NHS 24 **BOARD MEETING**	**18 JUNE 2020** **ITEM NO 9.1** **FOR ASSURANCE**

<div align="center">

CORPORATE RISK REGISTER UPDATE

</div>

Executive Sponsor:	Medical Director
Lead Officer/Author:	Head of Risk Management and Resilience
Action Required	The Committee 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	At their previous meeting, the Committee were presented with 10 risks scoring 10 and above. Since the last meeting: • The overall risk profile has increased • 17 risks scoring 10 and above are presented • 9 new risks have been identified • 3 risks have increased in score (2 from below 10) • 2 risks have been closed • 2 risk have reduced in score
Governance process	Before presentation to the Audit & Risk Committee, NHS 24 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: Operational Risk Management Group – 6 May 2020 EMT Risks & Opportunities Group – 12 May 2020 Clinical Governance Committee – 19 May 2020 Staff Governance Committee – 20 May 2020 Planning & Performance Committee – 22 May 2020 Audit & Risk Committee – 4 June 2020.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	This paper provides assurance to the Audit & Risk Committee 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 NHS 24 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 9 June 2020.

2.2 The priority to the response to COVID 19 has meant that we have not had the opportunity to review our risk management strategy following the internal audit risk management maturity assessment approved by the Committee in February 2020. The risk strategy was due for review in November 2019 however was delayed to take into account the maturity review recommendations. The Risk Management Framework was provided to the February Audit & Risk Committee as assurance. The impact of COVID has meant that dates on a risk management strategy are unclear at this stage.

2.3 In regards to strategic risk the impact on COVID means that further work on our strategic risks will continue. This will be aligned to the Recover, Respond, Renew (RRR) work, our mobilisation plan and our strategy refresh. A strategic risk register will be presented to the next Committee for assurance.

2.4 The risk management annual report will be provided to the Audit & Risk Committee and Board in line with the annual accounts.

2.5 During this time of uncertainty, target dates for risks will be subject to continues review and change as the situation develops.

Risks currently under review:

2.6 There is a risk (RPND/03511) that NHS 24 do not capitalise on the long term accommodation opportunities for the regional operational centres due to the timescales of the Clyde Contact Centre relocation requirement. This Risk is currently under review to reflect the impact of the COVID-19 response on NHS 24's short and long term estate requirement including; physical distancing requirements, the temporary increase in staff, plus the need to vacate the GJNH site. Work is ongoing to ensure the size of the estate reflects the operational requirements of the organisation going forward. The target date has been extended.

Any additional risks will be escalated in line with existing governance processes where required.

2.6 Following discussion at the Staff Governance Committee on the Review by Internal Audit on Attendance Management, it was agreed the Director of Workforce would consider raising a risk in this regard. Risks relating to

absence management including COVID related are being considered and will be developed through the existing risk management governance process.

2.7 There is a risk (RPND/032338) that the quality of the patient journey could be affected in the event that there are inaccuracies in referral centre availability on Knowledge Management System (KMS) that NHS 24 is unable to update in real time. This risk will be proposed for closure as from 1 June 2020 NHS Greater Glasgow & Clyde have changed their appointment model which, provided there are no issues highlighted, will remove this risk to the organisation.

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 significantly increased since previously reported.

Figure 1

Impact		Score	Rare	Unlikely	Possible	Likely	Almost Certain	Total	Previous Score
			1	2	3	4	5		
	Extreme	5		2 (2)	(0) (0)	(0) (0)	(0) (0)	2	(2)
	Major	4			8 (5)	4 (1)	(0) (0)	12	(6)
	Moderate	3				3 (1)	(0) (1)	3	(2)
	Minor	2					0 (0)	0	(0)
	Negligible	1							(0)
Total			-	2	8	7	0	(17)	
Previous Score			-	(2)	(5)	(2)	(1)		(10)

The top header spans "Likelihood" across Rare, Unlikely, Possible, Likely, Almost Certain.

Very High Risks

3.2 There are no very high risk on the Risk Register.

New Risks

3.3 There are 9 new risks presented as follows:

Risk RPND/038246: There is a risk that NHS 24 do not capitalise on the opportunities presented by the COVID-19 NHS Scotland response. The Director of Service Development has been identified to lead the newly

established 'Respond Recover Renew' workstream. An update on the work of this workstream was presented to the Board and Planning & Performance Committee meeting which outlined in detail NHS 24's approach to mitigating this risk.

Risk RPND/038259: There is a risk that current self-isolation, sickness absence and shielding advice will impact on our ability to deliver services. This risk has emerged during the COVID-19 response and escalated from the COVID-19 Risk Register to the Corporate Risk Register.

Risk RPND/038267: There is a risk that NHS 24 do not have the capability for remote prescribing during the COVID-19 response. This risk has emerged during the COVID-19 response and escalated from the COVID-19 Risk Register to the Corporate Risk Register.

Risk RPND/038278: There is a risk that whole system capacity will not meet demand during the COVID-19 Pandemic. The protracted nature of the response required and potential demands will impact on this risk. NHS24 are working with key stakeholders on a second mobilisation plan. This risk has emerged during the COVID-19 response and escalated from the COVID-19 Risk Register to the Corporate Risk Register.

