

**NHS 24  
BOARD MEETING  
18 DECEMBER 2025  
ITEM NO 9.2  
FOR ASSURANCE**

## **RISK MANAGEMENT UPDATE**

**Executive Sponsor:**

John Gebbie, Director of Finance

**Lead Officer/Author:**

Linda Robertson, Head of Risk Management

**Action Required:**

The Board is asked to be assured by the risk management update, which was presented and endorsed for onward presentation to the Board by the Audit & Risk Committee at its meeting on 20 November 2025.

**Key Points for the Board to consider:**

Since previously presented to the Board, the key changes for consideration are as follows:

- There are currently 28 operational risks in total, compared with 31 reported to the previous meeting on 28 August 2025.
- 9 of those risks score 10 and above and are presented in the attached risk register.
- 3 new risks have been identified and outlined in section 5.7.
- 6 risks have been closed, rationale for closure provided in section 5.8.
- 4 risks have reduced in score as outlined in section 5.9.

**Governance process:**

Prior to presentation to the Board, the operational risks have been reviewed and updated at a Directorate level and presented at the following forums:

**26/08/25:** Operational Risk Management Group

**15/09/25:** EMT Risks Management Group

**21/10/25:** EMT Business Meeting

**03/11/25:** Staff Governance Committee

**06/11/25:** Clinical Governance Committee

**10/11/25:** Planning & Performance Committee

**20/11/25:** 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 Risk Management Group and 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:**

Risk Management processes support strategic planning and decision making and are therefore closely aligned with the principles of equality and diversity, ensuring that risk management processes actively consider fairness, respect, equality, dignity, and autonomy (FREDA principles). By embedding these values within its processes, risk management helps to create and support an inclusive environment where the rights and needs of all stakeholders are recognised and upheld. This approach not only supports compliance with legal and regulatory requirements but also fosters a culture of respect and equal opportunity throughout the organisation.

**1. RECOMMENDATION**

1.1 The Board is asked to take assurance from the risk management update which was presented and endorsed for onward presentation to the Board by the Audit & Risk Committee at its meetings on 20 November 2025.

**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 was presented with a risk management update at their meeting on 20 November 2025 which it endorsed for onward presentation to the Board meeting on 18 December 2025.

**4. RISK MANAGEMENT UPDATE/ACTIVITIES**

4.1 The Board were presented with and approved the Risk Management Strategy at its meeting on 28<sup>th</sup> August 2025. Following that approval, the Head of Risk Management has developed an action plan to underpin the Strategy and set out how the objectives within the Strategy will be delivered. The Audit and Risk Committee were presented with the plan for assurance at their meeting on 20 November 2025 and will be provided with six monthly updates on progress.

4.2 As part of the ongoing development of risk management maturity, the Board will note the following changes to reporting:

- The Board may recall that the NHS 24 Enterprise Risk Management Framework gives clear guidance on how to describe a risk **[There is a risk that X may occur due to Y happening, resulting in Z impact]**. Although guidance is clear and generally applied, we were looking at ways of ensuring it is more consistently applied and have reviewed and updated all operational risk register templates, so risks are presented as set out below to improve clarity and consistency:
  - **There is a risk that:**  
Efficiency plans for 2025/26 are not fully achieved.

**Due to:**

Reliance on delivering two major saving schemes halfway through the year, with less time to put remedial plans in place.

**Resulting in:**

The organisation not meeting its financial targets.

- Instead of simply reporting against one previous score, scores for the previous four quarters have been included to provide the Committees and Board with an overview of the movement in each risk score over a rolling period of 12 months.
- An additional text box has been added at the end of the Board paper template, to provide Risk Owners an opportunity to provide any additional context/update which they think will be useful to the Board/Committees. Use of this will no doubt develop over time. The Board will notice on the attached risk register that this box has been used to provide the Board with an update on any changes or updates from discussions at Committees or since the report was produced.

4.3 At the Board Development Session on 27 November 2025, the Board considered the proposed approach to risk appetite, tolerance and strategic risk. The Board were supportive in principle of the presented approach and provided feedback which would inform the development of a refreshed Risk Appetite Statement and Strategic Risk Register which would be presented to the Audit and Risk Committee in February 2026 for their review and endorsement for onward presentation to the Board for approval.

## 5. RISK SUMMARY

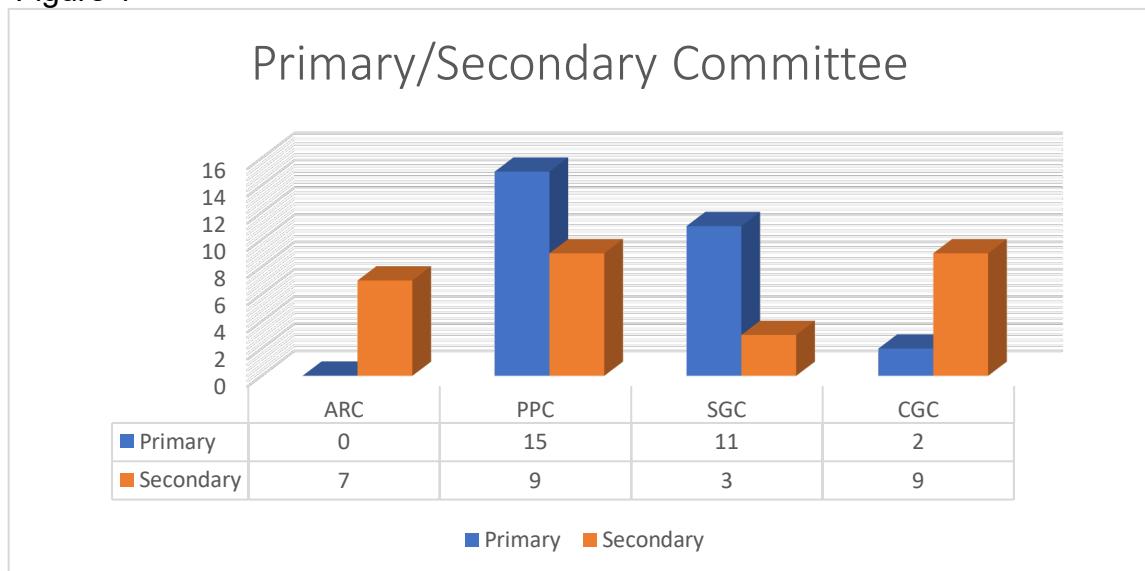
5.1 Since previously presented to the Board, the key changes for consideration are as follows:

