

NHS 24 CORPORATE RISK REGISTER - CORRECT AS AT 10/08/2021 - AMBER

Case Ref	Receipt Date	Primary Governance Committee	Secondary Governance Committee	Description	Significant Impact	Executive Risk Owner	Strategy Type	Mitigating Action	Prev Score (AxB)	Current Score (AxB)	Target Score (AxB)	Target Date	
1	RPND/041567	08/07/2021	Staff Governance Committee	Planning & Performance Committee	There is a risk that the rapid growth of NHS 24's front facing operational function outpaces the growth in corporate service functions which are required to support it.	<p>Corporate functions which support operational delivery become overwhelmed and error rates increase.</p> <p>Corporate staff become demotivated and sickness absence increases.</p> <p>Corporate staff are not able to keep pace with demand for essential management training of managers and staffs confidence in our leaders is diminished as a result.</p> <p>No capacity within corporate service functions to expand and build skillset toward omniscience to ensure resilience in their service delivery.</p>	Director of Workforce	Reduce	<p><u>Mitigation - Ongoing</u> Workforce Directorate review of structures (Ongoing - 31 Mar 22)</p> <p>UK Benchmarking of OD, Leadership &amp; Learning to understand best practice and to identify staff to customer ratios (Ongoing 31 Aug 21)</p> <p>Skills and competency mapping across organisation to understand the gaps (Ongoing - target date tbc by SWPG)</p> <p>Explore with Finance budget availability for resource (temp/agency/perm) (Ongoing - 31 Oct 21).</p> <p>Explore possibility of a review of all business case documents, plans and templates to allow articulation of further options to fill skills/competency/resource gaps (i.e. refined processes, collaborations, shared resourcing models etc) (Ongoing - 30 Sept 21)</p> <p><u>Mitigation - Complete</u> Strategic Workforce Planning Group established and meets bi monthly; monitoring will uncover gaps (Complete)</p>	NEW	16	4	31/03/2022
2	RPND/041568	08/07/2021	Staff Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 are unable to recruit and retain the right people as they are not seen an employer of choice.	<p>Unable to deliver the strategic plan objectives resulting in reputational damage and negative impact on the wider NHS.</p> <p>Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.</p> <p>Unable to provide the desired level of service determined by the public and by SG.</p> <p>Unable to provide new and improved services in the future.</p>	Director of Workforce	Reduce	<p><u>Mitigation - Ongoing</u> PIP weekly monitoring of progress towards targets for recruitment of key skillsets (Ongoing).</p> <p>Review of recruitment and retention - Scoping exercise in progress (31 July 2021) - Review (timescales to be agreed)</p> <p>Workforce strategy 2021-22 - drafted and with Scottish Government for agreement (Ongoing - 31 July 2021)</p> <p>Draft workforce strategy for 2022-25 to be developed (Ongoing - March 2022)</p> <p>Development and implementation of i-Matter action plan (Ongoing - 31 March 2022)</p> <p>Wider cultural work and career pathways to be undertaken (31 March 2022)</p> <p><u>Mitigation - Complete</u> Strategic Workforce Planning Group established and meeting bi monthly to deliver a coordinated approach to workforce planning and strategy. (Complete)</p> <p>Monthly reporting figures process agreed and in place (Complete)</p> <p>Fortnightly Service Delivery recruitment mee ings in place to ensure early intervention of any emerging issues (Complete)</p>	NEW	16	8	29/07/2022
3	RPND/038259	09/04/2020	Staff Governance Committee	Clinical Governance Committee	There is a risk that if NHS 24 experiences low levels of staff attendance over a prolonged period of time, this will negatively impact its ability to deliver services and develop new and improved ways of working.	<p>Prolonged waits to access services resulting in poor patient experience and reputational damage.</p> <p>Increased pressure on other staff, impacting on morale, retention and wellbeing.</p>	Director of Workforce	Reduce	<p><u>Mitigating Actions - Ongoing</u> Implementation of Attendance Improvement Plan (regular updates on progress being monitored by Staff Governance Committee). Key actions: - Wellbeing Team Managers in place to drive progress in relation to improvement plan and ensure a positive and consistent approach to attendance management (March 2022) - Communications Plan in place to promote a positive culture and help staff to understand implications of high levels of non-attendance at work (September 2021)</p> <p>Health &amp; Wellbeing initiatives for staff to support by providing positive working environment, occupational health services and one to one support (Ongoing).