NHS 24
BOARD MEETING

29 FEBRUARY 2024
ITEM NO 8.2
FOR ASSURANCE

RISK MANAGEMENT UPDATE

Executive Sponsor:	John Gebbie, Director of Finance
Lead Officer/Author:	Kevin McMahon, Head of Risk & Resilience
Action Required	The Board is asked to take assurance from the Risk Management process, presented Corporate Risk Register and risk update provided.
Key Points for this Committee to consider	The Board is presented with all current corporate risks scoring 10 and above (11 in total). Since previously presented to the Board on 21 December 2023, the key changes are as follows: • There are currently 31 corporate risks on the corporate risk register, compared to 30 previously. • 6 risks have been closed. • 7 new risks identified. • 1 risk has reduced in score.
Governance process	Before presenting to the Board, all risks have been reviewed and updated at the appropriate forums as follows: 22/11/23: Operational Risk Management Group 08/12/23: EMT Risk & Opportunities Group 15/01/23: EMT Business Meeting 05/02/24: Staff Governance Committee 08/02/24: Clinical Governance Committee 12/02/24: Planning and Performance Committee 15/02/24: Audit & Risk Committee
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 delivery of key strategic priorities and supporting documentation below: • NHS 24 Strategy • Annual Delivery and Medium Term Plans • Key Scottish Government Ministerial Priorities • NHS 24 Realistic Medicine Framework
Key Risks	Organisational 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 be assured by the risk management process, presented Corporate Risk Register and risk update provided.

2. TIMING

2.1 There are no timing issues associated with this paper.

3. BACKGROUND

3.1 In line with the Audit and Risk Committee's Terms of Reference, the Committee has the delegated authority of the NHS 24 Board to monitor the effectiveness of risk management arrangements, to assess and manage risk and provide the Board with assurance in this regard. The Committee reviewed the Corporate Risk Register and was assured by the risk management processes in place at its meeting on 15 February 2024.

4. RISK MANAGEMENT UPDATE

4.1 This paper provides an update on all corporate risks as at 31 January 2024. The attached risk register details all corporate risks scoring 10 and above.

4.2 There are currently 31 corporate risks in total compared to 30 previously reported, key changes are as follows:

- 6 risks have been closed.
- 7 new risks have been identified.
- 1 risk has reduced in score.

4.3 At its meeting on 18th January 2024 the Strategic Delivery Group discussed risks to the delivery of the NHS 24 Strategy and key organisational priorities. It was agreed that a number of the risks discussed would be developed further and incorporated into the Corporate Risk Register and, following internal review and governance, be presented to the next meeting of the Committee.

4.4 Following discussion at the Integrated Governance Committee the following was agreed:
- An overarching corporate risk in relation to cyber security would be developed to provide assurance and overview to the Committees and Board. (This is included within the attached risk register RPND/048511).

- The full Cyber Security Risk Register would be presented annually to the both the Planning and Performance and Audit & Risk Committee.
- The new risk register format presented to Clinical Governance Committee in November 2023 would be adopted for all Committee and Board meetings to ensure a consistent approach.
- Responsibility for assurance of organisational resilience has transferred from the Clinical Governance Committee to the Planning & Performance Committee. Given this change, all risks were reviewed to ensure primary and secondary governance committees were still appropriate with no amendments made.

5. RISK SUMMARY

5.1 The risk profile (figure 1), provided in the form of a heat map below, highlights the current position of all corporate risks.

Figure 1. Risk Profile

| Impact		Score	Likelihood					Total	Prev Score
			Rare	Unlikely	Possible	Likely	Almost Certain		
			1	2	3	4	5		
	Extreme	5	-	1 (1)	0 (0)	0 (0)	0 (0)	1	(1)
	Major	4	-	6 (5)	6 (8)	2 (2)	1 (0)	15	(15)
	Moderate	3	0 (0)	7 (6)	4 (4)	0 (0)	1 (1)	12	(11)
	Minor	2	-	0 (0)	2 (2)	1 (1)	0 (1)	3	(3)
	Negligible	1	-	-	-	-	-		(0)
Total			0	14	12	3	2	31	
Prev Score			(0)	(12)	(14)	(3)	(1)		(30)

5.2 The Board will note from the heat map above that there is one new very high financial risk, scoring 20 (RPND/048734 detailed below in section 5.6). This risk has been developed by the Director of Finance to reflect the specific financial challenges to be faced in 2024/25 due to the requirement for NHS 24 to meet higher savings targets and plan for 0% non-pay uplifts to breakeven next year.

5.3 There is a current financial year risk (RPND/046663). Significant progress has been made in the mitigation of the current risk in year including good progress on efficiencies, pays and non pay areas living within budget and SPRA items progressing well ahead of the end of the financial year.   The Director of Finance did consider reducing this risk score, however, due to delays in the confirmation of some uplift funding this has created a level of uncertainty resulting in this current risk score remaining at 12. It is anticipated that this

risk will close prior to the financial year end as confirmation is received on specific allocations.

