NHS 24 BOARD MEETING	8 OCTOBER 2020 ITEM NO 8.3 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 remains the same • 3 new risks have been identified • 0 risk has increased in score • 3 risks have reduced • 3 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.
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 30 September 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.

2.3 The NHS 24 Board considered strategic risk in line with our strategic objectives and the strategic landscape at its Board workshop session on 20 September 2020. The outputs from that session are being developed through the EMT Risk & Opportunities Group and will be presented to a future Board meeting.

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 remained steady overall 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	Rare	Unlikely	Possible	Likely	Almost Certain	Total	Previous Score
			1	2	3	4	5		
	Extreme	5		0 (0)	0 (0)	0 (0)	0 (0)	0	(0)
	Major	4			7 (9)	4 (5)	1 (1)	12	(15)
	Moderate	3				4 (4)	0 (0)	4	(4)
	Minor	2					0 (0)	0	(0)
	Negligible	1							(0)
Total			-	0	7	8	1	16	
Previous Score			-	(0)	(9)	(9)	(1)		(19)

(Header: Likelihood spans Rare, Unlikely, Possible, Likely, Almost Certain)

Very High/Increased Risks

3.2   There is one very high risk as follows:

There is a risk (RPND/036117) 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.   This risk has been reviewed by the Director of ICT and the mitigation updated.

New Risks

3.3   There are 3 new risks (scoring 10 and above) identified as follows:

There is a risk (RPND/038970) that if NHS 24 fails to improve its sickness absence rate performance impacts on its ability to deliver services. This risk was raised following closure of risk RPND/21544 and discussion at the Staff Governance Committee where it was agreed that there needed to be a separate risk from risk RPND/038259 in relation to the impact of COVID-19 on staff attendance, and that a new risk would be raised by the Director of Workforce to articulate the current risk to the organisation

3.4   There is a risk (RPND/039308) that NHS 24 cannot deliver its part of the National Urgent Care Pathway within the nationally agreed timelines. This may be due to lack of sign-off of the national pathway, challenges with recruitment/training, and uncertainty of demand from additional pressures (winter & COVID-19). This risk was developed and escalated through the Redesign of Urgent Care Programme Board.

3.5   There is a reputational risk (RPND/039309) 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 as one of the patient facing services. This will be further impacted depending on uncertain pressures of winter & COVID-19. This risk was also developed and escalated through the Redesign of Urgent Care Programme Board.

Closed Risks

3.6   There was a risk (RPND/038267) that NHS 24 do not have the capacity and capability for remote prescribing during the COVID-19 response and potential future service developments. This capability has been developed by NHS 24 and therefore, following review by the Clinical Risk Review Group, this risk has been closed. Capability for prescribing has been developed and staff capacity is also increasing.

3.7   There was a risk (RPND/038884) that there is a delay in decision making on the immediate estates strategy due to a number of contractual and partner issues, for example, if a second wave of COVID-19 hits. Following agreement with Scottish Government and the sign-off of the Lightyear Building it was agreed, following review by the Director of Finance, that this risk could be closed.

3.8   There was a risk RPND/021544 that if NHS 24 fails to improve its sickness absence rate performance it will impact on its ability to deliver services. This risk was originally combined with risk RPND/038259 as set out at para 3.3 above and therefore this risk was closed.

Reduced Risks

3.9   Three risks have reduced in score to below 10 since previously reported, both risks are in relation to the Estates Strategy as follows:

3.10   There is a risk RPND/038872 that the Lumina building will not be available for frontline staff within a timescale required to support the urgent care and winter response.

3.11   Risk RPND/038885 that NHS 24 is unable to deliver the estates strategy at the pace and scale required due to competing demands within NHS 24. Both of these risks reduced in score following Scottish Government's sign off of the Lumina and Lightyear buildings.

3.12   Risk RPND/038280 relating to securing appropriate business intelligence to proactively manage our COVID response has decreased as the internal and external data has been collated and actively used to support decision making.

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, urgent care and COVID 19.

4.2   Given the pace and scale of the implementation of the urgent care programme a number of programme risks are being managed locally in line with risk and programme management arrangements. The clinical risks relating to the redesign of urgent care will be subject to a "deep dive" review by the Clinical Governance Committee in the 19th October 2020.