

**NHS LANARKSHIRE
RISK REGISTER
ACTION PLAN CORPORATE**



1	2	3	4	5	6	7
RISK RANKING	REGISTER REFERENCE	SHORT TITLE	ACTION (please use a separate box for each action)	PRIORITY 1, 2 OR 3*	RESPONSIBILITY Owner Manager	TIMESCALE
	CO1	Absence of clearly articulated Corporate Objectives and robust Performance Management system to ensure implementation	Produce, annually, Corporate Objectives, reflecting national and local priorities, from which individual Director objectives are developed, with Corporate and individual Director objectives being signed-off by the Remuneration Committee, and the Corporate Objectives being approved by the NHS Board.	3	Chief Executive	June, each year.
			Introduce revised Governance Arrangements reflecting the existence of Community Health Partnerships, operating as Committees of the NHS Board	3	Chief Executive	March 2006
	CO2	Failure to engage appropriately with internal and external stakeholders in the pursuit of objectives.	Review role of Strategic Development and Redesign Committee against requirement to have a Service Redesign Committee.	3	Chief Executive	October 2005

		Establish Public Partnership Fora within Community Health Partnerships.	3	Chief Executive	CHP Directors	March 2006	
		Introduce revised Governance Arrangements reflecting the existence of Community Health Partnerships, operating as Committees of the NHS Board.	3	Chief Executive	CHP Directors	March 2006	
	CO3	Failure to comply fully with Statutory Requirements and Obligations.	Review Health and Safety arrangements to ensure that they fully reflect single system working and the introduction of Community Health Partnerships.	3	Chief Executive	Director of Human Resources	December 2006
			Revisit and update the Caldicott arrangements, to ensure that they fully reflect single system working and the introduction of Community Health Partnerships.	3	Chief Executive	Director of Public Health	December 2006
			Update Fraud Prevention and Response Plan.	3	Chief Executive	Director of Finance	December 2006

***Priority 1** – These actions should receive early, even immediate attention, as they relate to areas where it is believed either serious exposures exist, or where legal obligations are not being fulfilled.

Priority 2 – These actions should preferably be assessed and scheduled for completion within 12 months. They relate to areas where unnecessary exposures exist, even if these risks have previously been recognised and not considered.

Priority 3 – These actions are considered the least urgent, but nonetheless should receive attention.