5.4 Risk Target Dates (Figure 2 below) provides an overview of the current risk profile in the short, medium and longer term.
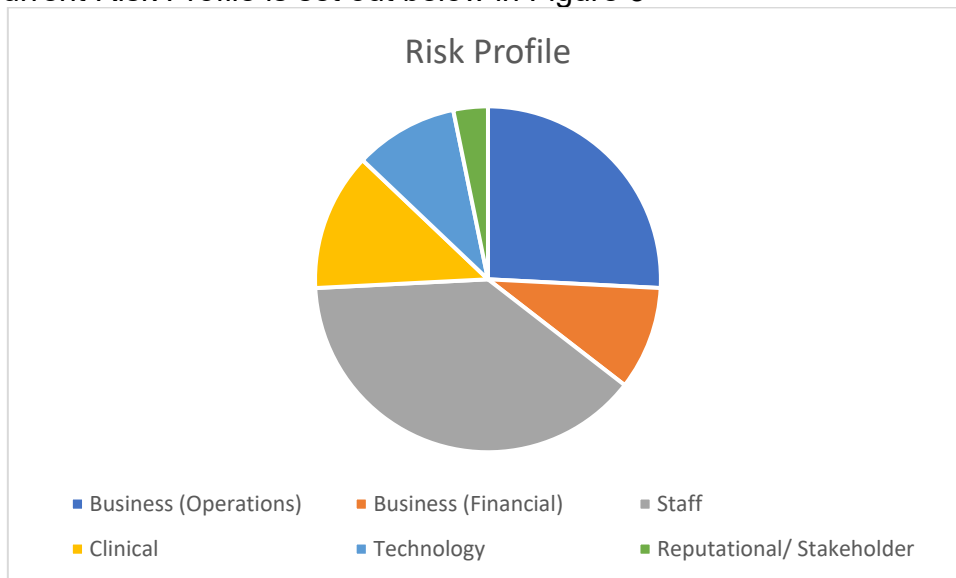
Figure 2. Target Dates
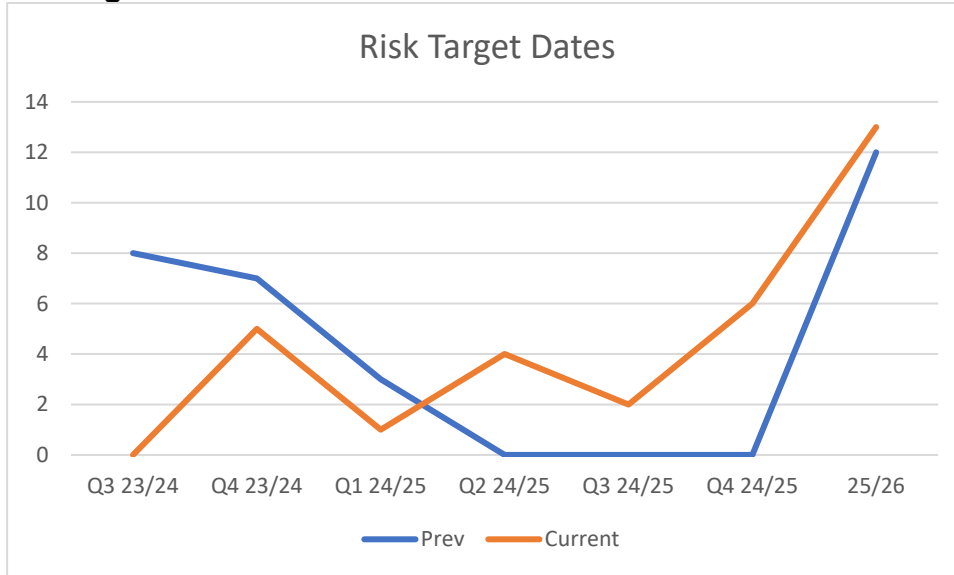
	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	25/26	
Prev	8	7	3	0	0	0	12	
Current	0	5	1	4	2	6	13	

5.5 There are currently 5 corporate risks with target dates due in Q4 of 2023/24. These risks have been reviewed and are anticipated to be on target.

5.6 Current Risk Profile is set out below in Figure 3

	Business (Operations)	Business (Financial)	Staff	Clinical	Technology	Reputational/ Stakeholder
Prev	12	2	10	5	0	1
Current	8	3	12	4	3	1

5.7 **New Risks**

Since previously reported, seven new risks have been raised as follows:

RPND 047502: There is a risk that in the event of a full system failure, transfer of patient records to partners becomes less reliable and effective due to the impact on business continuity processes following the reduction and phasing out of the use of faxes across NHS Scotland. The executive owner is the Chief Information Officer, and the current score is 8. Planning and Performance Committee is the primary governance committee.

RPND/048157: With respect to new commissions only for NHS inform, there is a risk that without the provision of a standardised and dedicated external subject matter resource, delivery of new public facing digital content is delayed. The executive owner is the Chief Information Officer, and the current score is 8. Planning and Performance Committee is the primary governance committee.

