NHS 24
BOARD MEETING
19 DECEMBER 2024
ITEM NO 9.2
FOR ASSURANCE

RISK MANAGEMENT UPDATE

Executive Sponsor:
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Lead Officer/Author:
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Action Required:
The Board is asked to review the attached risks and take assurance from the processes in place to manage risk in NHS 24.

Key Points for the Committee to consider:
Since previously presented, the key changes for consideration are as follows:
- There are currently 35 corporate risks in total, compared with 36 reported to the meeting on 29 August 2024.
- 7 risks have been closed.
- 6 new risks have been identified.

Governance process:
Prior to presentation to the Board, corporate risks will be presented at the following forums:

26/08/24: Operational Risk Management Group
26/09/24: EMT Risks & Opportunities Group
22/10/24: EMT Business Meeting
04/11/24: Staff Governance Committee Meeting
07/11/24: Clinical Governance Committee Meeting
11/11/24: Planning and Performance Committee Meeting
21/11/24: Audit & Risk Committee

Strategic alignment and link to overarching NHS Scotland priorities and strategies:
This paper is part of the governance review process for risk and provides assurance to the EMT Business Meeting, Board and Committees that there is an effective risk management process in place to support delivery of key strategic priorities and supporting documentation below:
- NHS 24 Strategy
- 3 Year Corporate Delivery Plan
- Key Scottish Government Ministerial Priorities
- NHS 24 Realistic Medicine Framework

Strategic alignment and link to Corporate Delivery Plan activity:
Corporate Deliverable 2: Continuous improvement of core service performance in line with NHS 24's Key Performance Framework, and delivery of programmes to support the wider health and care system and delivery of Right Care, Right Place.

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 review the attached risks and take assurance from the processes in place to manage risk in NHS 24.

2. TIMING

2.1 There are no timing issues associated with this paper.

3. BACKGROUND

3.1 The Audit and Risk Committee, in line with its Terms of Reference, 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 discussed this paper and provided feedback at its meeting on 21 November 2024.

4. RISK MANAGEMENT UPDATE

4.1 There are currently 35 corporate risks in total, compared with 36 reported to the previous meeting on 29 August 2024.

- 7 risks have been closed.
- 6 new risks have been identified.

4.2 The attached risk register details all current corporate risks scoring 10 and above as at 01 November 2024 (11 in total).

4.3 In line with internal audit recommendations all risks have been reviewed and action owners assigned to each of the mitigating actions. The Risk Management Team are investigating options to update the current risk management system to establish if automated reminders/updates can be assigned to individual action owners.

4.4 The first meeting of the NHS Fraud Focus Group took place on Monday 7 October 2024, attended by the Chair of Audit & Risk Committee in her capacity as Fraud Champion. The Group discussed whether there was a need for a corporate fraud related risk, but following careful consideration it was agreed that this was not required at this time, but the Group would keep this under consideration.
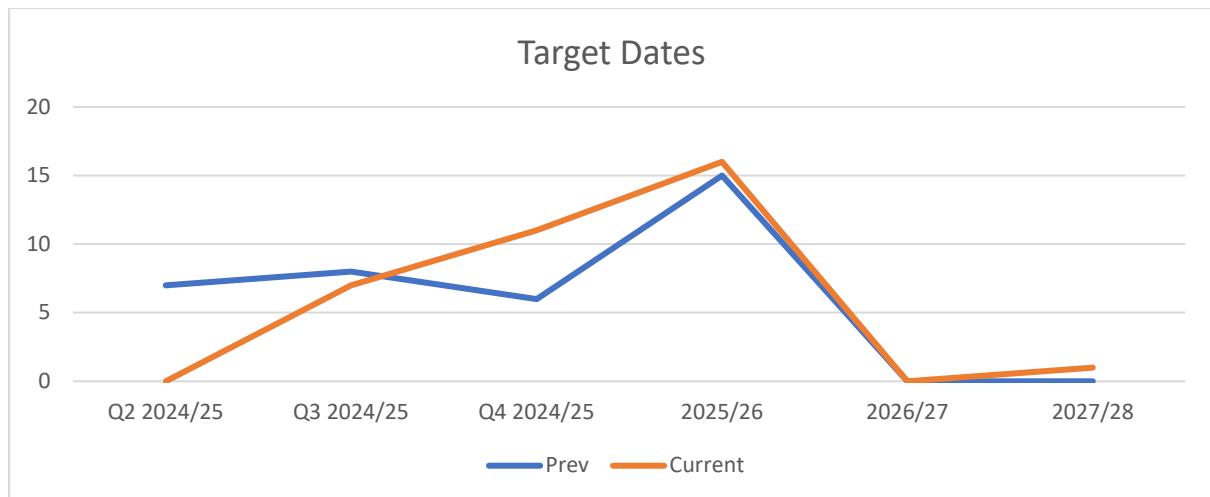
5.   **RISK SUMMARY**

