NHS 24 **BOARD MEETING**	**27 AUGUST 2020** **ITEM NO 9.3** **FOR ASSURANCE**

CORPORATE RISK REGISTER UPDATE

Executive Sponsor:	Medical Director
Lead Officer/Author:	Head of Risk Management and Resilience
Action Required	The Board is presented with all Corporate risks scoring 10 or more. The paper is provided for review, discussion and assurance.
Key Points for this Committee to consider	Since the previous meeting: • The overall risk profile has increased • 6 new risks have been identified • 1 risk has increased in score • 4 risks have been closed
Governance process	Before presentation to the NHS 24 Board, all corporate risks have been review, updated and approved for onward presentation by the Directorate with ownership of the risk before being presented to the appropriate Groups: Operational Risk Management Group – 29 August EMT Risks & Opportunities Group – 5 August Clinical Governance Committee – 6 August Audit & Risk Committee – 13 August Planning & Performance Committee – 20 August Staff Governance Committee – 25 August
Strategic alignment and link to overarching NHS Scotland priorities and strategies	This paper provides assurance to the Board that there is an effective risk management process in place to support delivering the NHS 24 contribution to the Health and Social Care Delivery Plan.
Key Risks	The key risks are outlined in this paper.
Financial Implications	There are no direct financial implications associated with this report. Any financial implications will be highlighted within the risk register attached.
Equality and Diversity	There are no direct equality and diversity (E&D) implications associated with this report. The participation and Equalities manager actively participates in risk management process.

1. RECOMMENDATION

1.1 The Board is asked to review the risks presented, provide feedback, take assurance on the risk management processes and procedures and endorse the Corporate Risk Register.

2. RISK MANAGEMENT UPDATE

2.1 The attached Corporate Risk Register provides an update on Corporate risks to the organisation scoring 10 and above as at 16 August 2020.

2.2 The priority and pace of the response to COVID 19 has meant that the Risk and Resilience Team have had a reduced capacity to provide additional detail. However, the review and monitoring of organisational risks has been maintained to support the rapidly changing and developing environment. Going forward, strategic risks will be aligned to the Recover, Respond, Renew (RRR) work, our mobilisation plan and our strategy refresh. A strategic risk register is presented on the agenda.

2.3 The risk management annual report is provided separately to the Committee in line with the annual accounts.

Risks currently under review:

2.4 The EMT Risk and Opportunities Group is currently considering a risk in relation to the capacity to deliver on a range of priorities in the current changing landscape, while ensuring that these priorities are aligned to NHS 24's Strategic Priorities.

3. RISK SUMMARY

3.1 The risk profile (figure 1) provided in the form of a heat map highlights the current position of all risks within NHS 24. Comparison is provided to the previous score reported. The risk profile has increased since previously reported.

3.2 It should be noted that short target dates are reflective of the uncertain environment due to COVID. A conscious decision was taken by the operational risk management group to reflect some target dates in order to reassess the external environment.

Figure 1

Impact		Score	Likelihood					Total	Previous Score
			Rare	Unlikely	Possible	Likely	Almost Certain		
		Score	1	2	3	4	5		
	Extreme	5		0 (2)	0 (0)	0 (0)	0 (0)	0	(2)
	Major	4			9 (8)	5 (4)	1 (0)	15	(12)
	Moderate	3				4 (3)	0 (0)	4	(3)
	Minor	2					o (0)	0	(0)
	Negligible	1							(0)
Total			-	0	9	9	1	19	
Previous Score			-	(2)	(8)	(7)	(0)		(17)

Very High/Increased Risks

3.2   There is one very high risk as follows:

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 the longer the Connect programme takes to be implemented.   Components have either reached or are getting close to an end of life position. This risk is currently being reviewed to agree additional mitigating actions. The Director of ICT will be attending the Board meeting to provide an overview.

There are two main events that have caused a shift in the risk scoring. These being the further push out of starting any replacement of the technology and the proposed change to providing urgent care 24/7.

These two factors increase the likelihood and the consequence of downtime both planned and unplanned.

- Tech Refresh was supposed to start in May 2019
- Decision made at October board to split this into Phase 1 and Phase 2 with Phase 1 buying us a year at the most to complete the FBC for Phase 2. This FBC was due March 2020.
- Phase 1 commenced November 2019
- A strategic OBC was created for March and an outline OBC was developed over an 8 week period and approved by the Board in June 2020. As a result of further delay, additional risk was created and the Board agreed a review of the gap resulting in a proposed Phase 1b to be approved by Board in

August. An FBC mobilisation phase was approved to create the conditions for FBC commencement in September 2020.

- The August 2020 Board meeting will receive a plan for approval with a start date of September 2020 and completion date of September 2021 (1 year timescale for completion).
- This means that starting the replacement of the very old and out of support underlying hardware and operating system software has been pushed out by at least one and a half years.
- The agreement to move to a Phase 1 / Phase 2 approach was made in October 2019 with the understanding that we had a year at most to start replacing the underlying technology.

New Risks

3.3　There are 6 new risks (scoring 10 and above) identified, a number in relation to estates capacity requirements in response to COVID-19 and the Clyde contact centre relocation.

3.4　An additional finance risk (scoring less than 10) has been added and is contained within the new risks section of the risk register for the Board's awareness, this risk will be closely monitoring by the Director of Finance.

3.5　Staff Governance Committee previously agreed that risk RPND/038259 would be reviewed and considered in the context of the wider risk to the organisation in relation to attendance management. The Committee felt there should be an overarching risk in relation to sickness absence and a Covid-19 specific risk. This was considered by the Director of Workforce and the description of risk 038259 has been refined and a new risk identified (RPND/038070) that NHS 24 fails to improve its sickness absence rate, which impacts on its ability to deliver services. This new risk will be presented to the Staff Governance Committee on 25 August.

Attendance management continues to be a focus of the workforce team, through daily monitoring of sickness absence and isolation rates across the service, hours lost for 111 service provision and the staff wellbeing workstream.

4.　PROGRAMME RISK

4.1　The change portfolio work has been revised as a result of the impact of COVID-19 response.

4.2　A separate workstream has commenced by the Director of Service Development to support the transition phase post COVID19. The 'Respond Recover Renew' Workstream was approved and established in April 2020 and work is progressing.

4.3　A Leadership Team comprising of Executives and Senior Managers has been established and an operational Evaluation, Assessment and Review (EAR) group developed. This work is being fully aligned with the Strategy Refresh and our Annual Operating Plan. This will align with the Scottish Government national approach to recovery and renewal to enable NHS 24 to capitalise on any developments arising from the COVID-19 response.w