- There are currently 28 operational risks in total, compared with 31 previously reported on 28 August 2025.
- There are 9 risks scoring 10 and above, which are presented in the attached risk register.
- 3 new risks have been identified and outlined in section 5.7.
- 6 risks have been closed, rationale for closure provided in section 5.8.
- 4 risks have reduced in score as outlined in section 5.9.
- Following the successful implementation of the initial phases of the Digital Transformation Programme all related risks will be reviewed as part of the next review cycle to assess the impact on risks following progress to date and any potential residual or new risks going forward.

## 5.2 Primary/Secondary Committee Split

Figure 1 below sets out the split of primary and secondary committee across the Committees of the NHS 24 Board.

Figure 1



### 5.3 Risk Scores Profile/Heat Map

The risk profile (figure 2), provided in the form of a heat map below, highlights the current position of all operational risks.

In line with the NHS 24 Risk Management Framework, all new, closed and score changes for risks regardless of score are highlighted in the paper. All Committees and Board are provided with all NHS 24 operational risks on an annual basis.

**Figure 2. Risk Profile Heat Map**

		Likelihood					Total	Prev Score
		Rare	Unlikely	Possible	Likely	Almost Certain		
Impact	Score	1	2	3	4	5		
	Extreme	5	-	-	2 (2)	-	-	2 (2)
	Major	4	1 (1)	10 (11)	3 (4)	1 (1)	-	15 (17)
	Moderate	3	-	2 (3)	5 (4)	3 (4)	-	10 (11)
	Minor	2	-	1 (1)	-	-	-	1 (1)
	Negligible	1	-	-	-	-	-	0 (0)
Total		1	13	10	4	0	28	
Prev Score		(1)	(15)	(10)	(5)	(0)		(31)

### 5.4 Risk Target Dates

The risk target dates (figure 3 below), provides a comparison of current target dates to those previously reported.

There were previously 4 risks reported with target dates in Quarter 2 2025/26.

Three out of four of those risks have been closed in line with their target dates (see para 5.10). One risk remains open as follows:

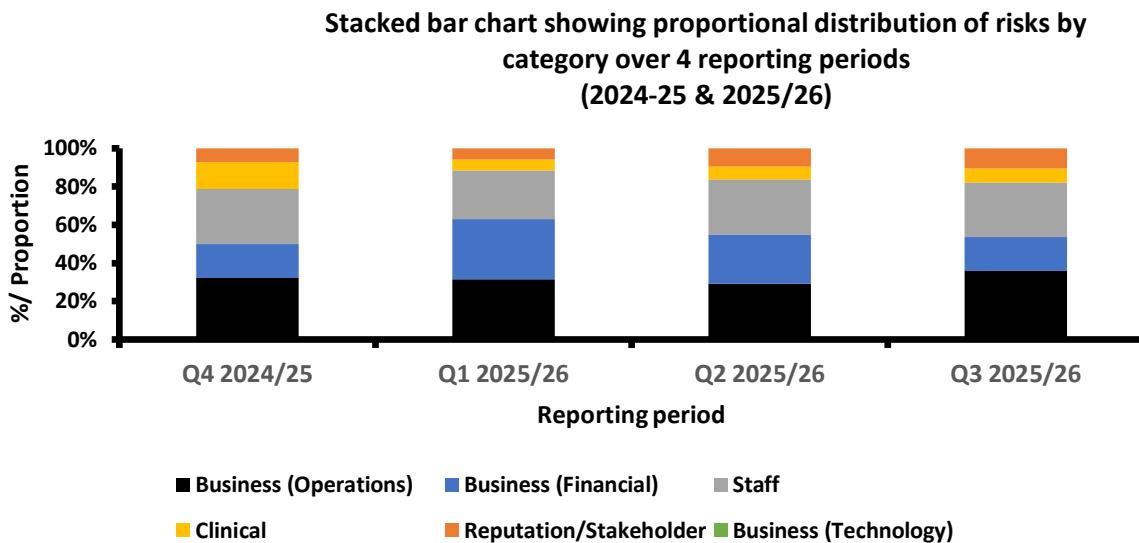
- RI-0024356 There is a risk that: The landlord's claim for dilapidations at Lumina may exceed the allocated reserve funds. The target date for this risk has been extended to 31 December 2025 as negotiations are ongoing.

Four of the seven risks with target dates in Q3 are linked to the Digital Transformation and will be reviewed post implementation.

**Figure 3: Target Dates**

### 5.5 Current Risk Profile/Type

Figure 4 below sets a stacked bar chart showing proportional distribution of risks type over 4 reporting periods. This demonstrates that even when there are a considerable number of risks opened and closed within a reporting period, the risk profile across the distinct types of risk remains fairly consistent. You will note the reduction in financial risk profile as the fiscal year progresses.

**Figure 4**

### 5.6 NHS 24 – Strategic Aims

The Corporate Delivery Plan clearly sets out NHS 24's Strategic Aims and each operational risk is aligned to one of those strategic aims. Figure 5 below shows the number of operational risks aligned to each strategic aim. This risk profile will be monitored across all risks to demonstrate trends against particular strategic aims.