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	Rare	Unlikely	Possible	Likely	Almost Certain	Total	Prev Score
			1	**2**	**3**	**4**	**5**		
	Extreme	**5**	-	0 (0)	1 (1)	0 (0)	0 (0)	**1**	*(1)*
	Major	**4**	-	7 (11)	7 (6)	0 (0)	0 (0)	**14**	*(17)*
	Moderate	**3**	0 (0)	5 (4)	11 (10)	3 (2)	0 (0)	**19**	*(16)*
	Minor	**2**	-	0 (0)	1 (2)	0 (0)	0 (0)	**1**	*(2)*
	Negligible	**1**	-	-	-	-	-		*(0)*
	Total		**0**	**12**	**20**	**3**	**0**	**35**	
	Prev Score		(0)	(15)	(19)	(2)	(0)		*(36)*

The column headers span **Likelihood**.

5.2   The risk target dates (figure 2 below), provides a comparison of current target dates to those previously reported. This demonstrates we are managing risks effectively within the target dates that are established. The EMT are provided with a report detailing the urgent risks.
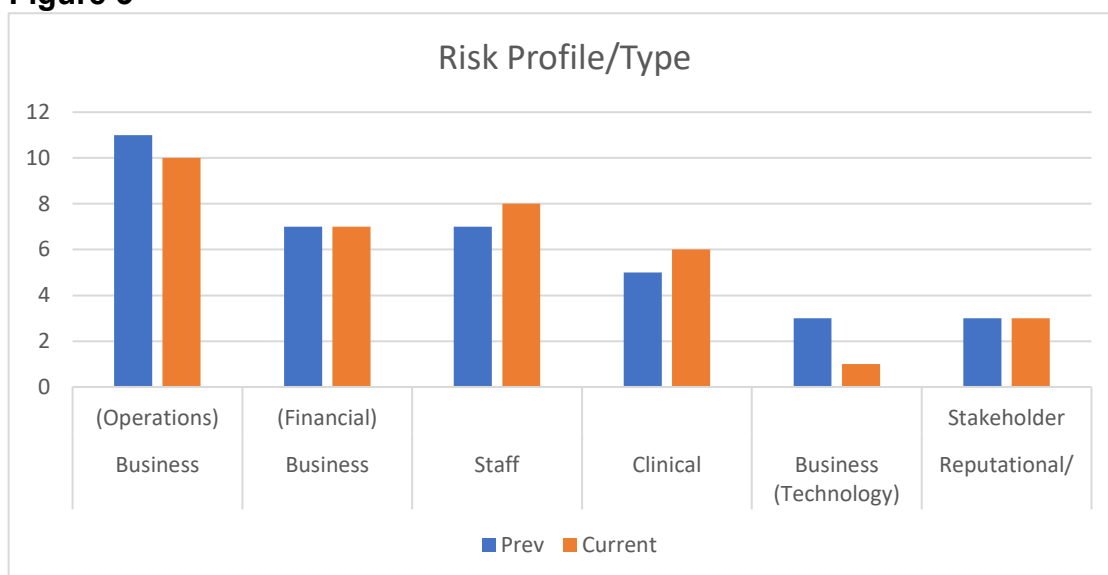
Figure 2: Target Dates

	Q2 2024/25	Q3 2024/25	Q4 2024/25	2025/26	2026/27	2027/28
Prev	7	8	6	15	0	0
Current	0	7	11	16	0	1

5.3   Current Risk Profile/Type is set out below in Figure 3.

Figure 3

	Business (Operations)	Business (Financial)	Staff	Clinical	Business (Technology)	Reputational/ Stakeholder
Prev	11	7	7	5	3	3
Current	10	7	8	6	1	3

The risk profile is reflective of the risk appetite of NHS 24. There are no high risk primary category clinical risks. Strategically we have a well developed risk process that reflects our strategic ambitions. We have one overarching high risk relating to the cyber threat and the diligence NHS 24 has to managing this risk. NHS 24 also has a number of finance related risks that are reflective of the challenging financial picture across NHS Scotland. There are also 4 workforce related risks scoring 10 or greater that reflects the workforce strategy and challenges NHS 24 will aim to address.