RPND/048511: There is a risk that NHS 24's information assets or technology systems are lost or compromised due to a successful malicious cyber-attack or data breach by an individual or organisation attempting to gain access to technology network/infrastructure, corrupt data or steal confidential information. The executive owner is the Chief Information Officer, and the current score is 10. Planning and Performance is the primary governance committee.

RPND/048113: There is a risk that the benefits of the Shift Review, in particular the development of a team culture, are not fully realised without the successful culture change and bedding in of Phase II (manager/team alignment) of the shift review. The executive owner is the Director of Service Delivery, and the current score is 12. Staff Governance is the primary governance committee.

RPND/048526: There is a risk that clinical governance and patient experience processes are compromised due to the limited functionality/workarounds of the current Incident Management System and the reduced number of users. The executive owner is the Director of Nursing & Care, and the current score is 8. Clinical Governance is the primary governance committee.

RPND/048599: There is risk that without a Director of Workforce, the co-ordination and delivery of the Scottish Government commissioned NHS 24 Workforce Strategy 2022-25 and associated Action Plan with be negatively impacted and the 2025 deadline will not be met. Following secondment of the Director of Workforce and discussions with the Committee and the Integrated Governance Committee this risk was opened and mitigating actions put in place. However, as the Director of Workforce has now returned to the organisation, this risk has been closed.

RPND/048734: There is a risk that the recurring aspirations of the organisation cannot be met due to financial constraints. The national position for 2024/25 requires Boards to meet higher savings targets and plan for 0% non pay uplifts. The financial uncertainty and need for efficiency plans to breakeven is on a significantly higher level than experienced by NHS 24 in recent years. The executive owner is the Director of Finance, and the current score is 20. Planning and Performance Committee is the primary governance committee for this risk.

5.8   **Closed Risks**

Since previously reported, six risks have been closed as follows:

RPND/046418: There is a risk that Cabinet Secretary does not approve any changes to NHS 24's KPI Framework, and that NHS 24 continues with interim arrangements or is required to revert back to previously agreed suite of KPIs that no longer reflect the service delivered. Following ongoing engagement with key stakeholders the KPI Framework is now approved, EMT Risks & Opportunities approved this risk for closure.

RPND/047302: There is a risk that the Training and Practice Education Team are unable to meet the training needs of the organisation due to the ongoing technical issues with the current training system. The main mitigation for this risk was the migration of the training system to the new data centre which has now been successfully implemented and this risk approved for closure. The Clinical Governance Committee was the primary governance committee for this risk.

RPND/047928: There is a risk that the NHS 24 Estate may include properties which have building component failure due to being constructed using RAAC - Reinforced autoclaved aerated concrete. As previously reported, a substantial amount of mitigation was put in place for this risk, including a review of the Estate to identify any areas of concern. This work is now complete with one area identified, which is currently stable. The Health & Safety Committee reviewed this risk and agreed it had been mitigated as far as possible for now. However, RAAC would become a regular agenda item for the Health & Safety Committee who would continue to monitor and get regular updates. NHS 24 will also continue to liaise with NHS Assure and attend any workshops and information session held by them. Staff Governance was the primary governance committee for this risk.

RPND/046667: There is a risk that following the introduction of changes to the current fire and emergency response legislation due in July 2023, that Health & Safety Leads and Fire Wardens are not adequately trained to undertake their duties safely and effectively unless NHS 24's current processes, procedures and training is updated and adapted to support these changes. The Health & Safety Committee have been monitoring this risk and at its meeting on 15 January approved the updated Fire Policy which was the last mitigation to be completed. The Committee approved this risk for closure. Staff Governance was the primary governance committee for this risk.

RPND/048599: There is risk that without a Director of Workforce, the co-ordination and delivery of the Scottish Government commissioned NHS 24 Workforce Strategy 2022-25 and associated Action Plan with be negatively impacted and the 2025 deadline will not be met. As set out above in section 5.7, this risk has been closed. Staff Governance Committee were the primary governance committee for this risk.

RPND/047376:   There is a risk that Medium Term Plan deliverables and strategic ambitions are not delivered due to insufficient organisational capacity,

the need to prioritise the activity and effectively align resources to deliver the required change alongside BAU activity.

5.9 **Reduced Risks**

Since previously reported, one risk has reduced in score as follows:

RPND/047377: There is a risk that reporting against KPI framework measures will be adversely impacted with implementation of Virtual Queue. All measures relating to time (Median Time to Answer, 90th Percentile TTA, Discontinued Calls, Patient Journey Time) cannot be measured on calls which select ringback option. Since previously reported, this risk has reduced from 12 to 9 then 6 due to the completion of a considerable number of mitigating actions and the identification of a technical issue which was impacting consistency of reporting. Although this risk score has reduced significantly it will remain open until the conclusion of a testing/monitoring period to ensure consistency of reporting following the implementation of the technical fix.

6. **PROGRAMME RISKS**

6.1 Governance is in place to manage the key strategic programmes within NHS 24. The Strategy Delivery Group provide oversight the progress in this area. Risks have been identified to ensure alignment of key areas of work within this. These will be reported through the appropriate Committees moving forward.

