

Case Ref	Receipt Date	Primary Committee	Secondary Committee	Description	Significant Impact	Executive Risk Owner	Strategy Type	Mitigating Action	Initial Score (AxB)	Current Score (AxB)	Target Score (AxB)	Target Date	
1	RPND/03 8259	09/04/2020	Staff Governance Committee	Clinical Governance Committee	There is a risk that staff's attendance at work through COVID-19, combined with Scottish Government requirements for staff to Shield, self-isolate, and general sickness rates, impact our ability to deliver services.	Increased staff absence, impacting on NHS 24's ability to deliver services. Prolonged wait to access services resulting in poor patient experience and reputational damage Clinical supervision numbers will not meet our requirements Increased pressure on other staff, resulting in poor morale Increase time spent on interpreting and managing the application of NHSScotland policies	Director of Workforce	Reduce	Attendance Improvement Plan in place. Progress monitored by Staff Governance, Planning & Performance and Audit & Risk Committees (Ongoing). Provision of Health & Wellbeing initiatives for staff to support by providing positive working environment, occupational health services and one to one support (Ongoing). COVID-19 Vaccination Programme in place ready for implementation (Ongoing) Review of staff in shielding category to identify roles/duties which can be assigned for home working (Ongoing) Service Delivery lead appointed to oversee absence initiatives (Complete). Access to Government national testing capability ensures return of staff to workforce when well (Ongoing). Infection control policy and measures in place to maximise the safety and wellbeing of staff while at work (Ongoing).	20	20	8	30/06/2021
2	RPND/03 7063	24/10/2019	Planning & Performance Committee	Clinical Governance Committee	There is a risk that the NHS 24 would not be able to sustain an effective response to significant additional pressure/demand on services (ie any health outbreak) due to current system and resourcing capacity limitations.	Potential delay in patient care due increased waiting times at peak periods. Impact on performance targets. Additional pressure on staff.	Director of Service Delivery	Reduce	Technical assurance in relation to system stability and performance (Complete) Clinical recruitment pipeline in place (Ongoing) Targeted recruitment to meet the organisational needs (Ongoing) Weekly recruitment overview meetings in place to monitor and manage process (Ongoing) 24/7 Technical support to ensure any system issues are resolved quickly (Ongoing). Business Continuity support from other directorates across NHS 24 (Ongoing) Close liaison with Scottish Government and key stakeholders (Ongoing) Overview by NHS 24 IMT to ensure joined up approach. Increased utilisation of remote clinical supervision and remote management (Ongoing) Ongoing review of organisational priorities and resource allocation/deployment (Ongoing)	20	20	4	30/06/2021
3	RPND/03 8970	10/08/2020	Staff Governance Committee	Planning & Performance Committee	There is a risk that if NHS 24 fails to improve its management of sickness absence performance impacts on its ability to deliver services.	Prolonged wait to access services resulting in poor patient experience and reputational damage. Clinical supervision numbers will not meet our requirements Increased pressure on other staff resulting in poor morale Increased management time spent on sickness absence management, removing from other management responsibilities	Director of Workforce	Reduce	Attendance Management Steering Group leading the implementation of our Attendance Management Improvement Plan (Ongoing). Group facilitating the delivery of a continued and sustained improvement in the next 12 months in the management of attendance, enabled through a values based approach, benchmarking our improvement in sickness absence rates with other relevant health care settings (Ongoing) Aim is to deliver a 2% percentage reduction in our sickness absence rate over this twelve month period (Ongoing). Discovery process being carried out to establish reasons for sickness absence to inform organisational, health and wellbeing plans (Ongoing). Recommencement of the management of sickness absence cases through the application of the 'Once for Scotland' policies. E-learning module in place for managers in relation to staff attendance management (Ongoing)	16	16	4	30/06/2021
4	RPND/03 9309	30/09/2020	Clinical Governance Committee	Planning & Performance Committee	There is a risk that without clear and consistent messaging, the public and partners perceive any negative feedback of the National Urgent Care Pathway to be the responsibility of NHS 24. This will be further impacted depending on uncertain pressures (winter & COVID-19)	Poor patient experience for individuals using the National Urgent Care Pathway. The patient flow across the health and care system will not change, admissions to ED/waiting rooms not reduced/managed. NHS 24's reputation would be negatively damaged across the public and national partners.	Director of Service Development	Reduce	On-going reporting through national workstreams and NHS 24 Programme Board (Ongoing) Consistent, effective national communication about new pathways (Ongoing) Consistent communications and management from health and care partners (Ongoing) Managing engagement and expectations of public (Ongoing)	16	16	6	31/07/2021

