

CORPORATE RISK REGISTER - GREEN

Case Ref	Receipt Date	Primary Committee	Secondary Committee	Description	Significant Impact	Executive Risk Owner	Strategy Type	Mitigating Action	Prev Score	Current Score (AxB)	Target Score (AxB)	Target Date	
1	RPND/036117	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. Components have either reached or are getting close to an end of life position.	Increases potential system downtime impacting on the delivery of NHS 24's front line services.  Security threats are also increased as patches become less available.  Significant negative impact on public, partner and staff relations.	Chief Information Officer	Reduce	This is part of the overarching Connect programme with multiple phases: Phase 1 involves the following actions which will reduce the Likelihood score: 1) Load balancer upgrade - key milestone is Load Balancer operational by end of August 2020; (C) - Complete 2) Updated - Data Centre Firewall replacement - key milestone is Firewalls operational by end of October 2020; 3) Updated - Upgrade of BT monitoring and management tools - key milestone is tools upgraded by end of October 2020; 4) Windows 10 Image build for pilot - key milestone is NHS 24 testing completed by beginning of November 2020; 5) Verint upgrade to version 15 - Currently on hold because of Pandemic response; 6) Licence extension for extended support - recurring year on year until operating system is replaced; key milestone - January 2021 for next renewal;  Additional mitigation action which will affect the consequence score currently underway is: 1) Disaster Recovery Expansion - this will give NHS 24 the ability to expand the available DR capacity should the requirement to implement DR arise. Key milestone is expansion capability delivered by end of July 2020; (C) - Complete Connect Programme Phase 1B: 1) A paper is being submitted to the NHS 24 Board for approval; Key Milestone is August 2020; (C) - Complete	20	20	4	31/03/2023
2	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 (i.e. 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) Seasonal planning undertaken (Ongoing)  Table top exercise to take place (Complete) Close liaison with Scottish Government and key stakeholders (Ongoing)  Overview of COVID-19 response, Winter Planning and Urgent Care by NHS 24 IMT to ensure joined up approach. (Ongoing)	16	16	4	30/12/2020
3	RPND/038246	09/04/2020	Planning & Performance Committee	Audit & Risk Committee	There is a risk that NHS 24 do not capitalise on the significant opportunities and enhancement of services developed during the COVID-19 NHS Scotland response.	NHS 24 strategy may not align with expectation of stakeholders nor delivery in new context.	Director of Service Development	Reduce	Director of Service Development identified to lead post incident Recovery and Renewal. Director of Service Development is also responsible for Strategic Planning. (Complete)  The 'Respond Recover Renew' Workstream has been approved and established (April 2020). (Complete)  A Leadership Team comprising of EMT colleagues has been established and an operational Evaluation, Assessment and Review (EAR) group developed. This work is being fully aligned with the Strategy Refresh, Annual Operating Plan and the Change Portfolio Board. (Ongoing)  NHS 24 is also closely involved in the Scottish Government National Response to Recovery and Renewal, as well as Regional Planning and National Board collaboration activity. (Ongoing)  Submission and implementation of the Remobilisation Plan (Ongoing).	16	16	4	31/12/2020

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4	RPND/0 38259	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 self-isolate, and general sickness rates, impact our ability to deliver current and proposed 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. Provision of Health & Wellbeing initiatives for staff. Support our staff by providing positive working environment, occupational health services and one to one support (Ongoing).  Complete process of risk assessments in place to bring shielded staff back into service (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).	16	16	8	30/03/2021
5	RPND/0 25796	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 currently open are: 1) Rollout Windows 10 across the estate to replace Windows 7 and update the current version of Windows 10. Key Milestone November 2020; (L) 2) Implement Microsoft Defender ATP - national programme - linked into the National Security Operations Centre for detection and response - key milestone - is completion of testing phase by end of August followed by full deployment by the end of February 2021;(C) 3) SPF (Sender Policy Framework) has been deployed. DMARC (Domain-based Message Authentication, Reporting & Conformance) DKIM (Domain Keys Identified Mail) will be deployed when the migration to Office 365 email takes place - key milestone O365 email based on current plan by end of October 2020; (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	26/02/2021
6	RPND/0 38263	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	Standard infection control processes in place, with additional deep cleans being undertaken (Ongoing).  Utilise a remote clinical supervision model for COVID-19 pods which would operate on a 1:3 supervision ratio rather than 1:5. Engagement with NSS at a senior level to ensure provision of ample wipes and hand wash (Ongoing)  Early release of guidance on infection control mechanisms (Complete)  Daily meetings where concerns can be raised. Operational procedures developed and validated by HPS. Multiple channel communicate with staff over infection control process.  Empowerment of staff to identify the need to stagger shift end times to ensure all staff not leaving at the same time and reduce opportunity for infection Support and engagement with Trade Unions.  New site identified to accommodate social distancing and increased staffing levels.  Outbreak process implemented and tested (complete).  On call staff identified to support track and trace services (complete).	12	12	8	30/03/2021
7	RPND/0 38255	09/04/2020	Staff Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 are not prepared to fully support all health and wellbeing needs of staff during a 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.  Wellbeing framework developed to support staff across a number of areas.	12	12	4	31/12/2020
8	RPND/0 38273	10/04/2020	Planning & Performance Committee	Audit & Risk Committee	There is a risk that, as a result of the COVID-19, NHS 24's capacity to deliver against its strategic priorities will be challenged.	NHS 24 unable to deliver on all aspects of its strategy.  Reputational impact with key stakeholders	Director of Service Development	Reduce	Strategic Planning aligned to Respond Recover Renew Workstream. Strategy Refresh and Annual Operating Plan will ensure full compliance with Strategy 2017-22 and will provide opportunity to refresh the organisations ambitions.  Ensure robust stakeholder engagement is in place.  Ensure COVID IMT are sighted on organisational priorities.  Determine change portfolio priorities.  Robust winter planning from the IMT.	12	12	6	31/03/2020