**Figure 5****5.7****New Risks**

Since previously reported, 3 new risks have been identified as follows:

- RI-0037818 There is a risk that Service delivery and performance are negatively impacted by the reduction in resource following the implementation of the next phase of the reduced working week on 1 April 2026 due to: resource lost, and funding gap not confirmed. This risk currently scores 16 (impact 4 x likelihood 4) but it is anticipated that clarity on funding and progress against the implementation plan will reduce this score. Executive risk owner is Director of Workforce.
- RI-0037580 There is a risk that NHS 24 will not meet the access needs of the population of Scotland without embedding a person-centred, and intelligence led approach to service provision and development, which addresses the causes of health inequalities due to: preventable barriers to public services that may exist for some population groups. This risk was developed jointly by our Engagement Manager and Senior Nurse for Learning Disabilities following review of risk RI-0003948 (see para 5.8) to ensure risk reflected the current environment. This risk is scored 12 (impact 4 x likelihood 3). Executive risk owner is Director of TSPP. Following discussion at the Staff Governance Committee on 3 November, the primary and secondary governance committees have been confirmed as Clinical Governance and Planning and Performance, respectively.
- RI-0033107: There is a risk that the lease break opportunities at Dundee may be missed, and the preferred option identified through the options appraisal may not be implemented within the required timelines due to recommendations from the business case not being approved in time to make an informed decision, or if there are delays caused by external factors. This risk is scored 8 (impact 4 x likelihood 2). Executive risk owner is Director of Finance.

**5.8****Closed Risks**

Since previously reported, 6 risks have been closed as follows:

- RI-0022469: There is a risk that pay award implications are not fully funded. Every 1% variance from the 3% assumption in the finance plan is an additional £1m cost pressure. This risk previously scored 12, however, confirmation has now been received that the pay award will be fully funded. Executive owner is Director of Finance and EMT Risk Management Group approved this risk for closure at its meeting on 15 September 2025.
- RI-0021388: There is a risk that NHS 24 is unable to attract candidates with the required skills and experience for executive level posts due to recent national agenda for change pay awards resulting in some grades paying more than the lower point on the executive level pay scale. This risk previously scored 8,

mitigating actions now complete. Recent recruitment has demonstrated that this is no longer a risk. Executive Owner is Director of Workforce and EMT Risk Management Group approved this risk for closure at its meeting on 15 September 2025.

- RI-0003955: Workforce Strategy There is a risk that the Workforce Strategy and Plan activities are not funded in subsequent years due to increasing pressure on NHS 24's budget. This risk previously scored 6, all activities for the remainder of the current Workforce Strategy has funding allocated and therefore this risk can now be closed. Executive Owner is Director of Workforce and EMT Risk Management Group approved this risk for closure at its meeting on 15 September 2025.
- RI-0027206: There is a risk that the Training and Practice Education function will not have capacity to concurrently deliver the strategic priority of DTP CC/CRM training and BAU Core Induction Training. This risk previously scored 12, however, following an intense period of training resourcing plan for both business as usual and DTP are scheduled up to and including post implementation Hypercare and Early Life Support and all mitigations are now complete with 96% of required staff now trained under DTP. Executive owner is Director of Workforce and EMT Risk Management Group approved this risk for closure at its meeting on 15 September 2025.
- RI-0022466: There is a risk that costs incurred due to the changes to National Insurance are higher than the funding available. In particular, the knock on impact on supplier costs if only pay costs are uplifted. This risk was previously scored 12. Since previously reported, funding has been confirmed with a funding gap of 300k. With all mitigations now complete and this no longer a risk but an issue this risk was proposed for closure. However, the residual risk of having to identify an additional £300k is covered by the existing efficiency savings risk RI-0022464. Executive owner is Director of Finance and EMT Risk Management Group approved this risk for closure at its meeting on 15 September 2025.
- RI-0003948: There is a risk that people in Scotland may face disadvantage in accessing the full range of services provided by NHS 24 and that as an organisation, NHS 24 may not fully meet its duties in relation to equality and human rights. This risk was previously scored 6, as highlighted at para 5.7, following review it was felt that this risk needed to be redefined to more accurately reflect the current environment. The Exec Owner is Director of TSPP and EMT Risk Management Group approved this risk for closure and the opening of Risk RI-0037550 at its meeting on 15 September 2025.

## 5.9 Reduced Risks

Since previously reported, 4 risks have reduced in score as follows:

- RI-0024356: There is a risk that the landlord's claim for dilapidations at Lumina may exceed the allocated reserve funds. This risk previously scored 16 which has reduced to 12 (impact 4 x likelihood 3). It had previously been increased to 16 as it was thought that the dilapidations negotiations needed to be concluded before NHS 24 lease break was activated. However, NHS 24 advisors confirmed that it was standard for such negotiations to extend beyond the lease break. At time of reporting, negotiations are ongoing, but any updates will be provided at the Board meeting. Executive owner is Director of Finance.

- RI-0012885: There is a risk that NHS 24's Dundee site will become challenging to operate within due to other parts of the building's purpose changed to residential student accommodation from office space. This risk previously scored 12 and has reduced to 8 (impact 4 x likelihood 2) as no adverse incidents have been observed to date. Executive owner is Director of Finance.
- RI-0022468: 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. This risk previously scored 8 and has reduced to 6 (impact 3 x likelihood 2) due to now being over halfway into the fiscal year and therefore any increase at this point would have a reduced impact. Executive owner is Director of Finance.
- RI-0029228: There is a risk that the Digital Transformation Programme (DTP) is not delivered on time due to tight timelines and complex cross-workstream and third party dependencies. This risk previously scored 12 and has reduced to 9 (impact 3 x likelihood 3) following the successful go live of our new CC/CRM system. Following consideration by the EMT it was agreed that the target date for this risk would be extended to 30 November 2025 and this risk would remain open for now to ensure the final phases of DTP are complete and any remaining matters concluded.