Risk RPND/038263: 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. This risk has emerged during the COVID-19 response and escalated from the COVID-19 Risk Register to the Corporate Risk Register. Mitigation measures have been implemented with a paper presented to the Clinical Governance Committee. This risk continues to be closely monitored.

Risk RPND/038258: There is a risk to the personal resilience of the NHS 24 COVID-19 Incident Management Team due to the protracted nature of the incident and limited resource within a small NHS Board. This risk has emerged during the COVID-19 response due to the protracted nature of the incident and demands placed upon those within the immediate response. The risk has escalated from the COVID-19 Risk Register to the Corporate Risk Register.

Risk RPND/038255: There is a risk that NHS 24 are unable to fully support all health and wellbeing needs of staff during a protracted incident response to COVID-19. This risk was identified by the COVID-19 Incident Management Team and escalated to the Corporate Risk Register due to its potential impact on NHS 24. This has been particular focus for the IMT with a wellbeing workstream established as set out in the mitigation to this risk. Staff Governance Committee will monitor the progress of this workstream.

Risk RPND/038269: There is a risk that NHS 24 does not have access to all available anticipatory care plan information to support decision making during the COVID-19 response as this has not yet been completed by Primary and Secondary Care Partners. Whilst this was an objective of NHS 24 it the benefits have been magnified during the COVID-19 response. The risk has been escalated from the COVID-19 Risk Register to the Corporate Risk Register and will be monitored by the Clinical Governance Committee.

Risk RPND/037935: There is a risk that NHS 24 do not take the steps required in the design and development of services to advance equality of opportunity and tackle socio-economic impact. This risk was developed by the Service Development Directorate while reviewing risk RPND/036114 as it was agreed that this risk was wider than collection and analysis of patient characteristic information and a separate risk needed to be developed to support change management.

Increased Risks

3.4   Three risks have increased in score since previously reported:

Risk RPND/036117:   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. The likelihood for this risk is increasing with the reduced windows to apply patches and the ageing equipment.   The additional mitigation is to re-model our disaster recovery solution and also to agree more frequent and different times for patches to be applied. This work is ongoing. A tabletop exercise is planned for 3rd August 2020 to ensure NHS 24 have an appropriate incident response to IT related disrupted.

Risk 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 (i.e. any health outbreak) due to current system and resourcing capacity limitations. The description for this has changed slightly to reflect having effectively responded to the current health outbreak, the risk has greater consideration to our ability to sustain the response.

Risk RPND/036144:   There is a risk that unless patient characteristic information (specifically disability, ethnicity, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity) is collected and analysed effectively, decision making and strategy development is not appropriately informed to ensure NHS 24 Services are accessible to the people of Scotland wishing to use it.   Following review by the Service Development Team, this risk was increased due to impact on the availability of resource during the COVID-19 incident.

Closed Risks

3.5   Two risks have closed since previously presented:

Risk RPND/021544: There is a risk that the current sickness absence rates will impact on the efficiency and effectiveness of Service Delivery. It was agreed at the EMT Risk and Opportunities Group that this risk could be merged with the new risk (**Risk RPND/038259**) which had been raised as set out in paragraph 3.3 above. The EMT agreed that the new risk better articulated the current situation and therefore this risk had been superseded and could be closed.

Risk RPND/036304: There is a risk that staff based at Clyde Contact Centre will become disengaged due to the current uncertainty on future base location. Following discussion, the Operational Risk Management Group confirmed in agreement with the Director of Workforce that this risk could be closed as a new location had been identified and there was no evidence of staff disengagement. As the work regarding our estates strategy evolves further consideration is being given to our estates related risks.

Reduced Risks

3.6   Two risks have reduced since previously presented:

Risk RPND/031009: There is a risk that NHS 24 does not achieve the agreed resource targets which would have a service performance and quality impact. Following discussion at the workforce senior management meeting, the Operational Risk Management Group confirmed that the score for this risk could reduce to 8 as call handler resource targets had been met. Although this risk has significantly reduced, it will remain in the risk register and be monitored in the current rapidly changing environment.

Risk RPND/034576: The risk regarding NHS 24 potential to support an increased digital response to pandemic flu remains with Scottish Government for consideration has reduced to a score of 10 to 8 due to the number of mitigating actions put in place during the current COVID-19 incident response. The digital development work will continue to support the NHS Scotland response.

4.   PROGRAMME RISK

4.1   The change portfolio work has been revised as a result of the impact of COVID-19 response.

4.2   A separate workstream has commenced by the Director of Service Development to support the transition phase post COVID19. The 'Respond Recover Renew' Workstream was approved and established (April 2020).

4.3   A Leadership Team comprising of Executives and Senior Managers has been established, as well as an operational Evaluation, Assessment and Review (EAR) group developed. This work is being fully aligned with the Strategy Refresh and our Annual Operating Plan. This will align with the Scottish Government national approach to recovery and renewal to enable NHS 24 to capitalise on any developments as well as understand our strategic risk profile following the COVID-19 pandemic..