

CORPORATE RISK REGISTER - GREEN

Case Ref	Receipt Date	Primary Committee	Secondary Committee	Description	Significant Impact	Executive Risk Owner	Strategy Type	Mitigating Action	Previous Score (AxB)	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. Negative impact on public, partner and staff relations.	Chief Information Officer	Reduce	<p>The NHS 24 Board approved a two staged approach to the Connect Programme and the Phase 1 Business Case in November 2019. (Complete)</p> <p>The Phase 1 Business Case confirms extending support contracts for a minimum of 12 months and replacing critical infrastructure which will</p> <ol style="list-style-type: none"> 1) stabilise the current environment through upgrading/refreshing end of life hardware and extending support on the operating systems and applications 2) ensure no degradation from the current system and applications performance and 3) allow for a period of focussed review of the broader investment required to support the future technical and digital roadmap for the organisation. CCN's for extended support for Operating systems and storage have been signed off. (Complete) <p>CCN for extended legacy hardware support to be put in place (Complete)</p> <p>Phase 2 Business Case to be presented to the March 2020 Board meeting (Progressing).</p> <p>The likelihood 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. (Ongoing)</p> <p>Board development session to outline our Disaster Recovery position (Complete)</p> <p>A tabletop exercise planned for 03/08/20 by Head of Risk Mgt & Resilience and Head of Information Governance & Info Security This will aim to improve our response to any roll back to Disaster Recovery. (progressing).</p>	12	16	4	31/08/2020
2 RPND/038246	09/04/2020	NHS 24 Board	Planning & Performance Committee	There is a risk that NHS 24 do not capitalise on the opportunities presented by 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	<p>Director of Service Development identified to lead post incident Recovery and Renewal. The Director of Service Development is also responsible for Strategic Planning. (Complete)</p> <p>The 'Respond Recover Renew' Workstream has been approved and established (April 2020). (Complete)</p> <p>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 and our Annual Operating Plan. (Ongoing)</p> <p>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)</p>	NEW	16	4	31/12/2020

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3	RPND/ 038259	09/04/2020	Staff Governance Committee	Planning & Performance Committee	There is a risk that self isolation, sickness absence and shielding advice during COVID-19 will impact on our ability to deliver services.	Prolonged wait to access 111 service may result in poor patient experience. Clinical Supervision numbers will not meet our requirements.	Director of Workforce	Reduce	<p>Attendance Improvement Plan in place which contains the following initiatives:</p> <ul style="list-style-type: none"> - target to reduce sickness absence by March 2020 by 0.5%, - wellbeing test of change established in the east - provision of Health & Wellbeing initiatives for staff. - Invest in Our Leadership Programme - Shift Review - Impact - Progress monitored by Staff Governance, Planning & Performance and Audit & Risk Committees. <p>Better Working Better Care in place to support improved staff experience. Delivery of Internal Audit Actions (Progressing).</p> <p>Sharing good practice/research between Boards (Progressing).</p> <p>NHS 24 Values work ongoing to support the delivery of an improved culture within the organisation (Ongoing).</p> <p>Support our staff by providing positive working environment, occupational health services and one to one support (Ongoing).</p> <p>National and Local Staff Engagement Plans and yearly planner of engagement developed by Communications team (Complete).</p> <p>Service Delivery lead appointed to oversee absence initiatives (Complete).</p> <p>Access to Government national testing capability ensures return of staff to workforce when well. Staff welfare checks in place for those staff self-isolating. Individual risk assessments for staff where required to ensure safety of staff.</p> <p>Infection control policy and measures in place to maximise the safety and wellbeing of staff while at work.</p> <p>Return of clinical secondees which increases the number of clinical supervisors.</p> <p>Staff Wellbeing Workstream in place.</p> <p>NHS 24 Values work ongoing to support staff. Service Delivery lead appointed to oversee absence initiatives.</p>	NEW	16	8	30/09/2020
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4	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	<p>Technical assurance in relation to system stability and performance (Complete)</p> <p>24/7 Technical support to ensure any system issues are resolved quickly (Ongoing).</p> <p>Business Continuity support from other directorates across NHS 24 (Ongoing)</p> <p>Seasonal planning undertaken (Ongoing)</p> <p>Tabletop exercise to take place (Complete)</p> <p>Close liaison with Scottish Government and key stakeholders (Ongoing)</p>	9	16	4	30/09/2020
5	RPND/ 025796	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.	<p>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.</p> <p>Secondary impact would be the associated damage to the reputation of the organisation.</p>	Chief Information Officer	Reduce	<p>Review of current and any additional potential controls is being considered and will take into account the Connect programme opportunities. (Progressing)</p> <p>NHS Scotland are implementing a Microsoft Defender ATP (Advanced Threat Protection) solution which should be rolled out across all of NHS Scotland. NHS 24 are currently trialling this with a limited scope.</p> <p>(Ongoing) 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 takes place (expected by end of June) NHS 24 are considering products such as DarkTrace which would be a limited time deployment (Under Consideration)</p> <p>A new web filter product has been implemented which reduces the number of potential attacks. (Complete).</p> <p>Anti-virus updating is set-up to be done automatically. (Complete)</p>	12	12	8	30/10/2020