5.10 **Increased Risks**

Since previously reported, no risks have increased in score.

**6. PROGRAMME RISKS**

6.1 As the Board is aware, governance is in place to manage the key strategic programmes within NHS 24. Risk registers are in place for all established projects to develop and manage risks. Currently, all projects sit under the two governance umbrellas of Digital and Service Transformation Programmes (DTP and STP). As work progresses to establish STP projects/workstreams are emerging but not yet fully embedded.

6.2 Escalation processes have been demonstrated to the Board, with the Strategic Delivery Group playing a key role to provide oversight to programme progress and concurrent risk to monitor and consider risk themes and the cumulative impact across all programmes of work. The Strategic Delivery Group last met on 9 October 2025 chaired by David Howe.

NHS 24  
NHS 24 BOARD RISK REGISTER (correct as of 20/11/2025)

Case Ref	RI-0037818
Risk Register	Operational - Workforce
Receipt Date	08/09/2025
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Staff Governance
Description	<p>There is a risk that: Service delivery and performance are negatively impacted by the reduction in resource following the implementation of the next phase of the reduced working week on 1 April 2026.</p> <p>Due to: Resource lost and funding gap not confirmed.</p> <p>The one hour reduction will mean a reduction in headcount with no identified funding available to backfill and with all NHS Scotland Boards in the same position, recruitment may be impacted if funding is identified as demand for limited clinical resource will increase. (as set out in circular PCS(AFC)2025/1).</p>
Significant Impact	<p>Resulting in: Reduced resource may result in increased wait times for patients if finance is not available to back-fill the resource lost.</p>
Executive Risk Owner	Director of Workforce
Strategy Type	Reduce
Mitigating Action	<p>1. Confirmation from Scottish Government on whether any additional funding will be available to cover the deficit. Funding request with Scottish Government. Action Owner: [REDACTED] (Ongoing - November 2025)</p> <p>2. Communications plan to be developed once decision on implementation agreed. Action Owner: [REDACTED] (Ongoing - December 2025)</p>
Mitigation(s) Complete	<p>1. Establishment of a cross directorate Short Life Working Group (SLWG) to include Trade Unions and Profession Bodies colleagues as appropriate. (Complete - Workforce)</p> <p>2. Central Resource Team (CRT) to develop modelling options for how NHS 24 will practically apply the reduction for our frontline staff for consideration by the SLWG. Action Owner: [REDACTED] (Complete - Service Delivery/CRT)</p> <p>3. Development of Implementation Plan for submission to Scottish Government. Action Owner: [REDACTED] (Complete)</p>
Previous Scores: Q3 24/25	N/A
Q4 24/25	N/A
Q1 25/26	N/A
Q2 25/26	NSW
Current Consequence (A)	Major (4)
Current Likelihood (B)	Likely (4)
Current Score (AxB)	16
Risk Appetite	Operational - Business (Operational)
Target Score (AxB)	3
Target Date	01/04/2026
Additional Information	

Case Ref	RI-0027057
Risk Register	Operational - ICT
Receipt Date	31/03/2025
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Clinical Governance
Description	<p>There is a risk that:</p> <p>Information assets are lost or compromised during a successful malicious cyber-attack.</p> <p>Due to:</p> <p>Inadequate controls on NHS 24 information.</p>
Significant Impact	<p>Resulting in:</p> <p>Loss of public trust, legal repercussions, and substantial financial penalties.</p> <p>Potential disruption of services, inefficiencies, and increased workloads as efforts are made to recover lost data and rectify the breach.</p>
Executive Risk Owner	Chief Information Officer
Strategy Type	Reduce
Mitigating Action	<p>1. Ensure that all NHS 24 information is accounted for on Information Asset Register – December 2025. (Action Owner: [REDACTED])</p> <p>2. Training and awareness of impact of undocumented information assets and information sharing – November 2025. (Action Owner: [REDACTED])</p> <p>3. Ensure that all NHS 24 information is adequately protected at rest and in transit – December 2025 (Action Owner: [REDACTED])</p> <p>4. Ensure that all information stores have robust AAA (Authentication, Authorisation, Accounting/Audit) controls and audit processes</p> <p>5. Migrate data storage [REDACTED] which offers robust security features, data encryption, and access control mechanisms to ensure data integrity [REDACTED]</p> <p>6. Maintain Cyber Essentials – March 2026. (Action Owner: [REDACTED])</p> <p>7. Baseline Readiness Cyber Essentials Plus – March 2026 (Action Owner: [REDACTED])</p> <p>8. Attain Cyber Essentials Plus – June 2026. (Action Owner: [REDACTED])</p> <p>9. Improve NIS-R score - September 2026. (Action Owner: [REDACTED])</p>
Mitigation(s) Complete	
Previous Scores: Q3 24/25	N/A
Q4 24/25	NA
Q1 25/26	15
Q2 25/26	15
Current Consequence (A)	Extreme (5)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	15
Risk Appetite	Operational - Reputation/Stakeholder Engagement
Target Score (AxB)	6
Target Date	30/09/2026
Additional Information	