NHS 24
CORPORATE RISK REGISTER (correct as at 31/01/24)

Case Ref	RPND/048734
Risk Register	Finance
Receipt Date	30/01/2024
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Audit & Risk Committee
Description	There is a risk that the recurring aspirations of the organisation cannot be met due to financial constraints. The national position for 2024/25 requires Boards to meet higher savings targets and plan for 0% non pay uplifts. The financial uncertainty and need for efficiency plans to breakeven is on a significantly higher level than experienced by NHS 24 in recent years.
Significant Impact	Statutory duty to breakeven is not achieved if costs are not contained and required efficiency plans not enacted. Anticipated income allocations are not received due to changes in government priorities. Prolonged inflationary pressures impact on the purchasing power of existing funding.
Executive Risk Owner	Director of Finance
Op Risk Owner	Deputy Director of Finance
Strategy Type	Reduce
Mitigating Action	Mitigating Actions 1. Finance planning process is completed and agreed prior to the new financial year (First cut in January, with final concluded and approved by Board in March) (Ongoing March 2024) 2. Earlier implementation of SPRA process for 2024/25 (Plans received in December 2023 for consideration in the 24/25 finance plan) 3. Detailed Savings plans agreed early for implementation as early as possible in the new financial year. 4. Clarification from Scottish Government on priorities and secured funding on recurring basis 5. Receipt of allocation letters early in the financial year for Redesign of Urgent Care and Mental Health Services with any funding reduction impact on performance understood and agreed 6. Board approval and confirmation from Scottish Government on 3-Year Financial Financial Plan (March 2024) Ongoing Controls 1. Budgetary reporting mitigates against unplanned overspend and allows virement of budgets in year to achieve best value (Ongoing Control) 2. EMT & Board providing leadership and decision making (Ongoing Control) 3. Process to monitor saving plans and generate new ideas in place through Sustainability and Value Group (Ongoing Control)
Prev Score (AxB)	NEW
Current Consequence (A)	4
Current Likelihood (B)	5
Current Score (AxB)	20
Target Score (AxB)	6
Target Date	31/08/2024

Case Ref	RPND/038259
Risk Register	Workforce
Receipt Date	09/04/2020
Gov Committee 1	Staff Governance Committee
Gov Committee 2	Clinical Governance Committee
Description	Workforce Strategy Priority 1: Sustainable Workforce There is a risk that if NHS 24 experiences low levels of staff attendance over a prolonged period of time, this will negatively impact its ability to deliver clinical services, meet the duty outlined in the Health and Care Staffing Act (Scotland) (2019) to ensure appropriate staffing and develop new and improved ways of working.
Significant Impact	Prolonged waits to access services resulting in poor patient experience and reputational damage. Impacts negatively on staff morale, retention and wellbeing.
Executive Risk Owner	Director of Workforce
Op Risk Owner	Head of People Services
Strategy Type	Reduce
Mitigating Action	Mitigating Actions – Ongoing • Implementation of Wellbeing and Attendance Improvement Plan (regular updates being monitored by Staff Governance Committee). • Increased Formal Attendance Meetings to support line managers in managing attendance of their staff, signalling expectations to staff of the importance to attend work • Health & Wellbeing initiatives for staff to support by providing positive working environment, occupational health services and one to one support • Ongoing support for managers through Management Essentials and Leadership & Development Programmes End of Year 1 Risk Mitigations (30th Oct 2023) - Target <9% (As of 30/09/23 - 8.39%) • Actions moved to complete, or if outstanding to Year 2 End of Year 2 Risk Mitigations (30th Oct 2024) - Target <8.5% • Introduce case management KPIs • Procure case management system to report on KPI's - Case Management module procurement in progress • Review of Attendance and Wellbeing Action Plans • Extraction of Wellbeing Team Managers by Service Delivery, with all levels of line management taking full ownership of attendance management • Introduction of home (Remote) working for frontline by Service Delivery • Continuation/enhancement of existing management development and support for managers End of Year 3 Risk Mitigations (30th Oct 2025) - Target score <7% • Continuation/enhancement of existing management development and support for managers • Evaluate and Review impact of Attendance and Wellbeing Action plans on Attendance Management Key Risk Indicators • Absence levels • % of managers trained in accessing and applying relevant policies and procedures Mitigating Actions Complete • Shift review phase 1 • Improved sickness absence reporting suite, Manager Dashboards to be rolled out from July to ensure accountability • Wellbeing Team Managers in place to drive progress in relation to improvement plan and ensure a positive and consistent approach to attendance management • Development of Workplace Adjustment Policy in partnership with Business Disability Forum • All Directors and Managers to have attendance targets as an objective within their Appraisal • Internal Audit of Attendance Management •Workplace Adjustment Policy Workshops •Ensure compliance with Scottish Government Mental Health and Wellbeing Workforce Action Plan 2023 - Initiatives delivered are compliant with plan
Prev Score (AxB)	16
Current Consequence (A)	4
Current Likelihood (B)	4
Current Score (AxB)	16
Target Score (AxB)	8
Target Date	31/10/2025

