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
1	RPND/032645	Clinical	16/03/2018	Clinical Governance Committee	Finance & Performance Committee	There is a risk that the quality of the patient journey is affected during the period of P1 outages due to the decrease in the availability of senior clinical leadership.	This may result in clinicians not undertaking the clinical role required when senior clinical leaders are required most. In addition, technology incidents may be mismanaged due to a lack of technical knowledge or as a result of the Duty CSM having to manage the technology incident and at the same time manage the clinical service. The risk is increased as we approach the winter period and the pressures associated with increased patient demand, higher call volumes and potentially higher staff absence due to seasonal illness.	Director of Service Delivery	Reduce	Ongoing and reoccurring issues escalated and discussed during BT service review meetings to ensure appropriate response from managed service provider. The aim is to identify a solution and avoid similar reoccurrences. A solution would require a significant change in BT's management of these incidents. System malfunction processes up to date and staff trained in their use. Lessons learned 'wash up' review to take place following each incident. Weekly review of outstanding technical issues with the aim of not becoming technical incidents (ongoing). Consideration to be given to technology out of hours support to help resolve. Escalated by the NHS 24 Executive Management Team to supplier Executive Team to improve process and communication. The supplier has undertaken a service review with a view to improving support. NHS 24 have now agreed an action list with BT covering a wide range of services aiming to improve their overall managed service. Improving the incident management process is included in the action list. There are regular meeting scheduled with senior BT representatives to monitor progress and ensure improvements are achieved.	12	20 ⬆	6	05/04/2019
2	RPND/032338	Clinical	14/02/2018	Clinical Governance Committee	Finance & 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 Greater Glasgow & Clyde without going through the hub. If the Board informs us that they are closing a Primary Care Emergency Centre (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. The risk is increased as we approach the winter period and the pressures associated with increased patient demand, higher call volumes and potentially higher staff absence due to seasonal illness.	Director of Service Delivery	Reduce	A meeting to discuss the various support required to maintain the 111 service was undertaken early May 2018. (Complete) An interim rota is in place to cover KM changes is in place to provide 7 day cover for KM changes. Communications have been sent to staff in relation to PCEC end point status (Complete). The Clinical Systems Development Team are currently looking at short terms (during festive) and long term (post festive) solutions. More on-call cover was provided to cover gaps during the festive period and the long term solution will be to introduce an automated update process. A working group has been formed to take this forward and the first meeting to scope this work takes place on 24 January 2019. It is anticipated that a solution will be in place by Easter 2019.	16	20 ⬆	4	05/04/2019
3	RPND/021544	Staff	22/09/2015	Staff Governance Committee	Finance & 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 and clinical safety. Resulting in a compromised ability to deliver safe, effective care and achieve KPIs.	Director of Service Delivery	Reduce	NHS 24 has National and Local Staff Engagement Plans in place. A yearly planner of engagement has been developed by Communications team (Complete). NHS 24 Values work is ongoing to support the delivery of an improved culture within the organisation. Continue to support our staff by providing positive working environment, occupational health services and one to one support. Where appropriate, employee relations, line manger, staff side contributing to the implementation of relevant supportive policy. Regular monitoring of service delivery absence by review. Monitor and reporting arrangements are in place. Implementation of Wellbeing Strategy in Mental Health Wellbeing Pilot. NHS 24 are undertaking their own recruitment rather than using a recruitment consultancy. The aim of this is to ensure NHS 24 retain the best possible candidate that will be more likely to be suited to the NHS 24 working environment.	15	15 ↔	6	29/05/2020
4	RPND/030603	Clinical	08/11/2017	Clinical Governance Committee	Finance & Performance Committee	There is a risk the clinical safety and quality of the patient journey could be affected by current limitations in the functionality of the technical system (automation).	Patient waits could exceed clinical KPIs with potential risk to patient safety and reputational risk. Sustainability of the current approach is not feasible. There is no impact to frontline call handlers and clinicians, this issue currently manifests itself during busy weekends.	Director of Service Delivery	Reduce	Currently there are dedicated staff and processes identifying, monitoring and managing this issue. An immediate technical review is underway to establish a more robust sustainable solution. There is a current workaround in situ to identify and manage return callers and avoid unintended call back delays, this requires dedicated staff resource to manually monitor. Significant resource and costs are required to manage this risk. Workarounds in place to maintain clinical KPI. Complexity of load balance remains a challenge during busy periods. A workshop took place on 2/05/2018 to establish specifics on system changes. The outputs were collated and used to understand the current priorities. Key suppliers were invited into NHS 24 to assess the challenges in real time. A report produced at end of May 2018 with recommendations on system improvements which were incorporated into the Sprint 1 plan which was approved by the Board. Exploration work is underway to identify a long term technology solution to mitigate this risk.	15	15 ↔	4	31/03/2019