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9	RPND/0 36952	09/10/2019	Planning & Performance Committee	Audit & Risk Committee	There is a risk that in-year financial forecasting is challenged due to financial and progress information on new programmes not being shared with the appropriate directorates in the most efficient and effective way.	There will be reduced best value use of finances.  Forecast does not truly reflect the underlying position and NHS 24 cannot re-allocate resources as effectively.  Reputational impact with key stakeholders.	Director of Finance	Reduce	SPRA process in place to ensure initial and ongoing robust financial management. (Ongoing)  Programme management framework also in place to ensure robust financial management within programmes. This will provide early indication of any financial issues (Progressing)  Programme governance framework will support scrutiny of current projects and programmes (progressing). Additional Project Manager and Finance lead discussions for each programme (Ongoing).  Regular budget holder meetings to continue (ongoing).  Identify areas to meet best value (ongoing).  Additional Brokerage repayment (Progressing).  Development of Finance Awareness Sessions (Progressing)	12	12	6	30/04/2021
10	RPND/0 38899	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
11	RPND/0 30229	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	31/03/2021
12	RPND/0 38869	29/07/2020	Planning & Performance Committee	Staff Governance Committee	There is a risk that there is not sufficient estates seating capacity to support frontline and HQ staff due to physical distancing measures.	reduced frontline capacity to deliver operational priorities.  Continued working from home HQ staff.	Director of Finance	Reduce	Lumina & Lightyear Leases have been signed (Complete).  GJNH will be retained until October 2021 HQ staff continue to work from home with operational process to co-ordinate coming into the office. Temporary relocation of some staff to 3rd party site (Complete)  Staff DSE assessments to ensure they have the correct equipment for working from home (Ongoing).  Ongoing communication with staff over the estates strategy (Ongoing).  Building contractors working in parallel to tight timescales to enable Lightyear and Lumina buildings to be operational as quickly as possible.	12	12	4	02/11/2020

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13	RPND/038901	03/08/2020	Planning & Performance Committee	Clinical Governance Committee	There is a risk the current capacity and capability within the Service Development Directorate is not at optimal level to deliver the emerging digital strategic objectives	Objectives are not met and service improvement and development is negatively impacted	Director of Service Development	Reduce	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)	12	12	4	31/03/2021
<b>NEW RISKS</b>													
14	RPND/038970	10/08/2020	Staff Governance Committee	Planning & Performance Committee	There is a risk that if NHS 24 fails to improve its sickness absence rate 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.  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.  Aim is to deliver a 2% percentage reduction in our sickness absence rate over this twelve month period.  Discovery process being carried out to establish reasons for sickness absence to inform organisational, health and wellbeing plans.  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 absence management.	NEW	12	4	31/03/2021
15	RPND/039308	30/09/2020	Planning & Performance Committee	Clinical Governance Committee	There is a risk that NHS 24 cannot deliver it's part of the national urgent care pathway within the nationally agreed timelines due to lack of sign-off of the national pathway, challenges with recruitment/training and uncertain pressures (winter & COVID-19)	NHS 24's reputation would be negatively damaged across public, health board partners and the Scottish Government.	Director of Service Development	Reduce	On-going reporting through national workstreams and NHS 24 Programme Board Managing engagement.  Managing expectation of partners through national programme input.  Nationally agreed go/no-go criteria  Active recruitment of Clinical Supervisors and liaison with other partners about access to clinical resources  Nationally agreed pathways by end of September to allow clinical system changes and staff training.	NEW	12	6	30/11/2020
16	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 (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  Consistent, effective national communication about new pathways  Consistent communications and management from health and care partners  Managing engagement and expectations of public	NEW	16	6	30/11/2020