Case Ref	RPND/046716
Risk Register	Workforce
Receipt Date	12/04/2023
Gov Committee 1	Staff Governance Committee
Gov Committee 2	Planning & Performance Committee
Description	Workforce Strategy There is a risk that due to pressures to deliver improved external patient facing ICT interfaces and the dedicated resources and finance this will require, we are unable to deliver the modernisation of systems and digitisation internally which will enable delivery of the Workforce Strategy and Plan 2022-25 and wider organisational Strategy and Plans.
Significant Impact	Internal ICT infrastructure requires to meet and match the same ambitions of the external facing ICT infrastructure as described in the Corporate Strategy 2023-2028. ██████████████████████████████████████
Executive Risk Owner	Director of Workforce
Op Risk Owner	Chief Information Officer
Strategy Type	Reduce
Mitigating Action	Mitigating Actions Ongoing •Utilise and continue to link in with NES to adopt national internal ICT systems, promoting efficiencies (Ongoing control) End of Year 1 Risk Mitigations (30th Oct 2023) - New KPI developed for Year 2 • Actions moved to complete, or if outstanding to Year 2 End of Year 2 Risk Mitigations (30th Oct 2024) - 25% of Workforce Digital Workplan completed • Conduct Digital Skills Audit to identify known gaps and move to close these, promoting digital literacy within Workforce Directorate (Dec 2023) • ICT and Workforce Directorate to collaboratively conduct a 'Test of Change' to convert current Intranet to SharePoint (Dec 2023) • Establish a Data and Digital Group. Work collaboratively with ICT and influence pace of internal ICT changes where possible (Oct 2024) • Promote the use of ████████████ within CPD time within Workforce Directorate to close skills gaps (Oct 2024) End of Year 3 Risk Mitigations (30th Oct 2025) - 50% of Workforce Digital Workplan completed • Rollout internal digital skills e-learning and masterclasses to wider organisation as part of Organisational Development Workstream of the Digital Transformation Programme Key Risk Indicators: • % of internal workforce processes automated • Skills Audit completion levels and no. of gaps closed • Evaluation data from test of change • % of NHS 24 Workforce upskilled in digital skills Mitigating Actions Complete • Redefine an existing role to focus activities within the digital environment to drive efficiency and effectiveness in Workforce Directorate (Dec 2023) • Utilise learning from e-RAF built by ICT to build future automated processes on (Dec 2023)
Prev Score (AxB)	16
Current Consequence (A)	4
Current Likelihood (B)	4
Current Score (AxB)	16
Target Score (AxB)	8
Target Date	31/10/2025

Case Ref	RPND/047509
Risk Register	Finance
Receipt Date	14/07/2023
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Staff Governance Committee
Description	There is a risk that if approved, the planning application submitted by the landlord of the Dundee Centre for part change of use to student accommodation will negatively impact service provision and staff
Significant Impact	Negative impact on service performance and quality due to incompatibility of uses between NHS 24's operation and student accommodation due to operational hours, noise levels and potential disturbance. Negative impact on staff safety, particularly at shift change times of 12am and 12pm entering and existing the building Negative impact on the health and safety of staff during construction phase.
Executive Risk Owner	Director of Finance
Op Risk Owner	Head of Estates & Facilities
Strategy Type	Reduce
Mitigating Action	Mitigating Actions - Ongoing 1. Ongoing engagement with Landlord - open communication, and documented responses (Ongoing - March 2024). 2. Ongoing engagement with other tenant to ensure joined up approach to Objection to planning permission (Ongoing - March 2024) 3. Engage with other public sector bodies to identify alternative accommodation, should it be required (Ongoing - March 2024) 4. If Planning Permission is granted, confirmation of any terms/mitigations of the granted planning permission (March 2024 - target date estimated at this point - date will be monitored and reassessed as matters progress) 5. Response from Dundee City Council following submission of 2nd objection letter to planning permission at Dundee (Ongoing - March 2024) Mitigating Actions - Complete 1. NHS 24 appointment of Avison Young Planning Specialist to support NHS 24 (Complete - 15/07/2023) 2. Submission of Objection to Council Planning Division by 28 July 2023, copy to landlord. (Complete) - Submission to include service definition, operational context and provide a short and concise overview of impact to service from noise pollution. 3. Appointment of Noise Assessment Specialist to review Environmental Noise Assessment undertaken by planning applicant (landlord) to support NHS 24's objection to planning permission. Second objection letter submitted December 2023. (Complete)
Prev Score (AxB)	15
Current Consequence (A)	3
Current Likelihood (B)	5
Current Score (AxB)	15
Target Score (AxB)	3
Target Date	31/03/2024

Case Ref	RPND/046711
Risk Register	Workforce
Receipt Date	12/04/2023
Gov Committee 1	Staff Governance Committee
Gov Committee 2	Planning & Performance Committee
Description	Workforce Strategy Priority 1: Sustainable Workforce

There is a risk that the steady increase in NHS24 staff turnover over the past 2 years continues, net gains are not realised and therefore target establishment levels are not achieved.