5	RPND/03 8901	03/08/2020	Planning & Performance Committee	Clinical Governance Committee	There is a risk the current capacity and identified skills gaps across service development are impacting NHS 24's ability to deliver the emerging digital strategic objectives.	Objectives are not met and service development and improvement is negatively impacted	Director of Service Development	Reduce	Digital and Service Design capacity and capability review to be undertaken to inform investment in this function (Ongoing)  Identify within each area of development, required resources and ensure these are put in place to deliver pieces of work. (Ongoing)  Digital Programme being identified and planned - providing clarity on resources required for organisational visibility and approval (ongoing)  Digital programme identified within organisational priorities, providing leverage to align resources (Ongoing)  Request for additional funding has been submitted to fill skills gap and increase capacity (Ongoing)  ICT/Digital Business Case Development approved, allocation of agreed funding dependant on digital review outputs. (Ongoing)  Digital Business Case Development (Ongoing)	12	16	4	30/06/2021
6	RPND/03 6117	24/06/2019	Planning & Performance Committee	Clinical Governance 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 the longer the technical transformation (Connect) programme takes to be implemented. [REDACTED]	Increases potential system downtime impacting on the delivery of NHS 24's front line services.  [REDACTED]  Significant negative impact on public, partner and staff relations.	Chief Information Officer	Reduce	Implementation of the Connect programme: This will address the key technology risks facing the organisation as well introducing new digital capability to transform how we work as an organisation as follows: Phase 1 of the Connect Programme is focused on delivering a secure, stable and supported infrastructure platform for NHS 24. There are currently 3 main parts which incrementally will reduce the infrastructure risks to the organisation in line with achieving the Target risk score.  Phase 1a: Infrastructure Upgrades: Phase 1 involves the following actions which will reduce the Likelihood score: ACTIONS: Updated - Data Centre Firewall replacement - 1) Internet facing firewalls COMPLETE. 2) Internal firewalls COMPLETE 3) Upgrade of supplier monitoring and management tools COMPLETE [REDACTED] PID approved, now in planning (Ongoing) [REDACTED] NHS 24 Board approved extension as part of Connect Phase 1B - COMPLETE(L)  Phase 1b: - [REDACTED] completed and in place until end of December 2021. (COMPLETE)  Phase 1c: - Approved by the NHS 24 Board in February 2021, the delivery of Phase 1c of Connect is the final significant part of the risk mitigation and aims to ensure our technology is stable, secure and supported through until 2025. (Ongoing)	16	16	4	31/03/2023
7	RPND/03 8263	10/04/2020	Staff Governance Committee	Clinical Governance Committee	There is a risk that contact centre infection control will be a challenge during the COVID-19 response due to call centre configuration and the 2m social distancing recommendations for non-health care settings.	Increased Infection Control Rates. Increased sickness absence and anxiety amongst staff	Director of Nursing & Care	Reduce	Early release and ongoing review of guidance on infection control mechanisms (Ongoing) Robust Infection control processes in place including: - Robust cleaning regimes in place with increased domestic resource assigned where applicable to augment existing cleaning service provision, provide resource resilience and ensure adequate focus on high touch/ high risk transmission points. In addition reactive COVID deep cleans (24hrs) supplemented by fortnightly deep cleaning, sanitisation stations in each centre; one way systems where appropriate; - Ventilation and barriers/dividing boards in place, zoning, signage and face covering guidance for staff, FR Type 2 masks for clinical supervisors (Ongoing). - Procurement and installation of Anti-microbial products such as pure-hold handle and push pad covers, the purchase of sensor activation equipment i.e. sensor activated hot water urns. - Tracking and tracing of people through NHS 24, making use of facilities such as seat booking systems to enhance track and trace, on call arrangements in place. - Daily Service Support team environment checks to ensure adherence to measures Engagement with NSS at a senior level to ensure provision of ample wipes, hand wash and masks (Ongoing) Support and engagement with Trade Unions (Ongoing). New sites identified to accommodate social distancing and increased staffing levels. (Complete) Outbreak process implemented and tested (Complete). Weekly Communications Meetings in place in relation to IPC arrangement across all NHS 24 Estates. (Ongoing) Development of quarterly IPC reporting (Ongoing)	12	12	8	30/09/2021

8	RPND/03 8255	09/04/2020	Staff Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 are unable to fully support all health and wellbeing needs of staff due to the protracted response to COVID-19.	Staff feel unsupported and sickness absence rates increase as a result	Director of Workforce	Reduce	Staff wellbeing work stream in place, with weekly meetings taking place. The information will feed into the IMT (Ongoing).  Wellbeing framework being developed to support staff across a number of areas (Ongoing).  Review and update on-line information and support available for staff (Ongoing)  Internal Track & Trace resource rota in place 7 days a week (Complete)  Flu vaccination programme in place to maximise update (Complete)  COVID-19 Vaccination Programme in place (Ongoing)	12	12	4	30/06/2021