5.4   NHS 24 – Strategic Aims

The Corporate Delivery Plan clearly sets out NHS 24's Strategic Aims and the new Respond system aligns each corporate risk to those strategic aims. Figure 4 below shows the number of corporate risks aligned to each of the three strategic aims. This risk profile will be monitored across all risks to demonstrate trends against particular strategic aims.

Corporate Risks - Strategic Aims

5.5 New Risks

Since previously reported, 6 new risks have been identified as follows:

RI-0012884: There is a risk that NHS 24 do not capitalise on the financial opportunities associated with the Estates Strategy. This risk is scored 12. Planning and Performance Committee is the primary governance committee with Audit & Risk Committee being the secondary.

RI-0012885: There is a risk that NHS 24 Dundee site will become challenging to operate within as the building purpose has shifted to residential student accommodation from office space. This risk is scored 12. Planning and Performance Committee is the primary governance committee with Audit & Risk Committee being the secondary.

RI-0013952: There is a risk that NHS 24 is unable to close the current non-recurring funding gap for the implementation of the Digital Transformation Programme (DTP). This risk is scored 12. Planning and Performance Committee is the primary governance committee with Audit & Risk Committee being the secondary.

RI-0011404: There is a risk that, in the event of a Sunderland datacentre failure, ███ This risk is scored 9. Planning and Performance Committee is the primary governance committee with Audit & Risk Committee being the secondary.

RI-0014666: There is a risk that Once for Scotland Flexible Working Policy will impact team alignment due to the volume of flexible working requests submitted from staff and managers alike. This risk is scored 9. Staff Governance Committee is the primary governance committee with Planning & Performance Committee being the secondary.

RI-0003971: There is a risk, that the effectiveness of the provision of Breathing Space Services is compromised ███████████████████████████████ ██ This risk is scored 9. Clinical Governance Committee is the primary governance committee with Planning & Performance Committee being the secondary.

5.6 Closed Risks

Since previously reported, 7 risks have been closed as follows:

RI-0004342: There is a risk that NHS 24 do not effectively plan for the handover and exit strategy of key technology contracts. Mitigating actions complete including the digitalisation of contracts register. This risk has been de-escalated to the DTP programme governance risk register.

RI-0003965: With respect to new commissions only for NHS inform, there is a risk that without provision of a standardized and dedicated external subject matter resource, there is an increased risk of delayed delivery of new public facing digital content. Following the implementation of an interim process, approved by Scottish Government, EMT Risks & Opportunities group, approved this risk for closure. However, once the outputs from the review of NHS inform had been considered and approved by EMT consideration would be given to any new or emerging risks.

RI-0004567: There is a risk the NHS 24 Workforce Management (WFM) system will be unsupported for an extended period beyond contract expiry date until data is transferred to the replacement WFM system if planned go live is delayed. Following implementation of the WFM system, EMT Risks & Opportunities approved the closure of this risk.

RI-0003960: There is a risk that in the event of a full system failure, transfer of patient records to partners becomes less reliable and effective ███████████████ This risk was approved for closure.

RI-0003934: 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. This risk was closed following discussion at the August Staff Governance Committee as it no longer accurately captured the risk at this current time and a new risk has been developed (RI-0014666 – see new risks above).

RI-0004682: There is a risk that the savings and efficiency plans set out in the approved financial plan for 2024/25 are not delivered to the required timelines. The Director of Finance updated EMT Risks & Opportunities Group that this risk had reached an acceptable level as the recurring savings balance to be achieved is £0.4m at 6 months with plans in place. This risk was approved for closure.

RI-0004685: There is a risk that increases in inflation rates or changes to planning assumptions may place additional pressures on NHS 24 that will require further savings. Inflation links to the costs of the current managed service provider contract. The Director of Finance updated EMT Risks & Opportunities Group that due to contracts being agreed for the year and the inflation funding covering those costs. Inflation has been hovering around the 2% mark in recent months and the figures we had anticipated for RPI from our October indexation are higher than what RPI is currently sitting at (3.5% just now against 5% in our planning assumptions). This risk was approved for closure.

