

SOURCE AND DATE OF ENTRY ONTO REGISTER	DESCRIPTION OF THE RISK	HOW EFFECTIVE ARE CONTROLS?	SUMMARY RISK TREATMENT PLAN/CONTROLS AGAINST RISK (ACTION PLAN)	LEAD OFFICER	DATE OF REVIEW	TARGET DATE/REVIEW FREQUENCY	DATE OF COMPLETION	RESIDUAL RISK RATING/RISK GRADING FOLLOWING IMPLEMENTATION OF CONTROLS			COMMENTS (complete or insert N/A)
								Likelihood	Severity	Risk Score	
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Recruitment Employment Checks 21.1.13	Full compliance with NHS Employment Check Standard - set of six documents: CRB checks; Verification of Identity Check; right to Work Check; Registration and Qualification Check; Employment History and Reference Check; Occupational Health Check to fulfill CQC and NHSLA level 3.	Adequate	Ensure all pre-employment checks are undertaken in-line with NHS Employers (6 Standards). CRB checks are not always received prior to commencement in post. In these cases a risk assessment and supervision/chaperoning arrangements are put in place where staff do start work.	MA/AH IE/VW	30/04/13	Quarterly	30/04/13	3	4	12	Pre-employment checks for both medical and non medical staff are currently undertaken on all individuals going through the R&S process. Where service needs require, some staff are able to start subject to a risk assessment and supervision/chaperoning arrangements being put in place. Evidence is verified copied and placed on the individuals personal files. Files are checked and audited by the Recruitment Manager and Medical Staffing Manager. NHSLA audit/monitoring schedule now added as addendum to policy.
Recruitment Staffing Pressures 21.1.13	The disestablishment of full recruitment team with TUPE transfer to CPT in 2012, plus additional workload in Acute Trust, posed significant problems for recruiting new employees into post in a timely manner. Processes have required to be reviewed in order to accommodate additional workload/activity.	Adequate	The workload is variable however is more manageable now if all staff are in post in Recruitment team. Issues remain during periods of annual leave etc. Additional support has been sought (bank worker) in recruitment and also some workload re-distributed to other areas of the Employment Services Bureau and HR Department. Delays have occurred in people being able to take up post particularly with obtaining references in a timely manner.	MA/AH	30/04/13	Quarterly	30/04/13	3	2	6	Review of workloads and flexing of work tasks/staff undertaken by Recruitment Manager on a daily basis.
Recruitment Honorary Contracts	Honorary Contracts - All those appointed on honorary contracts to have the appropriate employment checks in line with NHS Employers guidance and to be issued with an honorary contract	Adequate	Review of Honorary Contracts to be undertaken	MA/AH IE/VW	30/04/13	Quarterly	30/04/13	2	3	6	All known staff who require Honorary Contracts are recorded on ESR. All new Honorary contracts are made in line with the full appointment process. Review planned to commence Jan 2013, to review in BU's any staff who may still require to be issued with honorary contracts.
Employment Records 21.1.13	Project being established to review HR Employment records in line with Northumbria Healthcare and other best practice in relation to Information Governance.	Adequate	Project plan to be developed and timelined with action/deadline dates and responsibilities allocated.	IE/JA MA/AH/IE/VW	30/04/13	Quarterly	31/12/13	1	3	3	Discussions are currently taking place between NCUH/NHFT HR reps to develop project plan. Managed via HR and Governance work stream. NCUH in process of adopting filing process identical to NHFT.
Certificate of Sponsorship 21.1.13	COS (Work permits) numbers available in Trust is currently sufficient for requirements however depending on recruitment activity this situation may change in future.		Recruitment manager and medical staffing manager will continue to liaise to ensure adequate stock in place.	MA/AH IE/VW	30/04/13	Quarterly	30/04/13	1	2	2	The Trust's licence to issue COS has been renewed until 27/11/16.
EWTD	Risk of non-compliance with EWTD, for non medical staff. NCUH has confirmed that it does not hold opt-out information for non medical staff as required by the Working Time Regulations 1998.	Partial re medical staff and bank workers. Inadequate re other staff.	The Trust monitors compliance with EWTD through regular monitoring of junior doctors' working hours by the lead MSO and rota co-ordinator. The Trust uses DRS software system to compile safe and compliant rota's. The Trust has a Rota Coordinator to oversee this piece of work. Opt out information is held by medical staffing and a copy of the junior doctors monitoring process was provided during due diligence. The Bank Management system monitors bank workers hours, where staff are booked through this system.	DG/IE/VW/C C/NE/JW/JA	30/04/13	Quarterly	31/12/13	3	5	15	Trust continues to spend on temporary locum or agency staff to cover rota gaps. Divisions now have plans to address the use of locum or agency staffing - this involves filling the posts permanently or designing new ways of working. Banding claims from doctors in training is a risk however is mitigated by monitoring which takes place on a regular basis to ensure compliance and anticipate potential claims. Currently one banding claim being reviewed and resolved. Workstream being established to fully assess risks relating to other staff and establish a project plan to address. The Trust has had demonstration of e-rostering system and is considering this as a potential option.