Case Ref	RI-0027058
Risk Register	Operational - ICT
Receipt Date	31/03/2025
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Clinical Governance
Description	<p>There is a risk that:</p> <p>NHS 24's Essential legacy technology solutions are compromised during a successful malicious cyber-attack leading to unacceptable downtime and reputational damage.</p> <p>Due to:</p> <p>Inadequate controls on NHS 24 information.</p>
Significant Impact	<p>Resulting in:</p> <p>Significant operational downtime, disrupting NHS 24's ability to provide timely and effective healthcare services.</p> <p>The inability to leverage advanced security measures available in cloud-hosted infrastructure may negatively impact NHS 24's reputation, leading to a loss of trust among patients and stakeholders.</p>
Executive Risk Owner	Chief Information Officer
Strategy Type	Reduce
Mitigating Action	<ol style="list-style-type: none"> <li>1. Migrate data storage [REDACTED] which offers robust security features, data encryption, and access control mechanisms to ensure data integrity - [REDACTED]</li> <li>2. As part of DTP, leverage [REDACTED] features which provide scalable and secure storage solutions, along with disaster recovery and backup capabilities - [REDACTED]</li> <li>3. Ensure robust [REDACTED] to reduce the likelihood of unauthorised access - [REDACTED]</li> <li>4. Ensure robust audit [REDACTED] to ensure that the appropriate [REDACTED] controls are in place - [REDACTED]</li> <li>5. Develop and execute relevant desktop exercises appropriate [REDACTED]</li> <li>6. Develop and execute relevant business continuity and disaster recovery exercises - [REDACTED]</li> <li>7. Maintain Cyber Essentials – March 2026. (Action Owner: [REDACTED])</li> <li>8. Baseline Readiness Cyber Essentials Plus – March 2026 (Action Owner: [REDACTED])</li> <li>9. Attain Cyber Essentials Plus – June 2026. (Action Owner: [REDACTED])</li> <li>10. Improve NIS-R score - September 2026. (Action Owner: [REDACTED])</li> </ol>
Mitigation(s) Complete	
Previous Scores: Q3 24/25	N/A
Q4 24/25	N/A
Q1 25/26	15
Q2 25/26	15
Current Consequence (A)	Extreme (5)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	15
Risk Appetite	Operational - Business (Operational)
Target Score (AxB)	6
Target Date	30/09/2026
Additional Information	

<b>Case Ref</b>	RI-0028715
<b>Risk Register</b>	Operational - Service Delivery
<b>Receipt Date</b>	24/04/2025
<b>Primary Governance Committee</b>	Planning & Performance
<b>Secondary Governance Committee</b>	Clinical Governance
<b>Description</b>	<p>There is a risk that: NHS24 service performance may be compromised from April 2025 until November 2025.</p> <p>Due to: Delivering the Digital and Service Transformation Strategic programmes of work, and ensuring staff are adequately trained and increase their familiarity using the new system.</p>
<b>Significant Impact</b>	<p>Resulting in: This may have a negative impact on patient experience as staff are taken offline and away from their call handling role to support UAT, attend training and support the implementation process.</p> <p>Delays in accessing the service may continue, in the early weeks post go-live, as staff become more familiar using the new system, especially part-time staff working on low hours contracts who have limited opportunity to build their competency levels.</p>
<b>Executive Risk Owner</b>	Director of Service Delivery
<b>Strategy Type</b>	Reduce
<b>Mitigating Action</b>	<p>1) A review of all non patient facing activities to ensure only essential activities are being supported, and priority is given to DTP training thus maximising the number of staff available to call handle Owner: [REDACTED] (31/10/2025)</p> <p>2) Ensure front-line staff are sufficiently trained and competent prior to go-live Owner: [REDACTED] (31/10/2025)</p> <p>3) Secure clinical resource from other directorates to support known peak times ie) local public holidays April to October and to support non patient activities eg) recruitment &amp; clinical Owner: [REDACTED] (31/10/2025)</p> <p>4) Following the successful implementation of Phase I, continue close cross directorate working to maximum resource available to attend training ensuring backfill of additional hours is secured to reduce the impact to patients/ performance especially whilst supporting local public holidays Owner: [REDACTED] (31/10/2025)</p> <p>5) The Improving Patient Flow Programme has delivered some reduction in the overall average handle time. This has offset the capacity reduction required to facilitate the widespread DTP Phase II and Phase III training, to date. Performance is still likely to be compromised at implementation due to rise in AHT as staff become proficient in the new system. Owner [REDACTED] (30/11/2025)</p>
<b>Mitigation(s) Complete</b>	<p>1. Establishment of a Performance Board to monitor and process work to support service performance (Complete)</p>
<b>Previous Scores: Q3 24/25</b>	N/A
<b>Q4 24/25</b>	N/A
<b>Q1 25/26</b>	12
<b>Q2 25/26</b>	12
<b>Current Consequence (A)</b>	Moderate (3)
<b>Current Likelihood (B)</b>	Likely (4)
<b>Current Score (AxB)</b>	12
<b>Risk Appetite</b>	Operational - Business (Operational)
<b>Target Score (AxB)</b>	3
<b>Target Date</b>	31/10/2025
<b>Additional Information</b>	<p>Following review by the Director of Service Delivery, this risk was reduced from 12 (3x4) to 9 (3x3), following completion of mitigating actions linked to DTP. However, target date has been pushed out by 1 month to ensure phase 3 is complete and proper analysis has been given to the performance data.</p>