6.   PROGRAMME RISKS

6.1   Governance is in place to manage the key strategic programmes within NHS 24 and to develop and manage risks to the delivery of key programmes of work. Escalation processes are also in place should they be required, and the Strategic Delivery Group will play a key role to provide oversight to programme risks to monitor and consider risk themes and the cumulative impact across all programmes of work.

6.2   Digital Transformation programme key risks are outlined through the appropriate governance routes and escalated where required. Timeframe and capacity continues to be a risk to achieve contractually driven timelines. A separate paper has been developed and presented to Audit & Risk Committee to provide assurance over the robust processes in place and provides an overview of the key risks.

6.3   Strategic Transformation Programme (STP) - The STP Board has accountability for the oversight and coordination of all improvement, redesign and transformation of all public facing NHS 24 services. The key risk to overall success is securing the capacity and capability to plan and deliver. There are known dependencies and decision points required for digital and other developments and the ability to keep pace and inform requirements are recognised as a risk.

Case Ref	RI-0003979
Risk Register	Corporate - ICT
Receipt Date	04/12/2023
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Clinical Governance
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
Strategy Type	Reduce
Mitigating Action	Mitigating Actions/Controls Ongoing: 1. Improve cyber awareness across the organisation by the development and implementation of education/awareness plan. Action Owner: ▇▇▇▇ (Ongoing - 31/03/2025) ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ 3. Ongoing programme of cyber exercising and education. Action Owner: ▇▇▇▇▇▇ Ongoing - 1/03/2025) 4. Board development session on Cyber Security/Awareness. Action Owner: ▇▇▇▇▇ (Ongoing - planned for 28 November 2024) Ongoing Controls: 1. Information Governance and Security Committee, 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 Action Owner: ▇▇▇▇ (Ongoing Control) 3. Review of appropriate protection and threat detection technologies Action Owner: ▇▇▇▇ (Ongoing Control) 4. Close monitoring of anti-malware/spoofing reporting. Action Owner: ▇▇▇▇ (Ongoing Control) ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇
Mitigation(s) Complete	▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ 2. Cyber incident response exercise ▇▇▇▇▇▇▇▇▇▇▇▇ COMPLETE. 3. Improved NIS-R compliance assessment from 2024 Review Audit - September 2024 - COMPLETE. 5. Cyber incident response exercise ▇▇▇▇▇▇▇▇▇▇ 6. Improved NIS-R compliance assessment from 2024 Review Audit. Action Owner: ▇▇▇ (COMPLETE - September 2024
Previous Score (AxB)	15
Current Consequence (A)	Extreme (5)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	15
Target Score (AxB)	8
Target Date	31/03/2025

Case Ref	RI-0007975
Risk Register	Corporate - TSPP
Receipt Date	13/06/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	Benefits articulation and realisation. There is a risk that NHS 24 are not clear on the benefits articulation and realisation of key strategic programmes.
Significant Impact	This may result in key areas such as access patient care, inequalities, integration and sustainable services not being realised.
Executive Risk Owner	Director of Transformation, Strategy, Planning and Performance
Strategy Type	Reduce
Mitigating Action	Mitigating Actions - Ongoing 1. Workshop and review undertaken to understand corporate benefits from delivery of key programmes of work. Corporate benefits articulation and mapping to be aligned to the Corporate Delivery Plan and clearly described through the actions and associated success criteria and outcomes, with proximity, measurement criteria and dependencies described. Action Owner: ▓▓▓▓ (Ongoing - 30/11/24) 2. Framework to be developed as part of the Corporate Planning Framework to clearly define benefits identification, mapping and realisation. Action Owner: ▓▓▓▓ (Ongoing - 30/11/24) 3. Process for the benefits articulation to be established and agreed. Action Owner: ▓▓▓▓ (Ongoing 30/11/24) 4. Benefits monitoring and reporting will be agreed through the Strategic Delivery Group with assurance provided to Planning & Performance Committee. Action Owner: ▓▓▓▓ (Ongoing Control - 31/03/25) 5. Ongoing engagement with SROs, delivery leads, EMT and Strategic Delivery Group to clarify, define and develop NHS 24's approach to identification, mapping, monitoring and assurance of benefits realisation as part of the end to end delivery of change initiatives. Action Owner: ▓▓▓▓ (Ongoing Control - 31/03/25)
Mitigation(s) Complete	1. Digital transformation benefits and requirements developed. (Action Complete) 2. Establish strategic transformation programme aims and objectives Q1 2024 that will support the deliverables and benefits articulation.(Action Complete) 3. Mitigation will include the ongoing work relating to stakeholder insights.(On going March '25- ▓▓▓▓) - removed by ▓ 01/10/24 as no longer relevant 4. The engagement work completed under the strategy development user insights and engagement. (On going March '25 - ▓▓▓▓) - removed by ▓ 01/10/24 as no longer relevant
Previous Score (AxB)	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	4
Target Date	31/03/2025