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6	RPND/ 037935	24/02/2020	Planning & Performance Committee	Clinical Governance Committee	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.	<p>People with relevant protected characteristics may be unable to access services.</p> <p>NHS 24 designs and develops products and services which do not effectively meet the needs of the public.</p> <p>NHS 24 does not meet its responsibilities under the Fairer Scotland Duty.</p> <p>Failure to take the steps required in the design and development of services could subject NHS 24 to legal challenge.</p>	Director of Service Development	Reduce	<p>Stakeholder engagement function enhanced to incorporate equalities role including employing a Head of Stakeholder engagement to direct activities (Complete).</p> <p>Stakeholder Engagement and Insights Team objectives support the organisational priorities (Complete)</p> <p>Stakeholder Framework in place which aligns with organisational strategy (Complete).</p> <p>Development of a stakeholder engagement cross directorate group to embed Stakeholder Framework (Ongoing).</p> <p>Establishment of an organisational governance framework to ensure robust programme management is applied across all programme activity including stakeholder engagement (Ongoing).</p> <p>Invest in User Research Function ensuring appropriate research and engagement informs service design approach (Progressing) Equality Impact Assessment to be embedded across the organisation as part of the core governance structure (Ongoing)</p> <p>Delivery of a development session in relation to health inequalities to the NHS 24 Board to refresh awareness (Complete)</p>	NEW	12	4	31/12/2020
7	RPND/ 038267	10/04/2020	Clinical Governance Committee	Planning & Performance Committee	There is a risk that NHS 24 do not have the capability for remote prescribing during the COVID-19 response.	<p>The patient journey is not as effective as it could be.</p> <p>Partners need to deal with avoidable workload.</p>	Medical Director	Reduce	<p>Early collaboration between NHS 24 and HPS to explore potential prescriber resource options, including:</p> <ul style="list-style-type: none"> - Recalled seconded pharmacy prescriber from Scottish Government to help deliver remote prescribing on frontline including identifying suitable pharmacist prescribers from current frontline pharmacy advisor staff to increase prescriber numbers as necessary. - Option to recall an ANP who is currently deployed to NHS Lanarkshire if and when necessary. - Option to explore whether suitable nurse prescribers from current frontline can be identified to increase prescriber numbers - We have brought in, trained and deployed 19 dentists to support SEDS all of whom can prescribe for dental patients. <p>Prescriber policy and processes in place.</p> <p>Necessary contacts identified in NHS NSS to fast-track the creation of prescription pads for newly nominated individual prescribers</p> <p>All prescribing is being recorded, monitored and assessed against Board/National formularies and guidance to ensure good antimicrobial stewardship</p>	NEW	12	3	31/08/2020