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5	RPND/031009	**Staff**	17/11/2017	Staff Governance Committee	Finance & Performance Committee	There is a risk that NHS 24 does not achieve the agreed clinical staffing 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	Improve conversion rate of candidate to employment. Clinical outcomes are being reviewed to ensure best outcome for patients and most efficient use of clinical staff (Ongoing). Making NHS 24 an attractive employer through a number of mechanisms: Liaising with colleges and universities to offer opportunities for work experience to students in relevant disciplines to create a pipeline of potential clinical staff in the future (Ongoing) Introducing a career framework for call handlers and nurses. A Youth Strategy is currently being developed based on the National Strategic Framework for Young People.	12	12 ⟷	6	30/04/2019
6	RPND/029405	**Staff**	17/07/2017	Staff Governance Committee	Finance & Performance Committee	There is a risk that the service access level and patient journey could be impacted at peak periods due to clinical staffing capacity issues.	This results in a reduction on service performance, reduction in clinical resource available and additional pressure on Team Leaders on duty.	Director of Service Delivery	Reduce	Shift review will support the mitigation of the risk. The Board and Staff Governance Committee are updated regularly on the progress of the shift review. New band 5 nursing staff supporting the mitigation of this risk, although nurse recruitment remains a challenge. Close monitoring of shift change requests. Recruitment of staff due from May 2018 - Aug 2018. Recruitment targets outlined in strategic planning process. Challenged in meeting those targets. Clinical outcomes currently under review to ensure appropriate use of clinician resources.	12	12 ⟷	6	01/04/2019
7	RPND/033964	**Business (Strategic)**	11/09/2018	Finance & Performance	Clinical Governance	There is a risk that NHS 24 may suffer primary and secondary operational and staffing consequences as a result of Brexit that may result in being unable to deliver its Strategy and future ambitions.	Potential disruption to delivery of all NHS 24 services and strategic objectives.	Director of Finance & Performance	Reduce	NHS 24 initial impact assessment completed by 13th September 2018 on specific areas request by Scottish Government (SG). National survey to assess staffing impact (complete - minimal impact). Communication with staff on Brexit (ongoing). Intranet site established. Workshop with SG EU team in August 2018 to discuss issues. 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). CEO's discussion 10 October 2018 (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 is being carried out by the procurement department. No impact identified by Head of Procurement (complete). National EU exit health care planning groups established to review resilience, procurement and communications. NHS 24 represented on planning groups (ongoing). NHS Scotland workshops taking place Jan - Feb to support planning arrangements. A number of NHS 24 Executive Directors and the Head of Risk & Resilience attending. On the agenda for discussion at the National Out of Hours Ops Group.	12	12 ⟷	4	30/04/2019
8	RPND/033890	**Business (Operational)**	30/08/2018	Finance & Performance Committee	Clinical Governance Committee	There is a risk that NHS 24 may not be fully compliant with the MHRA medical devices guidelines within the required timescale of May 2020.	Once the grading of medical device has been determined, the resource and cost required to ensure NHS 24 is compliant may impact the delivery of NHS 24 services to the public.	Director of Service Development	Eliminate	NHS 24 are governed by MHRA guidelines regarding the classification of medical devices. New Regulations entered into force on 25 May 2017, however, most requirements will not be fully applied until 26 May 2020. Work is ongoing to ensure NHS 24 better understands the resource required if NHS 24 products are deemed to be medical device under the new Regulations. This would be substantially more than is currently undertaken i.e. testing, assurance group, clinical assurance group. National Services Scotland (NSS) is seeking to be classed as the legal manufacturer of NHS Scotland Medical Devices. A National platform for software medical devices is being developed by Scottish Government which will provide a solution by supporting NHS 24 products ensuring we are compliant with the new Regulations. Testing on the platform will be undertaken in the next few months to assist NHS 24 to better understand the impact.	12	12 ⟷	1	30/05/2019

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9	RPND/030232	**Business (Operational)**	10/10/29017	Finance & Performance Committee	Staff Governance Committee	There is a risk that NHS 24 may not have sufficient staffing capacity to deliver all aspects of the Strategic Delivery Plan and wider portfolio.	Failure to deliver the NHS 24 Strategy and emerging programmes to quality, time and cost.	Director of Service Development	Reduce	Service Development action plan for sufficient and effective change support, communications and staff development will be put in place to meet organisational requirements. The Organisational Change process will support and people transfer into new roles. New directorate formally developed with management structure now in place. Risk will be reassessed once the new directorate and structure are bedded into the organisation	12	12 ⟷	6	30/04/2019