Case Ref	RI-0004725
Risk Register	Corporate - Finance
Receipt Date	27/02/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	There is a risk that Scottish Government are unable to fund the full allocations to NHS 24 due to wider Health and Social Care financial pressures.
Significant Impact	NHS 24 is unable to meet its financial targets
Executive Risk Owner	Director of Finance
Strategy Type	Reduce

Mitigating Action	Mitigating Actions ongoing:
	1. Confirmation and receipt of funding allocation from Scottish Government. Action Owner: Director of Finance (Ongoing - 31/03/25)
	   - This includes submission of RUC plan (submitted August 2024).
	   - Mental Health funding has been confirmed for current year but full year effect is yet to be confirmed for future years.
	2. In the event of any changes to funding assumptions and allocation undertake a review of performance and financial baseline with sponsor department colleagues.
	Action Owner: Director of Finance (Ongoing - 31/03/25)

Mitigation(s) Complete	1. There has been partial confirmation and receipt of funding allocation from Scottish Government, but there are some allocations that remain unconfirmed as at July 2024. 2. Mental health funding confirmation received for 2024/25, however, full year effect for recurring funding has not yet been confirmed.
Previous Score (AxB)	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	4
Target Date	31/03/2025

Case Ref	RI-0012884
Risk Register	Corporate - Finance
Receipt Date	27/08/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	There is a risk that NHS 24 do not capitalise on the financial opportunities associated with the Estates Strategy.
Significant Impact	This may result in not reaching financial savings targets, or additional savings will be required in other, less desirable, areas.
Executive Risk Owner	Director of Finance
Strategy Type	Reduce
Mitigating Action	1. Assess appropriate options available to NHS 24 estates and determine next steps that meet service needs and provide best value. This is achieved by establishing an estates programme with clear timelines associated with decision making. Action Owner: ███████ (Ongoing - 31 December 2024). 2. Develop an Estates Strategy. Action Owner: ████████ (Ongoing - 31 October 2024). 3. Short Listing Options Appraisal - Paper on the utilisation of the West Centres to be presented with recommended options to EMT Action Owner: ███████: (Ongoing - 01 October 2024) 4. Business Case to be developed and presented to Board Action Owner: ████████ (Ongoing: 31 October 2024). ████████████████████ 6. Collaborative working with all co-located Boards at Cardonald - building utilisation opportunities Action Owner: ███████ (Ongoing - 31 March 2025).
Mitigation(s) Complete	1. Formation of Estates Sustainability Project Board (completed) 2. Long Listing Options Appraisal - West of Scotland (completed). 3. Appointment of Property Advisors to support ESP including completion of dilapidation surveys (completed). 4. Appointment of Worksplace Planners to support ESP to explore opportunities and feasibilities (completed).
Previous Score (AxB)	NEW
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/12/2024

Case Ref	RI-0012885
Risk Register	Corporate - Finance
Receipt Date	27/08/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	There is a risk that NHS 24 Dundee site will become challenging to operate within as the building purpose has shifted to residential student accommodation from office space.
Significant Impact	Residential and office space are not compatible. ██████████████████████████ The landlord may seek more lucrative opportunities than NHS 24. Therefore, NHS 24 needs may not be met.
Executive Risk Owner	Director of Finance
Strategy Type	Reduce
Mitigating Action	1. Continue open dialog with landlord over building intentions. Action Owner: ████████ (Ongoing - 31/03/2026). ████████████████████████████████ 3. Appointed property advisors Avison Young ████████████████████████████
Mitigation(s) Complete	
Previous Score (AxB)	NEW
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	4
Target Date	31/03/2026

