

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">21 OCTOBER 2021 ITEM NO XXXX FOR ASSURANCE</p> <p style="text-align: center;">CORPORATE RISK REGISTER UPDATE</p>	
Executive Sponsor:	Medical Director
Lead Officer/Author:	Head of Risk Management and Resilience
Action Required	<p>The Board is presented with all Corporate risks scoring 10 or more.</p> <p>The paper is provided for review, discussion and assurance.</p>
Key Points for this Committee to consider	<p>Since last presented to the NHS 24 Board (19 August 2021), all directorates have undertaken a review of risks within their remit to ensure the current risks reflecting the system pressures and the ongoing challenges to NHS 24's delivery of its Remobilisation Plan.</p> <p>Since previously reported, key changes are as follows:</p> <ul style="list-style-type: none"> • The overall risk profile for NHS 24 has increased. • 23 corporate risks scoring 10 and above are presented. • 4 new corporate risks have been identified. • 3 risk has increased in score
Governance process	<p>All risks are being closely monitored by risk owners due to the uncertainty of planning assumptions at present.</p> <p>Following presentation to the EMT business meeting, corporate risks will be reviewed and considered by the following groups:</p> <p>21/09/21: Operational Risk Management Group</p> <p>04/10/21: EMT Risks & Opportunities Group</p> <p>11/10/21: EMT Business Meeting</p>
Strategic alignment and link to overarching NHS Scotland priorities and strategies	<p>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 our Remobilisation Plan.</p>

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 and take assurance on the risk management processes and procedures.

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 12 October 2021.

3. RISK SUMMARY

- 3.1 The risk profile (figure 1) provided in the form of a heat map below highlights the current position of all risks within NHS 24. Comparison is provided to the previous score reported. The overall risk profile continues to increase since last presented. Significant focus is being placed on management of these risks throughout NHS 24 directorates, SMT and EMT, as well as the risk management groups in place.

3.2

Figure 1

		Likelihood					Total	Previous Score
		Rare	Unlikely	Possible	Likely	Almost Certain		
		1	2	3	4	5		
Impact	Extreme	5		1 (1)	0 (1)	1 (0)	0 (0)	2 (2)
	Major	4			12 (12)	7 (3)	1 (0)	20 (15)
	Moderate	3				1 (1)	0 (0)	1 (1)
	Minor	2					0 (0)	0 (0)
	Negligible	1						0 (0)
Total			-	1	12	9	1	23
Previous Score			-	(1)	(12)	(5)	(0)	(18)

Very High Risks

3.3 There are currently 2 very high risks on the Corporate Risk Register.

RPND/041923: This is a risk that key milestones for Change Portfolio Board endorsed projects and programmes will not be delivered due capacity and recruitment issues within the PMO.

The Connect Programme has recently undertaken a Review/Health to identify any gaps/additional support requirements to delivery, and the outputs from this are likely to show additional support is required to achieve the programme. This has been proactively discussed at EMT and Connect Delivery Board and external support has been put in place in the short term while we consider tendering for additional external support to end of March 2022.

RPND/041505: There is a risk that the combined implementation of Connect Programme phase 1c [REDACTED] impacts on delivery of NHS 24 services due to the amount and timing of system 'down time'.

Both risks relate to the delivery challenges and dependencies within the delivery of key programmes of NHS 24.

New Risks

3.4 Since previously reported, four new risks have been raise as follows:

RPND/041923: This is a risk that key milestones for Change Portfolio Board endorsed projects and programmes will not be delivered due capacity and recruitment issues within the PMO (see para 3.3 above).

RPND/042278: There is a historical risk to service [REDACTED]

RPND/042279: There is a risk that NHS 24 will be vulnerable to [REDACTED]
[REDACTED] The CIO is progressing this at a national level.

RPND/042273: There is a risk that services [REDACTED] are susceptible to an external [REDACTED] attack. In response to the SEPA cyber-attack we have taken a decision to outline all individual cyber risks [REDACTED]

Increased Risk:

3.5 Since previously reported 3 risks have increased in score as follows:

RPND/041505: There is a risk that the combined implementation of Connect Programme phase 1c [REDACTED] impacts on delivery of NHS 24 services due to the amount and timing of system 'down time' (see para 3.3 above).

RPND/037063: There is a risk that the NHS 24 would not be able to sustain an effective response to significant additional pressure/demand on services (including COP 26) due to current system and resourcing capacity limitations. As winter and COP 26 planning progresses, this risk has been increased as the threat of additional demand increases.

RPND/037567: There is a risk that malicious software or devices could be used [REDACTED]

4. PROGRAMME RISK

4.1 The change portfolio work has been revised as a result of the impact of COVID-19 response. Key programme risks are reflected in the corporate risk register relating to Estates, Connect and system pressure.

4.2 Key risks relating to the Connect programme have been highlighted in the paper above. There is significant focus across NHS 24 to support the delivery of the Connect programme Objectives due to the dependencies on it for other operational and strategic objectives.