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8	RPND/038278	10/04/2020	Clinical Governance Committee	Staff Governance Committee	There is a risk that whole system capacity will not meet demand during the COVID-19 Pandemic. The possible longevity of the pandemic is to be noted.	<p>Main impact on strategic clinical decision making.</p> <p>Staff absence increases due to staff feeling overwhelmed by volume and nature of calls/workload.</p> <p>Additional pressure on other areas of the health service may impact on patient flows and experience.</p>	Medical Director	Reduce	<p>Engagement with key stakeholders to ensure intelligence led decision making.</p> <p>Operational processes in place to support, including:</p> <ul style="list-style-type: none"> - Daily analysis by the Incident Management Team of output to clinical decision making. - process to provide feedback to the Clinical Development Team to update COVID decision support. - Daily feedback meeting with HPS to raise any clinical requirements. <p>SBAR sent to CMO by Medical Director.</p> <p>Clinical guidance produced nationally.</p> <p>Increased focus on workforce planning.</p> <p>Alignment with professional bodies COVID-19 Guidance.</p> <p>NHS 24 Strategic delivery group considering.</p> <p>Staff wellbeing workstream in place.</p> <p>Individual risk assessments for staff where required to ensure safety/wellbeing of staff.</p> <p>Framework document developed to support staff across a number of areas, including wellbeing communications, wellbeing support mechanisms, ability for staff to feedback any wellbeing issues. Wellbeing Group meeting weekly and reporting into Incident Management Team.</p>	NEW	12	8	30/09/2020

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9	RPND/ 038263	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	1:3 supervision ratio rather than 1:5 (COVID-19 Pods only) Standard Infection control processes in place, with additional deep cleans having taken place. Engagement with NSS at a senior level to ensure provision of ample wipes and hand wash. Early release of guidance on infection control mechanisms Daily meetings where concerns can be raised. Operational procedures developed and validated by HPS. Multiple channel communicate with staff over infection control process. Exploration of remote supervision to promote distancing. 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	12	8	30/09/2020
10	RPND/ 038258	09/04/2020	Clinical Governance Committee	Staff Governance Committee	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	Reduced availability of corporate knowledge and key skill set to support effective decision making.	Director of Service Delivery	Reduce	Response Framework implemented (Complete) 7 day working week to support all levels of staff and managers. (Ongoing) Leads and deputies identified so that there is visibility and resilience (Complete) On-call Structure in place. (Complete) Single points of failure to be identified and resolved through deputy arrangements. (Ongoing) Processes in place to reduce bureaucracy. Staff wellbeing workstream to include all staff members. (Ongoing) <i>Daily meeting schedule (Ongoing)</i>	NEW	12	6	31/08/2020
11	RPND/ 038255	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.	NEW	12	6	30/09/2020

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12	RPND/ 030229	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	<p>Shift review aligned to Better Working, Better Care clinical supervision test of change (Complete).</p> <p>Modelling option being developed by NHS 24 supported by NICE (Complete).</p> <p>The outputs from the staff engagement are being used to inform the modelling of options (Complete).</p> <p>Ensure robust communication plan in place including staff survey, off-line time for staff to attend focus groups. (Complete)</p> <p>All stakeholders are engaged and informed at all stages of the review (Complete).</p> <p>Commitment of resources to the Project to develop the full scope of outputs (Complete).</p> <p>Head of Integrated Service Delivery has been appointed (Complete).</p> <p>Agreed approach to flexible working requests to be put in place (Ongoing)</p> <p>Rotas identified by the shift review need to inform the recruitment process (Ongoing)</p> <p>Ensure staff time for development is fully protected and a culture of learning is embedded (Ongoing)</p>	12	12	6	31/08/2020
13	RPND/ 036144	27/06/2019	Planning & Performance Committee	Clinical Governance Committee	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.	<p>People across Scotland may not be able to access NHS 24 services due to barriers as a consequence of their relevant protected characteristics.</p> <p>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.</p> <p>NHS 24 suffers reputational damage as a result.</p>	Director of Service Development	Reduce	<p>User needs better understood through user research and engagement, including community and stakeholder engagement. (Progressing)</p> <p>Through user research collate relevant characteristic information (specifically disability, ethnicity, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity) on who is using NHS 24 Services (Progressing).</p> <p>Consideration of opportunities to gather further data through new Community Health Index (CHI) register (Not started)</p> <p>Once collected and collated, analysis of patient characteristic information. (Planned)</p> <p>Proposal for a Centralised Communication Hub on a national basis with Scottish Government (Progressing)</p> <p>Development of digital channels to increase access to NHS 24 Services (Progressing).</p>	8	12	4	30/09/2020