Case Ref	RI-0013952
Risk Register	Corporate - Finance
Receipt Date	13/09/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	There is a risk that NHS 24 is unable to close the current non-recurring funding gap for the implementation of the Digital Transformation Programme (DTP).
Significant Impact	NHS 24 do not meet financial balance at year end (2024/25 and/or 2025/26) Key deliverables set out in NHS 24 Strategy not achieved. Reputational damage
Executive Risk Owner	Director of Finance
Strategy Type	Reduce
Mitigating Action	Mitigating Actions 1.Prioritising digital transformation over other key programmes of work for any discretionary savings. Action Owner: Director of Finance (Ongoing Control) 2.Ongoing monitoring and achievement of savings targets. Action Owner: Director of Finance (Ongoing Control) 3.Close monitoring of all aspects of the implementation phase of the DTP including finance and key deliverables/milestones. Action Owner: ███████████████ (Ongoing – October 25) ██████████████████████████
Mitigation(s) Complete	
Previous Score (AxB)	NEW
Current Consequence (A)	Moderate (3)
Current Likelihood (B)	Likely (4)
Current Score (AxB)	12
Target Score (AxB)	3
Target Date	31/10/2025

Case Ref	RI-0004336
Risk Register	Corporate - Service Delivery
Receipt Date	25/01/2024
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Clinical Governance
Description	There is a risk that NHS24 may be challenged to respond to exceptional peak winter 24/25 pressures while delivering the Digital and Service Transformation Strategic programmes of work.
Significant Impact	This may result in key resources and subject matter experts being redirected from the design, build and testing of the new applications to support the delivery of patient care should there be a major outbreak of winter illness that NHS 24 require to lead on.
Executive Risk Owner	DIrector of Service Delivery
Strategy Type	Reduce
Mitigating Action	Mitigating Actions 1. Winter planning commenced earlier than usual with contingency plans considered. Action Owner:▇▇▇▇ (Ongoing - December 2024). Ongoing Controls 1. Potential of call handlers safely closing calls fully achieved to allow call handlers to deal with most winter illness call types (Ongoing Control). 2. Patients referred to digital resources such as NHS inform and NHS 24 app. (Ongoing Control)
Mitigation(s) Complete	Mitigating Action - Complete 1. SPRA Process to align priorities and resource across Service Delivery. Confirm priorities with wider organisation and contribute to ADP plan. (Complete) ADP priorities are complete, and Service Optimisation is underway within Programme Board for Service Delivery Transformation. 2. Performance Improvement Framework to be developed to focus initiatives and activity of Service Delivery (Complete) This work has been incorporated into the Service Transformation Programme. 3. Clear resource and capacity plans in place to support the service and deliver of the Digital and Service Transformation Programmes. (May need to consider load balance resource for period of time.) SBAR prepared for consideration by Director of Service Delivery and Director of Finance to allocate additional resource to the Transformation Programmes. This has been costed by Finance for consideration.(▇▇▇▇) (Complete) Outcome awaited from the Service Transformation Board (Complete) 4. Winter freeze clearly defined for the Digital Transformation programme which would allow clinical resource to support the service during peak festive period. Action Owner:▇▇▇▇ (Complete) 5. Recommendations from Internal Audit on Clinical Workforce Staffing Levels/Capacity/Capability. Action Owner:▇▇▇▇ (Complete)
Previous Score (AxB)	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/03/2025

Case Ref	RI-0003927
Risk Register	Corporate - Workforce
Receipt Date	09/04/2020
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Clinical Governance
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
Strategy Type	Reduce
Mitigating Action	Mitigating Actions Ongoing •Implementation of Wellbeing and Attendance Improvement Plan (regular updates being monitored by Staff Governance Committee). Action owner: ███████ •Increased Formal Attendance Meetings to support line managers in managing attendance of their staff, signalling expectations to staff of the importance to attend work. Action owner: ███████. •Health & Wellbeing initiatives for staff to support by providing positive working environment, occupational health services and one to one support. Action owner: ███████. •Ongoing support for managers through Management Essentials and Leadership & Development Programmes. Action owner: ███████ 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 <7.5% • Introduce case management KPIs Action Owner: ███████ • Procure case management system to report on KPI's - Case Management module procurement in progress Action Owner: ███████ •Extraction of Wellbeing Team Managers by Service Delivery, with all levels of line management taking full ownership of attendance management Action Owner: ███████ •Introduction of home (Remote) working for frontline by Service Delivery Action Owner: ███████ •Continuation/enhancement of existing management development and support for managers Action Owner: ███████ End of Year 3 Risk Mitigations (30th Oct 2025) Target score <7% •Continuation/enhancement of existing management development and support for managers Action Owner: ███████ •Evaluate and Review impact of Attendance Action Plans on Attendance Management Action Owner: ███████ Key Risk Indicators •Absence levels •% of managers trained in accessing and applying relevant policies and procedures
Mitigation(s) Complete	Mitigating Actions Complete •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 •Review of Attendance and Wellbeing Action Plans Action Owner: ███████ - Wellbeing now sits with Wellbeing Manager and Attendance management now BAU
Previous Score (AxB)	12
Current Consequence (A)	Moderate (3)
Current Likelihood (B)	Likely (4)
Current Score (AxB)	12
Target Score (AxB)	8
Target Date	31/10/2025