High labour turnover rates have significant financial costs to the organisation, in addition to impacting staff morale and productivity. |
| **Significant Impact** | Negative impact on staff morale and productivity.

Target establishment levels are not achieved. |
Executive Risk Owner	Director of Workforce
Op Risk Owner	Head of Planning and Resource
Strategy Type	Reduce
Mitigating Action	Mitigating Actions – Ongoing
• EMT and SGC receive a six monthly progress report including a deeper dive and an update on progress made against the improvement action plan
• Retention strategy built into Workforce Strategy 2022-2025 • Reduced number of fixed term contracts and use of agency staff (Ongoing Control)

End of Year 1 Risk Mitigations (30th Oct 2023) - Target 26% (As of 30/09/23 - 21.04%)
• Actions moved to complete, or if outstanding to Year 2

End of Year 2 Risk Mitigations (30th Oct 2024) - Target 24%
• Develop criteria for Rotational Posts where staff do a joint role with two boards then move to implement (June 2024) kick off meetings commenced in September 2023
• Attrition Improvement Plan - Phase 3
• Implement a helicopter view of attrition from the road map identifying all the different areas to be incorporate into attrition analysis.
• Introduction of home (Remote) working for frontline

End of Year 3 Risk Mitigations (30th Oct 2025) - Target 22%
• Job rotation (opportunities to try something new)
• Wider collaboration across the NHS in terms of sharing staff resources Key Risk Indicators
• % rolling turnover
• stability index
• Exit interview completion rates
• New start satisfaction and recommending NHS 24 as a great place to work data

Mitigating Actions Complete
• Attrition Improvement Plan - Phase 1
• Shift review phase 1 and 2
• Provided a deeper dive into attrition to EMT, Staff Governance Committee and APF in May 2022, Nov 2022, July 2023.
• Induction now spans initial 12 months of employment.
• Appraisal Re-Invigoration (rolled out from April 2023).
• Retire and Return Process for all staff implemented • Pilot for mandatory exit interviews
• Recruitment training for hiring managers developed and rolled out from August 2023
• Introduce opportunity for feedback on staff experiences throughout the first 12 months working at NHS 24
• Recruitment training for hiring managers developed and rolled out from August 2023 |
Prev Score (AxB)	12
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	8
Target Date	31/10/2025

Case Ref	RPND/046663
Risk Register	Finance
Receipt Date	30/03/2023
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Audit & Risk Committee
Description	There is a risk that the recurring aspirations of the directorates may not be able to be met due to the financial constraints on the organisation while savings plans require to be identified to get back to recurring financial balance.
Significant Impact	Break even position not achieved if costs are committed to and not balanced by recurring savings. Resources not available to ensure excellence in business as usual is not at the detriment to change programmes or vice versa. NHS 24 fail to meet key performance or financial targets unless savings and improvement plans are implemented.
Executive Risk Owner	Director of Finance
Op Risk Owner	Deputy Director of Finance
Strategy Type	Reduce
Mitigating Action	Mitigating Actions 1. Finance planning process (SPRA and Finance Plan) mitigates against any unplanned over spend (Complete for 2023/24) 2. Earlier implementation of SPRA process for 2024/25 (October 2023) - Complete) 3. Savings plans in place (Ongoing - Recurring savings nearly complete and plans identified for the balance - January 2024) 4. Clarification from Scottish Government on priorities and secured funding on recurring basis (Confirmation of funding for 2023/24, however, as above the national position provides uncertainty over 2024/25 funding levels. Ongoing - January 2024) 5. Receipt of allocation letter in relation to recurring Redesign of Urgent Care funding (£10.7 has now been baselined with the 23/24 balance confirmed. However, as above national position provides uncertainty over 24/25 funding). (Ongoing - January 2024) 6. Board approval and confirmation from Scottish Government on 3-Year Financial Financial Plan (March 2024) Ongoing Controls 1. Budgetary reporting mitigates against unplanned overspend and allows virement of budgets in year to achieve best value (Ongoing Control) 2. EMT & Board providing leadership and decision making (Ongoing Control) 3. Process to monitor saving plans and generate new ideas in place through Sustainability and Value Group (Ongoing Control). At month 9 NHS 24 is on target to fully meet the financial plan targets set for 2023/24. There is currently an underspend position with savings on target to fully achieve and pay/non pay in balance.
Prev Score (AxB)	12
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/03/2024