</p> <p>Development of Workplace Adjustment Policy in partnership with Business Disability Forum (Ongoing)</p> <p>Phase 2 of Shift Review would align managers with teams to provide a more supportive and team working environment (Ongoing - 31 July 2022)</p> <p>Continued promotion of LFT and PCR testing and vaccination programme with 90% of staff double vaccinated (Ongoing)</p> <p><u>Mitigating Actions - Complete</u> Health &amp; Wellbeing Strategy and Framework in place. (Complete)</p> <p>Improved sickness absence reporting suite with improved access for managers (Complete).</p> <p>Attendance at training and/or completion of eLearning modules by managers is monitored and a fortnightly report is published to show compliance and progress (Complete).</p>	20	16	8	31/03/2022

									<p>regularly report to patients to ensure compliance and progress (complete).</p> <p>Levelling sessions now in place and running on a regular basis to ensure auditing short and long term sickness absence bringing lessons learnt into raising/feedback sessions (Complete).</p> <p>Infection control policy and measures in place (Complete)</p>				
4	RPND/038901	03/08/2020	Planning & Performance Committee	Clinical Governance Committee	<p>There is a risk that gaps in specific skills (Project Managers, Ux Designers, Product Owners, User Researchers, Scrum Masters) and capacity across directorates are impacting the ability to deliver strategic objectives.</p> <p>Risk relates to NHS 24's ability to reach quality candidates to recruit into specialist roles.</p>	<p>Objectives are not met and service development and improvement is negatively impacted.</p> <p>Quality of work impacted by not having sufficient collaboration input from specific expertise within NHS 24</p> <p>Delay or non delivery of milestones within change portfolio and/or remobilisation plan.</p> <p>Developments don't deliver in line with user needs.</p>	Director of Strategy, Planning and Performance	Reduce	<p>Recruitment/appointment of appropriate resource and skills to deliver the digital priorities contained in the organisational objectives (Ongoing - 31 December 2021)</p> <p>Confirmed funding to support recruitment of required resource/skills (Ongoing - 30 Sept 21)</p> <p>Review and reallocation of workloads to reflect prioritisation of work (ongoing - initial phase 31 August 2021)</p> <p>Implementation of the approved Digital Business Case to identify and fill skills cap to delivery organisational priorities (Ongoing - 31 December)</p> <p>Cross Directorate working and planning through SMT to ensure an ongoing shared understanding of organisational priorities (Ongoing).</p>	16	16	4	31/12/2021
5	RPND/041505	04/07/2021	Planning & Performance Committee	Audit & Risk Committee	<p>There is a risk that the combined implementations of Connect Programme phase 1c and Office 365 impacts on delivery of NHS 24 services due to the amount of planned system 'down time'.</p>	<p>Slower operational system resulting in poor average handling time and operational performance during periods of high demand.</p>	Director of Service Delivery	Reduce	<p>Increase in staff numbers to counter the reduced performance times.</p> <p>Load testing system updates (cost implication to new system).</p> <p>Testing of user experience prior to implementation.</p> <p>Assurance from IT colleagues in relation to plans/processes in place.</p> <p>Minimising downtime max service availability</p> <p>Effectiveness of Plan</p> <p>Clear communications plan in place for internal/stakeholder comms.</p>	NEW	15	5	31/10/2022