10	RPND/028862	**Business (Operational)**	26/05/2017	Finance & Performance	Audit & Risk Committee	There is a risk that the service performance is reduced due to the time and resource required to support our managed service provider to respond to P1 technical incidents.	Incident response not as efficient as it should be between managed IT supplier and NHS 24.	Chief Information Officer	Reduce	Lessons identified form previous incidents. Business continuity arrangements review from both NHS 24 and supplier. 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. Escalation by the NHS 24 Executive Management Team to the Supplier management team has taken place. Senior Management within the supplier are reviewing their processes to propose improvements focusing on Major Incident Management. Awaiting actions arising from BT resulting from Tech Refresh Workshop	12	12 ⟷	6	29/03/2019
11	RPND/025797	**Business (Operational)**	31/08/2016	Finance & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 fails to comply with current information, records management and data protection legislation as Information Asset Owners do not have the necessary structures in place to appropriately manage the information the organisation holds	This will result in potential service disruption (eg cyber attack, insider threat), financial penalties and reputational damage.	Chief Information Officer	Reduce	This risk will be discussed with the SIRO to provide additional impetus for the IAO's to continue their progress in the understanding and adoption of the IAO model and responsibilities.	12	12 ⟷	4	31/07/2019
12	RPND/022205	**Staff**	10/11/2015	Staff Governance Committee	Audit & Risk Committee	There is a risk that NHS 24 does not achieve the agreed clinical staffing resource targets which could have a service performance and quality impact.	Unless NHS 24 can redress the balance by recruiting varied clinicians, there is a risk that in the future as more staff reach retirement age the clinical workforce will be reduced.	Director of Workforce	Reduce	Service Delivery to renew the balance and blend of skill sets in the Operational Model to optimise workforce skills to meet service demand. Mitigation for a number of recruitment risks are outlined below: Liaising with Skills Development Scotland to create new pathways of employment in NHS 24, including providing Graduate Apprenticeships that could allow staff to combine study with employment. Liaising with colleges and universities to offer work experience opportunities for students in relevant disciplines to create a pipeline of potential clinical staff in future. Developing more flexible employment choices for those who are leaving the profession to allow them to continue to work part-time or to provide mentoring roles for new recruits.	12	12 ⟷	6	30/04/2020
13	RPND/033695	**Business (Operational)**	03/09/2018	Finance & Performance Committee	Audit & Risk Committee	There is a risk that there is no agreed Key Performance Indicators of the technical system to inform planning assumption.	This may result in unforeseen additional resources required to manage operational performance.	Director of Service Delivery	Reduce	Implementation of Sprint 1 has improved performance and efficiency but not all benefits have been realised. Recruitment ongoing. Staff working additional hours. Work is ongoing to map and better understand progress of system performance improvements.	New	12	6	01/04/2019
14	RPND/030229	**Business (Operational)**	10/10/2017	Staff Governance Committee	Finance & Performance Committee	There is a risk that NHS 24 fail to achieve the cultural change required to deliver a sustainable shift review which better aligns staff deployment to demand which compromises effective service delivery.	Will increase operational challenge associated with operating technology system.	Director of Service Delivery	Reduce	Engage third party Subject Matter Expert to conduct shift review allowing a fully transparent process. (Complete). Ensure robust communication plan in place and all stakeholders are engaged and informed at all stages of the review. Commitment of resources to the Project to develop the full scope of outputs. Head of Integrated Service Delivery has now been appointed. Shift review aligned to better working, better care clinical supervision test of change. Modelling option by the National Institute for Health & Clinical Excellence is expected Jan/Feb 2019. Significant staff engagement has taken place including staff survey and off-line time for staff to attend focus groups. The outputs from the staff engagement are being used to inform the modelling of options which is currently on going.	12	12 ⟷	6	29/05/2019

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15	RPND/024449	Business (Financial)	13/04/2016	Finance & 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. The Strategic Planning Resource Allocation (SPRA) and the formal SPRA mid-year review 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 Strategic Transformation Programme, the delivery of efficiency savings in-year and re-payment of brokerage. NHS 24 is in discussion with the Scottish Government on whether the outstanding brokerage will be included as part of the 3-year financial deal announced for territorial Boards through the medium term financial framework. NHS 24 is forecasting breakeven for the 2018/19 financial year.	15	10	9	
16	RPND/034150	Reputation & Stakeholder Engagement	28/09/2018	Finance & Performance Committee	Audit & Risk Committee	There is a risk of reputational damage with the public and key stakeholders if NHS Inform and self-help guides and not available for a prolonged period of time due to an IT outage.	There is no capacity/resource to resolve any technical issue which take the core websites off-line out of hours. In the case of public holidays this could lead to the sites being down for up to 4 days, no access to Scottish specific health and care information and local service provision.	Director of Service Development	Eliminate	NHS 24 seeking clarification on level of support and hosting required and resource appropriately where required. Short term support model put in place to cover the festive period and working ongoing towards a 24/7 support model as a long term solution.	New	10	1	29/03/2019