Case Ref	RI-0024356
Risk Register	Operational - Finance
Receipt Date	17/02/2025
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	<p>There is a risk that: The landlord's claim for dilapidations at Lumina may exceed the allocated reserve funds.</p> <p>Due to: Negotiations still ongoing which could escalate to litigation</p>
Significant Impact	<p>Resulting in: Financial strain due to unforeseen cost pressures and possible legal disputes regarding the extent of the dilapidations and associated expenses. This situation could escalate to litigation, thereby increasing overall costs.</p> <p>Potential reputational damage.</p>
Executive Risk Owner	Director of Finance
Strategy Type	Reduce
Mitigating Action	<p>Mitigating Actions:</p> <p>1. A lead advisor appointed to engage with the landlord's representatives concerning the terminal dilapidations liability. Action Owner: [REDACTED] (31/12/2025)</p> <p>Ongoing Controls</p> <p>1. Ensure timely completion of maintenance and repairs to prevent backlog and ensure compliance with lease stipulations. Action Owner: [REDACTED] (Ongoing Control)</p> <p>2. Review and adjust dilapidation reserves to account for inflation and new identified repair needs. Action Owner: [REDACTED] (Ongoing Control)</p> <p>3. Maintain open communication between landlord and NHS 24 to address concerns and negotiate solutions Action Owner: [REDACTED] (Ongoing Control)</p> <p>4. Coordinate with the Central Legal Office to identify and resolve any disputes. Action Owner: [REDACTED] (Ongoing Control)</p>
Mitigation(s) Complete	<p>Mitigating Actions/Ongoing Controls - Complete</p> <p>1. Securing dilapidation reserves from the commencement of the lease.</p> <p>2. A lead advisor has been appointed to support NHS 24 through the dilapidation negotiations process.</p> <p>3. Lease agreement outlines maintenance responsibilities, expected property conditions.</p> <p>4. Comprehensive and independent assessments of dilapidations for the first and second floors have been completed, focusing on the building's fabric. Currently, assessments of the mechanical and electrical systems are underway.</p> <p>5. An M&amp;E consultant has been engaged to conduct an independent survey of the existing air conditioning (AC) system on site. This survey aims to identify any unidentified faults and necessary repairs, with the goal of minimising the interim AC dilapidation claim.</p> <p>6. The terminal schedule confirming costs has now been received.</p> <p>7. The landlord representatives have now confirmed that a financial settlement option is available.</p> <p>8. Lead advisor has received 5 independent tender quotes to assess against Landlord non AC costs as evidence of value for money and in line with the allocated reserve funds. Evidence has been collated in relation to the maintenance of the AC that NHS 24 has completed. M&amp;E consultant is confident that it is low risk for AC dilapidations.</p> <p>9. Exit video completed along with condition survey at hand back - video demonstrates all M&amp;E AC assets are in a good state of repair and fully operational.</p>
Previous Scores: Q3 24/25	N/A
Q4 24/25	N/A
Q1 25/26	12
Q2 25/26	16
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Risk Appetite	Operational - Business (Financial)
Target Score (AxB)	4
Target Date	31/12/2025
Additional Information	<p>Following discussion at the Audit and Risk Meeting on 20 November 2025, additional information has been received from the landlord to indicate that the dilapidations figure was higher than anticipated. However, this is still under negotiation. This risk was reviewed by the Director of Finance and in light of the update from landlords and while negotiations continue, the score will be increased to 16 and the target date extended to the end of April 2026. NHS 24's specialist advisers have confirmed it is usual practice for such negotiations to be protracted.</p>

Case Ref	RI-0003927
Risk Register	Operational - Workforce
Receipt Date	09/04/2020
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Clinical Governance
Description	<p>There is a risk that:</p> <p>NHS 24 is unable to 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.</p> <p>Due to:</p> <p>Low levels of staff attendance over a prolonged period of time</p>
Significant Impact	<p>Resulting in:</p> <p>Prolonged waits to access services resulting in poor patient experience and reputational damage.</p> <p>Impacts negatively on staff morale, retention and wellbeing.</p>
Executive Risk Owner	Director of Workforce
Strategy Type	Reduce
Mitigating Action	<p>Mitigating Actions Ongoing</p> <ul style="list-style-type: none"> <li>New Attendance Improvement Taskforce implemented with Attendance Improvement Plan in place to support reduction in absence Action Owner: [REDACTED] (March 2026)</li> <li>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: [REDACTED] (March 2026)</li> <li>Health &amp; Wellbeing initiatives for staff to support by providing positive working environment, occupational health services and one to one support. Action owner: [REDACTED] (March 2026)</li> <li>Ongoing support for managers through Management Essentials and Leadership &amp; Development Programmes. Action owner: [REDACTED]</li> <li>Introduction of home (Remote) working for frontline by Service Delivery Action Owner: [REDACTED]</li> <li>Conduct quarterly audits to enhance consistency of advice offered and drive policy compliance. Action Owner: [REDACTED]</li> </ul> <p>End of Year 1 Risk Mitigations (30th Oct 2023) Target &lt;9% (As of 30/09/23 8.39%)    • Actions moved to complete, or if outstanding to Year 2</p> <p>End of Year 2 Risk Mitigations (30th Oct 2024) Target &lt;7.5% As of 30/09/24 8.44%)    • Actions moved to complete, or if outstanding to Year 3</p> <p>End of Year 3 Risk Mitigations (30th Oct 2025) Target score &lt;7%    • Continuation/enhancement of existing management development and support for managers Action Owner: [REDACTED]</p> <ul style="list-style-type: none"> <li>Evaluate and Review impact of Attendance Action Plans on Attendance Management Action Owner: [REDACTED]</li> <li>Further development and embedding of the use of case management KPIs. Action Owner: [REDACTED]</li> <li>Ensuring policy support, guidance and training is in place for line managers. Action Owner: [REDACTED]</li> <li>Expanding use of Case Management Module to inform MI systems for reporting and analysis. Action Owner: [REDACTED]</li> </ul> <p>Risk Indicators</p> <ul style="list-style-type: none"> <li>Absence levels</li> <li>% of managers trained in accessing and applying relevant policies and procedures</li> </ul>
Mitigation(s) Complete	<p>Mitigating Actions Complete</p> <ul style="list-style-type: none"> <li>Improved sickness absence reporting suite</li> <li>Manager Dashboards to be rolled out from July to ensure accountability</li> <li>Wellbeing Team Managers in place to drive progress in relation to improvement plan and ensure a positive and consistent approach to attendance management</li> <li>Development of Workplace Adjustment Policy in partnership with Business Disability Forum</li> <li>All Directors and Managers to have attendance targets as an objective within their Appraisal</li> <li>Internal Audit of Attendance Management</li> <li>Workplace Adjustment Policy Workshops</li> <li>Ensure compliance with Scottish Government Mental Health and Wellbeing Workforce Action Plan 2023 - Initiatives delivered are compliant with plan</li> <li>Review of Attendance and Wellbeing Action Plans Action Owner: [REDACTED] - Wellbeing now sits with Wellbeing Manager and Attendance management now BAU</li> <li>Introduce case management KPIs Action Owner: [REDACTED]</li> <li>Procure case management system to report on KPIs - Case Management module procurement in progress Action Owner: [REDACTED]</li> <li>Extraction of Wellbeing Team Managers by Service Delivery, with all levels of line management taking full ownership of attendance management Action Owner: [REDACTED]</li> <li>Implementation of Wellbeing and Attendance Improvement Plan (regular updates being monitored by Staff Governance Committee). Action owner: [REDACTED]</li> <li>Attendance Management Deep Dive workshop took place on 25.08.25 - this work supported the implementation of the new taskforce plan.</li> </ul>
Previous Scores: Q3 24/25	12
Q4 24/25	12
Q1 25/26	12
Q2 25/26	12
Current Consequence (A)	Moderate (3)
Current Likelihood (B)	Likely (4)
Current Score (AxB)	12
Risk Appetite	Operational - Staff
Target Score (AxB)	8
Target Date	31/03/2026
Additional Information	