6	RPND/041566	08/07/2021	Staff Governance Committee	Planning & Performance Committee	<p>There is a risk that leaders in the organisation are not equipped to effectively manage and lead staff under their stewardship.</p> <p>Due to the lack of a fully developed and embedded Organisational Development, Leadership &amp; Learning Strategy, Framework and Plan which is supported by a strategically aligned and appropriately skilled and resourced OD, Leadership &amp; Learning function.</p>	<p>Increased staff absence, impacting on NHS 24's ability to deliver services.</p> <p>Leaders fail to keep pace with a VUCA work environment.</p> <p>Staff feel under valued and lack resilience and knowledge in people processes.</p> <p>Confidence in our leaders is diminished</p>	Director of Workforce	Reduce	<p>Approved Business Case which details the transformation of Organisational Development, Leadership &amp; Learning and moved the dept closer to it's Target Operating Model (TOM) and the longer term vision in relation to the development of our people. (Ongoing - 31 December 2021)</p> <p>Full structure review of ODL&amp;L and implement changes aligned with Organisational Change processes. Recruit the gaps. (Ongoing - 31 March 22)</p> <p>ODL&amp;L Strategy for the next 3 years, aligned to the strategic outcomes of the new Organisational Strategy 2022-25. (Ongoing 31 Nov 21).</p> <p>Develop and implement a First Line Managers Course (Ongoing - 30 Sept 2021).</p> <p>Develop and implement new strategy and framework as a "re-launch" of OD. Leadership &amp; Learning to raise awareness of services provided. (Ongoing - 30 June 22).</p>	NEW	12	4	30/06/2022
7	RPND/038255	09/04/2020	Staff Governance Committee	Planning & Performance Committee	<p>There is a risk that NHS 24 are unable to fully support all health and wellbeing needs of staff due to pace and scale of change and growth of the organisation.</p>	<p>Staff feel unsupported and sickness absence rates increase as a result.</p> <p>Recruitment and retention of staff negatively impacted.</p> <p>Increased management time spent on sickness absence management, removing from other management responsibilities</p>	Director of Workforce	Reduce	<p><u>Mitigating Actions - Ongoing</u></p> <p>Implementation of the Wellbeing Strategy, Framework and action plan developed to support staff across a number of areas including:</p> <ul style="list-style-type: none"> <li>- Undertaking a review of Occupational Health Service (March 2022)</li> <li>- Promotion of training and resilience (March 2022)</li> <li>- Develop wellbeing communications plan/wellbeing hub on intranet (September 2021)</li> <li>- promotion of wellbeing initiatives (Ongoing)</li> <li>- working to embed a healthy working environment that relates to all aspects of our staff's lives (Ongoing).</li> </ul> <p>Progress being closely monitored by Staff Governance Committee.</p> <p><u>Mitigating Actions - Complete</u></p> <p>Staff wellbeing work stream in place. A group is established to support the management/co-ordination of activity. Outputs feed into the IMT/PIP (Complete).</p>	12	12	4	30/09/2021

8	RPND/ 041158	25/05/2021	Clinical Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 will be under prepared for COP26 due to the uncertainty of national planning assumptions as result of COVID 19.  Due to a number of contributing factors - - he use of 2019 national planning assumptions - he impact of COVID 19 - Winter/Flu season - uncertainty of the impact from the implementation of urgent care pathways and [REDACTED]	The unmeasurable disruption on NHS 24 service performance which poses a risk to the safety and quality of our services.	Medical Director	Reduce	NHS 24 will base our planning on 2019 assumptions will be utilised - provided by SG (Ongoing - 31 October 2021).  Engaged in National SG Health Planning Group (Ongoing until event November 2021).  NHS 24 Planning Group established with reps from Service Deliver, Comms, Digital, Workforce, Facilities to monitor progress (Ongoing - October 2021).  Assurance to the Board through Clinical Governance Committee (Ongoing - November 2021).  Clear outline to SG Health Resilience and SG Urgent Care Lead on the NHS 24 service model and the capacity & capability to support major incident planning (Complete 30 June 2021). The purpose of this is to seek confirmation of role of RUC in major incident by confirming the position with SG Health resilience unit . This will involve presenting a paper on RUC to the NHS Resilience Committee in August 2021 for discussion on the impact on Boards.  Continue to engage with NHS GGC in their planning for the event by attending their COP26 planning group ongoing till October 2021 to integrate this information into our planning assumptions (Ongoing - 31 October 2021).  Engaged with PHS in the use of NHS 24 digital services in CBRN event. The use of NHS Inform may provide public health information. (Ongoing - 31 October 2021).  Train, and exercise internal staff for major incident response (Ongoing - 30 September 2021).  Contribute to external exercises with partner agencies. (Ongoing - 31 October 2021).	12	12	4	15/10/2021