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Professional Registration NHSLA Level 3	Maintain compliance against all relevant NHSLA level 3 Risk Management standards - currently insufficient evidence of audit and monitoring in place.	Adequate	Audit/monitoring tool to be added as addendum to NCUH policies and reported to workforce committee on quarterly basis.					1	5	5	Audit/monitoring to be reported to workforce committee in March 2013.
Sickness/Absence % absence communications	Accurate monthly reporting to Trust Board, Business Units and newly established Workforce Committee	Partial	Ensure the organisation is aware of the ongoing sickness % and costs to the organisation and Business Units	DG/AP/JA	30/04/13	Quarterly	30/04/13	1	2	2	Monthly reporting to Workforce Committee and Trust Board. Communication to staff via staff brief.
Sickness/Absence 2013/14 targets	Rolling year absence levels to be under 5%	Adequate	Ensure the appropriate management of individual sickness issues in line with Trust policies, including Absence Management under policy whereby sick pay can be extended automatically.	DG/AP/HRBP's	30/04/13	Quarterly	31/03/14	3	3	9	Aim to reduce 2013/14 sickness levels. % to be agreed by Workforce Committee
Sickness/Absence ESR Recording	ESR will reflect any incorrect inputting into the system.	Partial	Ensure ESB staff accurately record all sickness and unauthorised absence	MA	30/04/13	Quarterly	31/03/14	3	3	9	This is done via ES Bureau. Bureau staff will only be aware of absence if managers accurately inform them of details. Trust is planning roll out of Manager Self serve for ESR in 2013. Project plan being developed.
Sickness/Absence NHS Level 3 - Stress Monitoring	The prevention and management of work-related stress: maintain compliance against all relevant NHSLA level 3 Risk Management standards - currently insufficient evidence of audit and monitoring in place.		The Health and Wellbeing group is being re-established. Audit/monitoring tool to be added as addendum to NCUH policies and reported to workforce committee on quarterly basis.	DG/KL/AJ	30/04/13	Quarterly	30/04/13	1	5	5	Some Health & Wellbeing support for staff introduced e.g. PPC and Revitalised. Close working relationships being established with NHFT. Pro-active involvement of local BMA Rep. Also to be reported to Health and Well being group. Awareness/training sessions to be delivered to staff re effective implementation of the stress management policy including undertaking stress risk assessment. Audit/monitoring to be reported to workforce committee in March 2013.
Training (ESR Recording)	Statutory and Mandatory Training is not all recorded via ESR system as some data held locally in departments.	Partial	Attendance Registers available for all in house activities & submitted to E&T for inputting onto ESR. Template held in E&T Home Page on staff Web	DG/EM	30/04/13	Quarterly		5	3	15	Reporting system in place. Being reviewed to ensure this is efficient. External e-learning platforms all require additional admin e.g. IG toolkit to generate reports for inclusion into OLM/ESR. EM to meet with Safeguarding Children/Mat leads to ensure accurate data for inclusion to OLM/ESR. Also OLM system continues to record incomplete Erroneously. To be taken to special interest group.
Training (Non Permanent Staff)	Non permanent staff to be fully trained in line with NHSLA/CQC	Partial	All non medical Bank Staff attend Corporate induction. All Medical Agency/Locums receive detailed information paper/CDRom by Medical Staffing. Out of hours Speciality Induction undertaken via Bed	DG/EM	30/04/13	Quarterly		5	4	20	Induction for all staff in line with Trust policy with support of Business Unit/bed management staff "out of hours" to ensure compliance. Induction for junior doctors being reviewed in alignment with Northumbria process and e-learning CD Roms also available to supplement Lead Employment Trust (LET) programmes.
Training (Appraisal completion)	Improve staff appraisal completion rate to 80% by Mar 13.	Partial	Appraisals recorded via Access against ESR staff list. Reports produced monthly and widely distributed. Part of HR dash Board at Workforce Committee. Plan to move whole data to ESR.	DG/EM	30/04/13	Quarterly	31/03/13	4	3	12	Reporting system in place. BU developing trajectories to ensure targets achieved. This will be reported to Workforce Committee. Additional administrative staff sought to input appraisal information for last 12 months.