<b>Case Ref</b>	RI-0028726
<b>Risk Register</b>	Operational - Service Delivery
<b>Receipt Date</b>	24/04/2025
<b>Primary Governance Committee</b>	Planning & Performance
<b>Secondary Governance Committee</b>	Clinical Governance
<b>Description</b>	<p>There is a risk that: NHS 24 would not be able to sustain a safe and effective response.</p> <p>Due to: A significant and prolonged surge in demand caused by planned and unplanned circumstances or events.</p>
<b>Significant Impact</b>	<p>Resulting in: Potential delay in patient care due to increased waiting times at peak periods including 20 local public holidays NHS 24 covers for partner Health Boards.</p> <p>Impact on performance targets, including excessive wait times to access the service.</p> <p>Additional pressure on staff.</p>
<b>Executive Risk Owner</b>	Director of Service Delivery
<b>Strategy Type</b>	Reduce
<b>Mitigating Action</b>	<ol style="list-style-type: none"> <li>Development and implementation of performance improvement initiatives (virtual queue, advise and refer, coaching and call reviews) to reduce the average handling time of calls, improve access and communicate effectively with patients and the wider public. This is now all included in the Service Optimisation Programme. Action Owner: [REDACTED] (Ongoing - 31/10/2025)</li> <li>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 SMT and Executive Escalation Group when appropriate (Ongoing control)</li> <li>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)</li> <li>Regular review of risk status at 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)</li> <li>Increased utilisation of remote clinical supervision and remote management (Ongoing Control)</li> <li>Coaching programme to improve clinical talk times using Kaizen Blitz process improvement approach (Ongoing Control)</li> <li>Completion/ongoing participation of SPRA process (Ongoing Control)</li> <li>Ongoing programme of resilience training (Ongoing Control)</li> <li>Tactical approach to service management on local PH's. All offline time and meetings cancelled with resource re-directed towards patient facing activities. Additional clinical resource &amp; support sought from other NHS 24 Directorates Owner: [REDACTED] (Ongoing - 30/10/2025)</li> <li>SLWG established to explore opportunities to expand Hybrid Working across a range of skillsets. Work progressing to ensure DPIA compliant and current ToC underway with HIS, Breathing Space (BS) and now Dental staff trialling Hybrid Working Owner: [REDACTED] (30/10/2025)</li> <li>Improving Patient Pathway initiative ToC underway to reduce wait times when seeking clinical supervision and ToC re-directing non A&amp;E calls ensuring priority given to A&amp;E calls in-hours, are both aiming to reduce overall call handling times, improving access to the service and the overall patient experience. Owner: [REDACTED] (30/10/2025)</li> </ol>
<b>Mitigation(s) Complete</b>	<p>Ongoing liaison 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 Control) Complete Now at full establishment.</p> <p>SLWG to consider how best to resource for local PH's including clearer promotion of dates, resource levels and a process to secure additional voluntary resource at the start of the financial year. Owner: [REDACTED] (Ongoing - 31/07/2025)</p> <p>Complete Process in place to advertise and allow staff to book, in advance.</p> <p>In Partnership, the creation of peak planning guidance process to ensure an agreed and consistent approach to secure the required increased resource levels across NHS 24 Public Holidays to meet patient demand at peak times Owner: [REDACTED] (31/08/2025) Complete Guidance document completed and arrangements being made to publish.</p> <p>Tactical approach to service management on local PH's. All offline time and meetings cancelled with resource re-directed towards patient facing activities. Additional clinical resource &amp; support sought from other NHS 24 Directorates Owner: [REDACTED] (Ongoing - 30/10/2025) Complete Service Management process revised and actively being used. And new process CP192 introduced to evidence the operational planning of local public holidays</p>
<b>Previous Scores:</b>	
<b>Q3 24/25</b>	N/A
<b>Q4 24/25</b>	N/A
<b>Q1 25/26</b>	12
<b>Q2 25/26</b>	12
<b>Current Consequence (A)</b>	Moderate (3)
<b>Current Likelihood (B)</b>	Likely (4)
<b>Current Score (AxB)</b>	12
<b>Risk Appetite</b>	Operational - Business (Operational)
<b>Target Score (AxB)</b>	3
<b>Target Date</b>	31/03/2026
<b>Additional Information</b>	Following review by the Director of Service Delivery, this risk score was reduced from 12 (3x4) to 9 (3x3) following completion of mitigating actions some of which were linked to the Digital Transformation Programme.