9	RPND/ 037063	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	Clinical recruitment pipeline and recruitment plan in place to meet developing organisational and clinical supervision needs. (Ongoing - 31 October 2021).  Weekly recruitment and training overview meetings to monitor and manage process (Ongoing)  Estate Strategy that meets recruitment/resource requirements through expansion of sites in the West and East of Scotland (Ongoing - 31 November 2021).  SMT work to review NHS 24 priorities and resource required to deliver (Ongoing - 30th July 2021).  Close liaison with Scottish Government and key stakeholders through safe space meetings, sponsor meetings, RUC and COVID pathway meetings to discuss current performance, horizon scanning and opportunities for improvement. (Ongoing - weekly)  Overview by NHS 24 IMT/SMT to ensure cross directorate approach to provide organisational support. (Ongoing)  Increased utilisation of remote clinical supervision and remote management (Ongoing)  24/7 Technical on-call support to ensure any system issues are resolved quickly (In place).  Developed Management Team to support expanding workforce and services (Complete)  Corporate escalation process to support frontline services, in line with ongoing review of organisational priorities and resource allocation/deployment (In place) Technical assurance on system stability, flexibility and performance (Complete)	20	12	4	01/07/2022
10	RPND/ 041506	04/07/2021	Staff Governance Committee	Clinical Governance Committee	There is a risk that the benefits of the initial phase of the shift review are not fully realised without the successful deployment of the next phase (managers/dentists/pharmacists).	Challenging performance and workforce planning which negatively impacts ability to provide a sustainable service.  Limits ability of NHS 24 to deliver desired outcomes from strategic delivery plan.  Increased cultural issues associated with lack of teaming approach on front-line.	Director of Service Delivery	Reduce	Re-establishment of Shift Review Working Group with appropriate representation. (Ongoing - tbc)  Project documentation developed with timelines to be confirmed (Ongoing - tbc).  Staff Engagement / Communications Plans to be put in place in line with project plan (Ongoing - tbc).  Robust review and assessment of performance/Management Information data to ensure a full understanding of the organisational requirements (Ongoing - 31 July 21).  Robust modelling to establish additional resource required to support increase frontline staffing numbers. Ongoing - 31 July 21)	NEW	12	4	30/06/2022

11	RPND/041610	13/07/2021	Clinical Governance Committee	Planning & Performance Committee	There is a risk that patient access times to the 111 service will increase due to a reduction in patient access to in-hours primary care and increased referrals by GP's surgeries.	Increased demand for services - patient safety may be compromised due to excessive wait times.  Reputational Damage	Director of Service Delivery	Reduce	Communications plan including signposting public to appropriate service and real time messaging on social media (Ongoing)  Ongoing stakeholder and sponsor discussions re models of care/clinical pathways (Ongoing)  Potential change to covid isolation rules for NHS/Health Care Staff who are double vaccinated (Ongoing)  Phase 2 of the shift review which will allow more engagement with managers and staff to support CPD and identify learning needs (Ongoing - 30-07-2021)  Recruitment/Training programme in place (Ongoing)  NHS Inform digital tools (Complete)  Robust attendance management processes in place (Complete)	NEW	12	8	29/10/2021
12	RPND/039309	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.	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 Delivery	Reduce	The rollout of a national high profile communications campaign with 111 as the clear call to action has taken place and will be completed by the end of August 2021. There is a need for a longer term programme of low level board communications explaining the urgent care pathway as a whole system approach.  Clear signposting communications to help support the public to get the right care in the right place (Ongoing Control).  Consistent, effective national communication about new pathways needs to be ongoing and become part of business as usual communications across the whole system including health and care partners (Ongoing Control). Clear expectation management messaging with the public throughout the winter will be key given system pressures and anticipated demand.	16	12	6	30/09/2021