Training (Mandatory Training)	Trust's uptake levels for mandatory training is poor / below required standard, both mandatory and CPD.	Partial	TNA in place for all staff. Staff entitlement to protected time to undertake training confirmed in newly approved policy. This needs to be realised in Business units. Business Units all preparing trajectories for uptake in training. Reports to SMT	DG/EM	30/04/13	Quarterly	31/03/13	4	3	12	Report on figures now being produced monthly and reported to Trust Board. Action plans and trajectories to be monitored via SMT and Workforce Committee. Figures still extremely low in certain areas. Issues re release of staff from clinical areas. Now key part of HR transition plan with NHFT. Internal audit plan confirmed limited assurance. Decision on e-learning platform required.
Training (Appraisal/revalidation)	Ensure medical staff receive an annual appraisal in order to satisfy revalidation requirements and external stakeholders i.e. the Deanery	Partial	Ensure effective reporting to BU's of medical staff appraisal.	DG/KB/ VW	30/04/13	Quarterly	31/03/13	4	3	12	Further work being undertaken to support revalidation. New appraisal system in place.
Training (CQC/NHSLA Level 3)	Limited evidence available to support compliance with CQC/NHSLA level 3 quality standards for training policies. Particularly regarding audit and maternity.	Partial	Discussions have taken place to date to share HR reporting systems with NHFT and NCUH have established a workforce committee to mirror NHFT. First meeting 4/2/12. HR governance and training works streams set up and capturing anomalies - manage risk and establish actions. Insufficient evidence of audit/monitoring of policy to comply	DG/EM	30/04/13	Quarterly	30/04/13	5	3	15	Operational work re workforce committee and workstreams overseen by IE/AP with input/delivery from AP/EM/JH/MT/VW/AH/JA. To be reported to WFC in March 2013.
Training (SAR)	Deanery Self Assessment Report (SAR) poor, which potentially could affect training places and the Trust i.e. may not attract trainees which will ultimately affect workforce numbers and income.	Inadequate	Appointment of interim Director of Education. Review E&T structure & consider most appropriate structure for short term. Process & Forum to be established for QulP/SAR submission in June 2013. Review appraisal format of educational supervisors and ensure consistency. (As previous mentioned above).	DG/EM/CT	30/04/13	Quarterly	30/04/13	4	5	20	Interim Director of Education commenced in Trust January 2013 working closely with HoE&T and Medical Education Manager and Trust's Clinical/Foundation Programme Tutor. Mid term submission of QIPP sent to Deanery. ADQM meeting with Trust scheduled for February 2013.

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Training (TNA)	NCUH TNA to mirror that of NHFT. Insufficient resource to deliver induction and all subjects identified as mandatory.	Partial	GAP analysis undertaken to review differences in current Stat and Mand provision. Each subject being review individually to identify the best way to provide provision, identifying shortfall of resources.	DG/EM	30/04/13	Quarterly	30/04/13	5	4	20	Business case to be submitted to DoHR and CEO re how to effectively resource this service.
Occ Health Occupational Health Safety Standards	Evidence of implementation of effective management of occupational health and safety service standards in the NHS. Evidence of update on vaccination policy.	Partial	Minimise the risk of healthcare acquired infection to patients taking account of national standards.	DG/DM	30/04/13	Quarterly	30/04/13	1	3	3	All clinical staff are given a health declaration on appointment by appointing Manager/Recruiter. If the necessary evidence is not provided by the employee this member of staff is seen in the OHD for a vaccination update. There is a draft Vaccination and Immunisation Policy. Otherwise the NSS is based on recommendations made by DoH Green Book.
Occ Health NHSLA Level 3	Innoculation/Sharps Injuries/Incidents. Maintain compliance against all relevant NHSLA level 3 Risk Management standards - currently insufficient evidence of audit and monitoring in place.	Partial	Audit/monitoring tool to be added as addendum to NCUH policies and reported to workforce committee on quarterly basis.	DG/DM	30/04/13	Quarterly	30/04/13	1	4	4	To be reported to workforce committee in March 2013. The Trust has some Safe Sharp equipment however, there are discussions now to increase this. Study days are being planned in NW region and Health & Safety/Purchasing Staff will attend.
Occ Health Physician Resources	Insufficient physician sessions on CIC site can lead to delays in staff returning to work.	Partial	Review service re physician requirements at CIC.	DG/DM	30/04/13	Quarterly	30/04/13	3	3	9	Establish working relationships with NHFT. Establish service requirements for Occupational Health.
Equal Pay	Outstanding equal pay claims in NCUH is a significant risk. Legal costs estimates are speculative at this stage. Legal advisers are unable to estimate the "worst case scenario" liability for these claims at this stage, but their advice is it could be in the order of £1M to £10M.	Adequate	Trust negotiating a specific indemnity from the SHA covering the on-going legal and other costs and full liability for these claims. Detailed figures established to estimate settlement costs now a managed risk to justify reduced rating.	DG/MP	30/04/13	Quarterly	31/12/2013	3	3	9	Ongoing dialogue between Trust representatives and solicitors.