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14	RPND/ 036952	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	<p>SPRA process in place to ensure initial and ongoing robust financial management. (Ongoing)</p> <p>Programme management framework also in place to ensure robust financial management within programmes. This will provide early indication of any financial issues (Progressing)</p> <p>Programme governance framework will support scrutiny of current projects and programmes (progressing).</p> <p>Additional Project Manager and Finance lead discussions for each programme (Ongoing).</p> <p>Regular budget holder meetings to continue (ongoing).</p> <p>Identify areas to meet best value (ongoing).</p> <p>Additional Brokerage repayment (Progressing).</p> <p>Development of Finance Awareness Sessions (Progressing)</p>	12	12	6	30/04/2021
15	RPND/ 035511	15/04/2019	Planning & Performance Committee	Audit & Risk Committee	There is a risk 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. [Covid-19 has resulted in an additional risk in the short/medium term as a result of physical distancing rules]	Long term operational detriment with reduction in capacity, improved ways of working. Negative financial impact. Reduction in short/medium term capacity when demand has increased.	Director of Finance	Reduce	<p>Estates Programme Board established to provide assurance (Complete).</p> <p>Clear accommodation requirements to meet NHS 24 's short/medium and long term strategic needs (Progressing).</p> <p>Alternative accommodation options scoped and identified (Complete).</p> <p>Engaging with key partner agencies to understand their long term strategic intentions (Ongoing).</p> <p>Staff engagement at appropriate intervals on the longer term implications (Ongoing).</p> <p>Appropriately costed business case required for Board approval (Progressing).</p>	12	12	4	30/09/2020

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16	RPND/ 032338	14/02/2018	Clinical Governance Committee	Planning & Performance Committee	There is a risk 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.	The patient journey is compromised. NHS 24 directly refer to NHS GGC without going through the hub. If the Board informs us that they are closing a PCEC and we do not update the information in real time in KM the risk is that we send a patient to a closed PCEC and the patient comes to harm.	Director of Service Delivery	Reduce	<p>Communications are being sent to staff in real time in relation to PCEC end point status to 'ensure all NHSGGC PCEC rotas are checked as these are subject to change and may close at short notice'. (Ongoing).</p> <p>A short-term solution has been put in place to provide internal data management team cover (who have the ability to update remotely) from 9am-8pm 7 days a week. This cover is then taken on by the IT on-call resource (Complete).</p> <p>Working group established to monitor progress in relation to the development and implementation of the long term solution (Complete).</p> <p>Clinical Systems Development Team to develop a Robotic Process Automation as a long term solution for this risk. Software has been installed, test of change is underway and anticipated go live of test of change in August, with full implementation post Festive freeze. (Progressing) .</p>	10	10	5	31/08/2020
17	RPND/ 038269	10/04/2020	Clinical Governance Committee	Planning & Performance Committee	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.	Less informed decision making. Longer triage impacting patient journey. Avoidable/Inappropriate referrals to partners. Patients make assumptions NHS 24 has information not available to them.	Medical Director	Reduce	Raising awareness with key partners (Primary Care, SAS, Royal College of Practitioners and their Chair) of issue.	NEW	10	4	29/09/2020