13	RPND/041489	02/07/2021	Planning & Performance Committee	Audit & Risk Committee	Digital Services Resilience: There is a risk to the availability and integrity of the digital services provided by NHS 24 such as NHSInform, Care Information Scotland, Breathing Space etc.  [REDACTED]	Disruption to services [REDACTED]  The impact of this risk could result in: 1) Adverse publicity and reputational damage to NHS 24 from any extended downtime for these services	Chief Information Officer	Reduce	Mitigating Actions: The mitigation of this requires the following to reduce both the consequences and likelihood:  [REDACTED]  The above actions will reduce the consequence and likelihood to the target score. Implementing the above will require investment in both the digital services provision and to perform the external penetration testing. The above actions will reduce the consequence and likelihood to the target score.	NEW	12	4	31/12/2021
14	RPND/037596	07/01/2020	Planning & Performance Committee	Audit & Risk Committee	There is a risk that malware is introduced from the Internet to the NHS 24 estate via web browsing activities from any desktop, laptop or server asset	Possibility of significant cyber incident resulting in reduced ability to deliver 111 services [REDACTED]	Chief Information Officer	Reduce	[REDACTED]	NEW	12	8	31/03/2022
15	RPND/037593	07/01/2020	Planning & Performance Committee	Audit & Risk Committee	There is a risk that undetected Advanced Persistent Threats may be introduced to NHS 24 environment.	Possibility of significant cyber incident (SEPA)	Chief Information Officer	Reduce	Investigation with BT, NHS Scotland Cyber Security Operations Centre, Scottish Business Resilience Centre and NHS 24 to:  [REDACTED]	NEW	12	8	31/03/2022
16	RPND/037590	07/01/2020	Planning & Performance Committee	Audit & Risk Committee	[REDACTED]	Reduced ability to deliver 111 services. Increased risk of a significant cyber incident.	Chief Information Officer	Reduce	[REDACTED]	NEW	12	8	31/03/2022

17	RPND/ 025796	31/08/2016	Planning & Performance Committee	Clinical Governance Committee	There is a risk that NHS 24 is vulnerable to reputational damage through [redacted] emails [redacted] [redacted] [redacted]	Reputational damage by NHS 24 email addresses [redacted] [redacted] [redacted]	Chief Information Officer	Reduce	Short term - [redacted] [redacted] [redacted] Long Term - Migrate all NHS 24 staff to M365 email as part of the M365 upgrade project within the overarching Connect Programme. The migration to M365 email to be completed by March 2022; Responsible: Delivered as part of the Connect Programme. (L)	9	12 ↑	8	31/03/2022
18	RPND/ 041686	21/07/2021	Staff Governance Committee	Clinical Governance Committee	There is a risk that if NHS 24 does not meet their statutory obligations in relation to staff training, potential knowledge/skills gaps of staff may negatively impact on the safety and quality of the patient journey.  Current low compliance may be due to operational pressures and changing national training priorities.	Knowledge/skills gap created impacts role performance, potentially impacting patient safety and quality.  Staff wellbeing is impacted as feeling vulnerable, due to not having right tools/skills to undertake role competently.  Reputational damage if staff not trained to a certain standard.	Director of Workforce	Reduce	Action/Improvement Plan developed for implementation, key highlights as follows: Agree Mandatory Training e-learning modules (and required frequency) that are aligned to the once for Scotland requirements (all staff) (30/07/2021)  Agree role specific clinical mandatory modules. Annual review will be undertaken via the Clinical Education Governance Group (30/07/2021)  Evaluation of Mandatory Training - consider methodology / establishment sub-group (feedback mandatory on all e-learning modules) - annual report to Clinical Education Governance Group (30/08/2021)  Monthly engagement and trajectory reports and visibility of MI data for consideration by Teams/Line Managers/SMT/EMT (30/09/2021)  Review of intranet pages and navigation on TURAS (30/07/2021)  Phased communications plan re mandatory training requirements/ the importance of mandatory training and the responsibilities of staff/line managers. (Complete)	NEW	10	5	31/03/2022