Case Ref	RI-0003932
Risk Register	Corporate - Workforce
Receipt Date	12/04/2023
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Planning & Performance
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
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). Action owner: ▮▮▮▮ ▮▮▮▮ End of Year 1 Risk Mitigations (30th Oct 2023) >50% of eligible Managers on MEP • 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) Action Owner: ▮▮▮▮▮▮ •Deliver Management Essentials Programme to new managers (Oct 2024) Action Owner: ▮▮▮▮▮▮▮ •Deliver Senior Leaders Programme to all in scope leaders (Oct 2024) Action Owner: ▮▮▮▮▮▮▮ 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) Action Owner: ▮▮▮▮▮▮ •Deliver Management Essentials Programme to new managers (Oct 2025) Action Owner: ▮▮▮▮▮▮ 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)
Mitigation(s) Complete	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. •Deliver Executive Development Programme (Oct 2024). Action Owner: ▮▮▮▮▮▮. •Develop and implement NHS 24 Mentoring Programme (Oct 2024) Action Owner: ▮▮▮▮▮▮.
Previous Score (AxB)	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/10/2025

Case Ref	RI-0003925
Risk Register	Corporate - Workforce
Receipt Date	12/04/2023
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Planning & Performance
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. ██████████████████████████ to obtain basic information, making it inefficient and diverting staff from value added work
Executive Risk Owner	Director of Workforce
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) 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. Action Owner:███████ (Ongoing - Dec 2024) •Promote the use of █████ Digital Skills Hub within CPD time within Workforce Directorate to close skills gaps. Action Owner: Chief Information Officer (Ongoing Oct 2024) •End of Year 3 Risk Mitigations (30th Oct 2025) - 50% of Workforce Digital Workplan completed •Rollout internal digital skills elearning and masterclasses to wider organisation as part of Organisational Development Workstream of the Digital Transformation Programme Action Owner:███████ (Ongoing - October 2025) 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)
Mitigation(s) Complete	• ICT and Workforce Directorate to collaboratively conduct a 'Test of Change' to convert current Intranet███████ Action Owner: Chief Information Officer. •Establish a Data and Digital Group. Work collaboratively with ICT and influence pace of internal ICT changes where possible. Action Owner: Director of Workforce (Oct 2024)
Previous Score (AxB)	12
Current Consequence (A)	Moderate (3)
Current Likelihood (B)	Likely (4)
Current Score (AxB)	12
Target Score (AxB)	8
Target Date	31/10/2025

Case Ref	RI-0003944
Risk Register	Corporate - Workforce
Receipt Date	12/04/2023
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Planning & Performance
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
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). Action owner: ▓▓▓▓▓▓▓ End of Year 1 Risk Mitigations (30th Oct 2023) Target 26% (by 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% • Continue to deliver Culture Workshops/Targeted Interventions to raise awareness of new Values and Behaviours Framework (Oct 2024) Action Owner: ▓▓▓▓▓▓ • Deliver Cultural Alignment Programme Year 2 Actions (Oct 2024) Action Owner: ▓▓▓▓▓▓ End of Year 3 Risk Mitigations (30th Oct 2025) Target 22% attrition •Deliver Cultural Alignment Programme Year 3 Actions (Oct 2025) Action Owner: ▓▓▓▓▓▓ Key Risk Indicators: •iMatter Response Rate •iMatter EEI Score •iMatter Overall Experience Score •CCA Audit results •Absence Levels • Attrition Levels • Attrition Levels • Appraisal Levels
Mitigation(s) Complete	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). • 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 Action Owner: ▓▓▓▓▓▓
Previous Score (AxB)	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Target Score (AxB)	6
Target Date	31/10/2025