Case Ref	RPND/046715
Risk Register	Workforce
Receipt Date	12/04/2023
Gov Committee 1	Staff Governance Committee
Gov Committee 2	Planning & Performance Committee
Description	Workforce Strategy Priority 2. Inclusive Culture There is a risk that without changing the current organisational culture, attrition will continue to rise, grievances levels will continue to be high and attendance levels challenging.
Significant Impact	Staff morale is impacted, wellbeing of staff is impacted and service pressure demands are exacerbated by increased absences. By improving the organisational culture, the above will be mitigated and NHS 24 will be recognised externally as an Employer of Choice.
Executive Risk Owner	Director of Workforce
Op Risk Owner	Head of Organisational Development Leadership & Learning
Strategy Type	Reduce
Mitigating Action	Mitigating Actions Ongoing • Culture Change Manager to attend Staff Experience Groups on a rolling basis to establish credibility and for increased visibility (Ongoing control) End of Year 1 Risk Mitigations (30th Oct 2023) - Target 26% attrition (As of 30/09/23 - 21.04% attrition) • Actions moved to complete, or if outstanding to Year 2 End of Year 2 Risk Mitigations (30th Oct 2024) - Target 24% attrition • Develop KPI's and Dashboard to track and monitor progress of Cultural Alignment Programme and link to Equality, Diversity and Inclusion, Wellbeing and Staff Engagement (Oct 2023) - KPI's developed, delay in dashboard design and will now be presented to Staff Governance in Feb 23 • Continue to deliver Culture Workshops/Targeted Interventions to raise awareness of new Values and Behaviours Framework (Oct 2024) • Deliver Cultural Alignment Programme Year 2 Actions (Oct 2024) End of Year 3 Risk Mitigations (30th Oct 2025) - Target 22% attrition • Deliver Cultural Alignment Programme Year 3 Actions (Oct 2025) Key Risk Indicators: • iMatter Response Rate • iMatter EEI Score • iMatter Overall Experience Score • CCA Audit results • Absence Levels • Attrition Levels • Appraisal Levels Mitigating Actions Complete • Appoint Culture Change Manager (Apr 2023) • Establish current culture baseline by interrogating workforce data, surveys, iMatter reports (Jun 2023) • Develop NHS 24 Values and Behaviour Framework (Jun 2023) • Build and deliver a 'Culture Wall' and associated Action Plan, linked to Equality, Diversity and Inclusion and Wellbeing (Oct 2023) • Deliver Cultural Alignment Programme Year 1 Actions (Oct 2023) • Deliver Culture Workshops/Targeted Intervention to raise awareness of new Values and Behaviours Framework (Oct 2024)
Prev Score (AxB)	12
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/10/2025

Case Ref	RPND/046714
Risk Register	Workforce
Receipt Date	12/04/2023
Gov Committee 1	Staff Governance Committee
Gov Committee 2	Planning & Performance Committee
Description	Workforce Strategy Priority 4: Effective Leadership & Management There is a risk that leaders in the organisation are not sufficiently skilled to resiliently manage current complex organisational challenges or the change required to transform NHS 24 in line with the priorities contained in the Corporate Strategy 2023-28
Significant Impact	Leaders in the organisation are not equipped with the skills, resilience and behaviours required to transform the organisation per the Corporate Strategy 2023-28
Executive Risk Owner	Director of Workforce
Op Risk Owner	Head of Organisational Development Leadership & Learning
Strategy Type	Reduce
Mitigating Action	Mitigating Actions Ongoing • Undertake Talent Identification and Succession Planning process each year to identify nominations for national leadership programmes, identify top talent and develop for succession (Ongoing Control) End of Year 1 Risk Mitigations (30th Oct 2023) - >50% of eligible Managers on MEP (As of 30/09/23 - 53%) • Actions moved to complete, or if outstanding to Year 2 End of Year 2 Risk Mitigations (30th Oct 2024) - >90% of eligible Managers on MEP, > 40% of eligible Middle Managers and 40% of eligible Senior Leaders • Continue to deliver Management Essentials Programme to all existing people managers up to and including Band 7 (Dec 2023) • Deliver Management Essentials Programme to new managers (Oct 2024) • Deliver Senior Leaders Programme to all in-scope leaders (Oct 2024) • Deliver Executive Development Programme (Oct 2024) • Develop and implement NHS 24 Mentoring Programme (Oct 2024) End of Year 3 Risk Mitigations (30th Oct 2025) - 50% of eligible Middle Managers and 50% of eligible Senior Leaders • Deliver Middle Leaders Programme to all in-scope leaders (Oct 2025) • Deliver Management Essentials Programme to new managers (Oct 2025) Key Risk Indicators: • Appraisal Levels • Attrition Levels • Absence Levels • ER case numbers • Numbers attending Leadership Programmes • iMatter EEI Rating • iMatter Overall Experience Rating • Internal Mobility (Talent and Succession Planning) Mitigating Actions Complete • Deliver Management Essentials Programme to all existing people managers up to and including Band 7 (Oct 2023) (50% target met, remaining delivery carried forward to Year 2) • Implement new LMS to ensure CPD wraparound for Leadership Development Programmes (Oct 2023) - LMS launch moved to align with launch of Leadership Development Programme in Nov 23
Prev Score (AxB)	12
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/10/2025

