29/05/2020

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RPND/031009	Staff	17/11/2017	Staff Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 does not achieve the agreed staff resource targets which could have a service performance and quality impact.	Reduced capacity to effectively manage NHS 24 services and any potential additional demand, impacting of the quality of the patient journey.	Director of Workforce	Reduce	Staff requirements in workforce plan robustly informed by shift review and supervision model. (Ongoing) Recruitment commenced May (Ongoing) Recruitment to be targeted around shift review modelling and 1:5 supervision ration following completion of shift review matching at end of August (Progressing) Further targeted recruitment to be undertaken to address any remaining capacity shortfall in line with the workforce plan (Progressing) Working with Better Working Better Care to better inform future operating model targets (Progressing). Service Delivery to renew the balance and blend of skill sets in the Operational Model to optimise workforce skills to meet service demand (Progressing). Currently running recruitment campaign (Progressing 19/07/2019).	12	12 ⟷	6	29/03/2020
RPND/033964	Business (Operational)	11/09/2018	Planning & Performance Committee	Clinical Governance Committee	There is a risk that short and long term operational disruptions may occur as a result of EU Exit, challenging NHS 24 in delivering an effective service and delay strategic objectives.	Potential disruption to delivery of frontline NHS 24 services and delay delivery strategic objectives.	Director of Finance & Performance	Reduce	Revised resilience preparations following extension of Brexit deadline. (Progressing) SG reviewing internal resilience response and reporting requirements. (Progressing) National EU exit healthcare planning groups to be established to review resilience, procurement, workforce and communications. NHS 24 represented on planning groups (Progressing). NHS Scotland and multi agency workshops to support planning arrangements (Complete). Planning for NHS Inform public health information pages (Ongoing) Special helpline preparations to manage potential increase in demand on 111 service (Ongoing). Internal co-ordination group established (Progressing). NHS 24 initial impact assessment completed by 13th September 2018 on specific areas request by Scottish Government (SG) (complete). National survey to assess staffing impact undertaken - minimal impact (Complete). Communication with staff on EU Exit (Ongoing). Intranet site established (Complete) Workshop with SG EU team in August 2018, opportunity to discuss and feedback NHS 24's understanding of current position and escalate any concerns (Complete). Standing agenda item at EMT Strategy session (Complete). Engagement with Head of Pharmacy in relation to community pharmacy procurement. Escalated to Scottish Government (Complete). Clarity over digital and information governance issues. Raised at National NHS IG forum action to consider and discuss - no issues (Complete). Brexit impact assessment on key contracts carried out by the procurement department. No impact identified (Complete).	9	12 ↑	4	31/10/2019

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RPND/035511	Business (Financial)	15/04/2019	Planning & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 do not capitalise on the long term accommodation opportunities for the regional operational centres due to the short timescales of the Clyde Contact Centre relocation requirement.	Long term operational detriment with reduction in capacity, improved ways of working.\n\nNegative financial impact.	Director of Finance & Performance	Reduce	Clear accommodation requirements to meet NHS 24 long term strategic needs (Progressing).\n\nScope alternative accommodation options (Progressing).\n\nEngage with key partner agencies to understand their long term strategic intentions (Ongoing).\n\nStaff engagement at appropriate intervals on the longer term implications (Ongoing).\n\nAppropriately costed business case required for Board approval	12	12 ⟷	4	30/04/2020
RPND/036304	Staff	19/07/2019	Staff Governance Committee	Planning & Performance Committee	There is a risk that staff based at Clyde Contact Centre will become disengaged due to the current uncertainty on future base location.	Staff wellbeing, attrition and absence negatively impacted, resulting in diminished service provision.\n\nStaff disengagement.	Director of Workforce	Reduce	Scoping work to identify and assess all options, as quickly as possible, for consideration by the Executive Management Team (Progressing).\n\nCommunications Plan to be developed (Complete).\n\nEarly and ongoing engagement with staffside and management to ensure effective communication with staff (Ongoing).\n\nDrive business care development and implementation. (Progressing)\n\nDevelopment of a project team to support the implementation of the relocation (Complete).	New	12	4	31/10/2019
RPND/024449	Business (Financial)	13/04/2016	Planning & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 will be challenged in meeting the statutory financial targets during the next 5 year period.	This would threaten the successful achievement of the statutory financial resource and capital limits and could impact on other KPI's.	Director of Finance & Performance	Reduce	Robust and effective financial and organisational management of the position will be maintained through the coming year. This includes monthly budget reporting. The Strategic Planning Resource Allocation (SPRA) and the formal SPRA Bi-monthlyreview supports this process and helped inform the re-assessment of this risk. Key areas of focus will be resource allocation assumptions in relation to the delivery of efficiency savings in-year and re-payment of brokerage (Ongoing).\n\nThe financial plan submitted to Scottish Government as part of operational financial plan process is predicting breakeven for the next 5 years (Ongoing).	10	10 ⟷	9	29/03/2020
RPND/034576	Clinical	04/12/2018	Clinical Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 will not fully optimise their digital response to a pandemic flu due to reliance on stakeholders operational response model.	This may result poor patient journey.\n\nNegative reputation for NHS 24.\n\nIneffective national response.	Medical Director	Reduce	Development of a digital solution to support the SFREC model. NHS 24 have written to Scottish Government to support a scoping exercise (Progressing).\n\nEffective engagement with Scottish Government Health Resilience Unit, Sponsor Division and Public Health Unit (Progressing).\n\nWorkshop with key stakeholders inc SG, HPS and NSS (Progressing).\n\nAgreed approach of response to pandemic flu considered and approved by EMT (Complete).\n\nConfirm digital approach with HPS (Complete).\n\nSG to arrange meeting with NPFS to ensure the improvements required are undertaken and there is best value in UK contract. Paper developed to base discussion with NPFS. (Complete).	8	10 ⬆	4	27/12/2019