9	RPND/03 0229	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. Limits ability of NHS 24 to deliver desired outcomes from strategic delivery plan.	Director of Service Delivery	Reduce	Shift review aligned to Better Working, Better Care clinical supervision test of change (Complete).  Modelling option being developed by NHS 24 supported by NICE (Complete).  The outputs from the staff engagement are being used to inform the modelling of options (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 outputs (Complete). Head of Integrated Service Delivery has been appointed (Complete).  Agreed approach to flexible working requests to be put in place (Ongoing) Rotas identified by the shift review need to inform the recruitment process (Ongoing)  Ensure staff time for development is fully protected and a culture of learning is embedded (Ongoing)	12	12	6	31/07/2021
10	RPND/02 5796	31/08/2016	Planning & Performance Committee	Clinical Governance Committee	There is a risk that NHS 24 is vulnerable to a successful phishing or malware attack if the full range of possible control measures are not being fully utilised.	Resulting in the introduction of malware to the estate which could directly compromise the integrity, availability or confidentiality of the data held by the organisation and potentially cause significant disruption to the delivery of services. Secondary impact would be the associated damage to the reputation of the organisation.	Chief Information Officer	Reduce	The actions listed here are intended to reduce the Likelihood (L) and potentially the Consequences (C) of this risk being realised. The actions are:  1.2) [Redacted] Key Milestone end of June 2021; RO: [Redacted] [Redacted] (L) 2) Deployment Complete 3) Updated [Redacted] has been deployed, [Redacted] will be deployed [Redacted] takes place - key milestone [Redacted] (L)  The above controls are subject to the Connect phase approval and completion.  Any additional controls considered and will be taken into account as an option within the Connect programme.	12	12	8	31/07/2021
CLOSED RISKS													
11	RPND/03 8899	03/08/2020	Planning & Performance Committee	Clinical Governance Committee	There is a risk that unless patient/public and broader stakeholder intelligence is collected, analysed and used effectively; strategy development, decision making, service development and delivery will not be appropriately informed to ensure NHS 24 services are accessible and meet the needs of the people of Scotland wishing to use it.	People across Scotland may not be able to access NHS 24 services due to barriers as a consequence of their relevant protected characteristics. NHS 24 is not well enough informed to ensure its strategic direction is correct and all barriers to accessing its services are removed to advance equality of opportunity. NHS 24 designs and develops products and services which do not effectively meet the needs of the public. NHS 24 does not meet its responsibilities under the Fairer Scotland Duty. Failure to take the steps required in the design and development of services could subject NHS 24 to legal challenge. NHS 24 suffers reputational damage	Director of Service Development	Reduce	NHS 24 Stakeholder Engagement Framework in place (complete)  Programme of volunteering and community engagement supporting people to take part in shaping NHS 24 and its partner organisations to achieve better decision-making, better outcomes and continual improvement in health and care services based on safe, effective, equitable and person-centeredness. (ongoing)  Embed User Research practice across all developments to understand user behaviours, needs and characteristics. (progressing) Consideration of opportunities to gather further data through new Community Health Index (CHI) register (Not started) Once collected and collated, analysis of patient characteristic information. (Planned)  Proposal for a Centralised Communication Hub on a national basis with Scottish Government which will widen access to services (Progressing) The national census will provide us with valid updated information on peoples characteristics (delayed 2022) Additional characteristic being captured as part of covid-19 pathway (ongoing) Additional ethnicity information captured through GP information available through CHI database (ongoing).	12	12	4	31/03/2021

12	RPND/ 039872	29/12/2020	Clinical Governance Committee	Staff Governance Committee	There is a risk that NHS 24 will continue to have increased sickness absence rates and contact centre outbreaks due to not being prioritised in the initial phase of the COVID vaccine rollout.	Higher sickness absence rates Contact centre outbreak Organisations reputation with staff Lower performance due to lower staff capacity	Director of Nursing & Care	Reduce	Vaccine roll out plan ready to be implemented (Complete). Head of Pharmacy written to CMO to outline NHS 24 position and request earlier availability/implementation of the vaccine for NHS 24 (Ongoing). Continue to implement extensive IPC (Ongoing) Engage with staff to keep them updated on our position re the vaccine (Ongoing). Engage with NHS Boards over longer term support for vaccine implementation (Ongoing)	16	6	6	31/03/2021
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