Workforce planning and development	Establish workforce planning and produce forward plan for recruitment in line with the Trust Strategic Plan and Priorities. WP will be the responsibility of the Business Units. Trustwide workforce plan to be updated in line with clinical business unit service developments	Adequate	Ensure appropriate forward planning to meet recruitment peaks and skill needs. HRBPs to support BU's to develop plans and forecast future service requirements.	DG/AP/HRBP's	30/04/13	Quarterly	30/04/13	3	3	9	Workforce plan submission made to NW SHA. This needs to be developed and full input required fromBUs. HRBPs to liaise with Deputy BUDs. Associate Director of HR to co-ordinate. Consider issues in Trust integrated plan.
Business Continuity 3.12.12	Due to a major incident - i.e. fire, flood, IT failure it may not be possible to deliver the services of the recruitment team, ESB, HR/Medical Staffing Depts, training or occupational health functions.	Adequate	BCP's now developed	DG/IE/EM/VW/DM/AH/MA	30/04/13	Quarterly	30/04/13	1	1	1	Plans now in place
Medical Locums/Agency Staff	High usage of Medical Locums/Agency Staff. Lack of continuity in patient care, delayed decision making adversely affects reputation of the hospitals. High cost compared to employers substantive.	Partial	Review reasons for temporary staff and introduce changed processes to improve recruitment and retention of staff and attractiveness of these posts. This process is captured under measures in TUPE consultation. Work is now being undertaken to identify ways of improving attraction of candidates to NCUH and increasing staffing levels.	DG/VW	30/04/13	Quarterly	30/04/13	4	5	20	Services being renewed by Deputy BUDs.
Bank Office	Resources allocated in central Bank Office insufficient to meet demand of this service.	Partial	Review service requirement for supply of Bank staff in the Trust.	DG/JW	30/04/13	Quarterly	30/04/13	4	3	12	Project/workstream to be established to ascertain service need and submit proposal to DoN and DoHR.

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Bullying & Harassment NHSLA Level 3	Insufficient evidence of audit/monitoring of policy to comply with NHSLA level 3.	Adequate	Audit/monitoring tool to be added as adendum to NCUH policies and reported to workforce committee on quarterly basis.	DG/AP	30/04/13	Quarterly	30/04/13	1	5	5	To be reported to workforce committee in March 2013.
Supporting Staff Involved in Serious Incidents. NHSLA Level 3	Insufficient evidence of audit/monitoring of policy to comply with NHSLA level 3.	Partial	Audit/monitoring tool to be added as adendum to NCUH policies and reported to workforce committee on quarterly basis.	DG/CTL	30/04/13	Quarterly	30/04/13	3	3	9	To be reported to workforce committee in March 2013.
Employment Tribunal Claims	On-going cost of ET claims (non equal pay).	Adequate	Risk assess each claim when received in Trust and work with solicitors to minimise/negate the claim.	DG/IE/HRBPs	30/04/13	Quarterly	31/12/13	4	3	12	One claim currently lodged in the Trust.
Staff Engagement (Staff Survey)	Levels of engagement and satisfaction of the workforce impact on the delivery of quality care and operational performance.	Adequate	Trust partnership forum revised and continues to discuss key organisational issues. Specific terms and conditions group established March 2011. Regular meetings take place with local union representatives and regional officers. Staff survey action plan developed and will be monitored by Workforce Committee.	DG/ IE / HRBPs	30/04/13	Quarterly	31/03/14	3	3	9	TPF minutes received at Governance Committee. Staff Survey results reviewed by Trust Board. Staff focus groups held. Specific Business Unit action plan re staff survey being put in place. Increases in number of grievances from union officers received as a result of organisational change.
	Completed by:										
	Isla Edgar										
	Deputy Director of HR										
	Key to initials										
	NE	Norman Eddy									
	DG	Damian Gallagher									
	IE	Isla Edgar									
	MA	Mandy Annis									
	AH	Anne Hayton									
	VW	Valerie Whitwood									
	JA	Judith Anderson									
	CC	Chris Carroll									
	AP	Andrew Pounds									
	KB	Kathy Barnes									
	DM	Dawn Mahone									
	JW	Jo Watson									
	KL	Kath Livingstone									
	EM	Liz Moloney									
	HRBPs	Christine Lightfoot, Kath Livingstone, Pauline Isaac, Ann James, Alison Beck									

**Risk Grading Following Implementation of Controls**

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
S e v e r i t y	5	Extreme	Yellow	Orange	Red	Red
	4	Severe	Yellow	Orange	Red	Red
	3	Moderate	Green	Yellow	Orange	Red
	2	Low	Green	Yellow	Orange	Orange
	1	Negligible	Green	Green	Green	Yellow