Case Ref	RI-0022464
Risk Register	Operational - Finance
Receipt Date	23/01/2025
Primary Governance Committee	Planning & Performance
Secondary Governance Committee	Audit & Risk
Description	<p>There is a risk that: Efficiency plans for 2025/26 are not fully achieved.</p> <p>Due to: Reliance on delivering two major saving schemes halfway through the year, with less time to put remedial plans in place.</p>
Significant Impact	Resulting in: The organisation not meeting its financial targets.
Executive Risk Owner	Director of Finance
Strategy Type	Reduce
Mitigating Action	<p>1. DTP and Estates have Programme Boards in place to monitor and ensure plans stick to their agreed timetables. Any potential slippage shall be identified as early as possible and escalated to ensure remedial measures are prioritised. Action Owner: [REDACTED] (Ongoing - 31/10/2025).</p> <p>2. For the smaller schemes the Sustainability &amp; Value Group will assign leads for each scheme and delivery dates to adhere to. The group will help support any blockages to achievement and will meet as frequently as required to support the efficiencies programme. Action Owner: [REDACTED] (Ongoing - 31/03/2026).</p> <p>3. Monitor progress and costs against projections to ensure programmes are progressing as expected and are on course to deliver required savings. Action Owner: [REDACTED] (31/03/2026).</p> <p>4. Regular scheduled meetings with a tracker maintained to identify progress towards achieving agreed savings. Action Owner: [REDACTED] (31/03/2026).</p>
Mitigation(s) Complete	1. Identify saving plans to bridge the current gap in recurring savings. Action Owner: [REDACTED] (Complete)
Previous Scores: Q3 24/25	N/A
Q4 24/25	N/A
Q1 25/26	16
Q2 25/26	12
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Risk Appetite	Operational - Business (Financial)
Target Score (AxB)	4
Target Date	31/03/2026
Additional Information	

Case Ref	RI-0037580
Risk Register	Operational - TSPP
Report Date	04/09/2025
Primary Governance Committee	Staff Governance
Secondary Governance Committee	Clinical Governance
Description	<p>There is a risk that:</p> <p>NHS 24 will not meet the access needs of the population of Scotland without embedding a person-centred, and intelligence led approach to service provision and development, which addresses the causes of health inequalities.</p> <p>Due to:</p> <p>Preventable barriers to public services that may exist for some population groups</p>
Significant Impact	<p>Resulting in:</p> <p>Negative impact on clinical outcomes and user experience.</p> <p>Increased digital exclusion.</p> <p>Service development which does not meet the access needs of the population.</p> <p>NHS 24 do not meet their legal duties for equalities.</p> <p>NHS 24 do not contribute to the reduction of health inequalities.</p>
Executive Risk Owner	Director of TSPP
Strategy Type	Reduce
Mitigating Action	<p>1. Develop a measurement plan to establish baseline and track progress of the mitigations. Action owner - [REDACTED] (January 2026)</p> <p>2. Subject matter experts are engaged in the review and development of Corporate processes and opportunities for improvement from a service user perspective, including consultation with wider NHS Scotland stakeholders. Action owner - [REDACTED] (April 2027)</p> <p>3. Consider options for enhanced capture of demographic information for patients, make recommendation and agree actions to progress. Action owner - Director of Nursing and Care (April 2026)</p> <p>4. Implementation of the recommendations of the recent NHS Inform review will take into consideration opportunities for improved accessibility. Action owner - [REDACTED] (April 2027)</p> <p>5. Provide information and guidance to colleagues to support NHS 24 staff to deliver person centred care, aligned to the principles of realistic medicine. Action owner - [REDACTED] (April 2027)</p> <p>6. Ensure resources developed for the public considers those who will experience health inequalities and promotes accessibility. – Action owner - [REDACTED] (April 2027)</p> <p>7. The review of the Equality, Inclusion and Rights Working Group should consider what steps should be taken to help ensure that work to advance equality within NHS 24 continues to be mainstreamed. Action owner - [REDACTED] (March 2026)</p> <p>8. Consider what opportunities the Digital and Service Transformation Programmes offer with regards to implementing new technologies and patient pathways, which offer an omni-channel approach that better meet the needs of those more likely to experience barriers. Action owner - [REDACTED] (April 2027)</p> <p>9. Implement the actions aligned to the achievement of the Equality Outcome that states that NHS 24 will take steps to improve access to accessible information, communication, and awareness of NHS 24 services for disabled people, with a sensory or speech impairment. Action owner - [REDACTED] (April 2027)</p> <p>Ongoing controls</p> <p>1. Continue to engage patients and stakeholders, ensuring that their views, experiences and insights are reflected in service development and improvement.</p> <p>2. Continue to engage patients and stakeholders to promote improved awareness of NHS 24's services and the accessible options available to them</p> <p>3. Key subject matter experts in place to drive, influence, embed and monitor service development and improvement to ensure NHS 24 is cognisant of the barriers that some population groups can experience when seeking to access healthcare.</p> <p>4. Maintain training delivered to staff to raise awareness of barriers that some population groups can experience when seeking to access healthcare.</p> <p>5. Continue to promote undertaking Equality Impact Assessments to identify inequalities and appropriate mitigating actions.</p>
Mitigation(s) Complete	
Previous Scores: Q3 24/25	N/A
Q4 24/25	N/A
Q1 25/26	N/A
Q2 25/26	NEW
Current Consequence (A)	Major (4)
Current Likelihood (B)	Possible (3)
Current Score (AxB)	12
Risk Appetite	Operational - Reputation/Stakeholder Engagement
Target Score (AxB)	6
Target Date	30/04/2027
Additional Information	Staff Governance Committee on 03/11/25 discussed this risk and, in particular, the primary and secondary governance committees and an action was taken to review. Following discussion with the Director of TSPP it was agreed that CGC was the primary governance committee and PPC the secondary committee for this risk. Both Chair of SGC and CGC have been provided with an update.