Case Ref	RPND/048113
Risk Register	Service Delivery
Receipt Date	06/10/2023
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Staff Governance Committee
Description	There is a risk that the benefits of the Shift Review, in particular the development of a team culture, are not fully realised without the successful culture change and bedding in of Phase II (manager/team alignment) of the shift review.
Significant Impact	Ability of NHS 24 to deliver desired outcomes from strategic delivery plan, negatively impacted. Increased cultural issues associated with lack of teaming approach on front-line. Reduction in staff morale if potential benefit not delivered.
Executive Risk Owner	Director of Service Delivery
Op Risk Owner	Head of Integrated Service Delivery
Strategy Type	Reduce
Mitigating Action	Mitigating Actions 1. Development of scope for Evaluation by the QI Team (Complete) 2. Resource identified and establishment of timeline for duration of Evaluation (Ongoing - December 2023) 3. Implementation of evaluation and development and analysis of outputs and recommendations once complete (Ongoing - March 2025) Ongoing Controls 1. Robust modelling in place to establish requirements, focusing on operational and managerial roles. (Ongoing Control) 2. Ongoing engagement and communication with managers and staff (Ongoing Control) 3. Monitoring and oversight of key staff KPIs through various BAU groups, staff surveys, iMatter (Ongoing Control)
Prev Score (AxB)	NEW
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	4
Target Date	31/03/2025

Case Ref	RPND/037063
Risk Register	Service Delivery
Receipt Date	24/10/2019
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Clinical Governance Committee
Description	There is a risk that the NHS 24 would not be able to sustain a safe and effective response due to significant and prolonged surge in demand caused by unforeseen circumstances or events.
Significant Impact	Potential delay in patient care due increased waiting times at peak periods. Impact on performance targets Additional pressure on staff.
Executive Risk Owner	Director of Service Delivery
Op Risk Owner	Associate Director of Nursing and Operations
Strategy Type	Reduce
Mitigating Action	Mitigating Actions - Ongoing 1. Development and implementation of performance improvement initiatives to reduce the average handling time of calls, improve access and communicate effectively with patients and the wider public (Ongoing - 31 March 2025) 2. Review of operational model and ways of working for Dentistry and Pharmacy Services including a review of IVR messaging and appropriate signposting to Misinforms (Ongoing - March 2024) 3. Completion of SPRA process (Ongoing) 4 Introduction of New Change Control Process (Ongoing) 5. Working with Workforce colleagues to ensure the number of vacant posts (all levels) remain at a minimum ensuring optimisation of resource levels at all times (Ongoing). 6. Introduction of Clinical Hybrid roles in remote and rural areas to help increase levels available national clinical resource (Ongoing March 2024) Ongoing Controls 1. Application of the Corporate escalation framework that outlines triggers and actions required to support a sustained corporate response. This is supported and implemented through command and control arrangements within IMT and Executive Escalation Group when appropriate (Ongoing control) 2. Close liaison (weekly) with Scottish Government and key stakeholders through safe space meetings, sponsor meetings, RUC pathway meetings to discuss current performance, horizon scanning and opportunities for improvement. (Ongoing Control) 3. Regular review of risk status at NHS 24 IMT/SMT to ensure cross directorate approach to provide organisational support where support outside of an existing project or initiative is required to be stood up. (Ongoing Control) 4. Increased utilisation of remote clinical supervision and remote management (Ongoing Control) 5. Coaching programme to improve clinical talk times (Ongoing Control)
Prev Score (AxB)	12
Current Consequence (A)	4
Current Likelihood (B)	3
Current Score (AxB)	12
Target Score (AxB)	4
Target Date	31/03/2025

Case Ref	RPND/048511
Risk Register	ICT
Receipt Date	04/12/2023
Gov Committee 1	Planning & Performance Committee
Gov Committee 2	Clinical Governance Committee
Description	There is a risk that NHS 24's information assets or technology systems are lost or compromised due to a successful malicious cyber attack or data breach by an individual or organisation attempting to gain access to technology network/infrastructure, corrupt data or steal confidential information.
Significant Impact	Compromised data or technology systems leading to disruption of service provision. Reputational damage.
Executive Risk Owner	Chief Information Officer
Op Risk Owner	Head of Information Governance & Security
Strategy Type	Reduce
Mitigating Action	Mitigating Actions: 1.Improve cyber awareness across the organisation by the development of education/awareness plan. (Ongoing -31/03/2025) ██████████████████████████ Ongoing Controls: 1.Information Governance and Security Group, chaired by the Chief Information Officer, in place to: - monitor and manage operational cyber risks on a regular basis; - ensure compliance with Cyber Essentials and the Network and Information Systems Regulations 2018 (NIS-R) 2.Ongoing review and updating of software (Ongoing Control) 3.Enablement of appropriate protection and threat detection technologies (Ongoing Control) 4.Close monitoring of anti-malware/spoofing reporting (Ongoing Control)
Prev Score (AxB)	NEW
Current Consequence (A)	5
Current Likelihood (B)	2
Current Score (AxB)	10
Target Score (AxB)	5
Target Date	31/03/2025