Meeting: Laboratories Oversight Board (LOB) – Meeting 6
Date/Time: 14th March 2019, 1330-1700
Location: Boardroom 1&2, Gyle Square, Edinburgh
Chair: Paul Hawkins, Chief Executive, NHS Fife

Present:
BB Bill Bartlett, Clinical Lead, National Laboratories Programme (NLP) Team
KB Kenny Birney, Head of IT, NHS GG&C
DB Darren Burgess, NHS NSS Portfolio Manager
MC Martin Connor, Laboratory Medicine Clinical Lead, West Region
LC Lynn Cowan, National Services Scotland
LD Linda Delgado, Partnership Representative for Laboratories
ED Ellie Dow, joint Laboratory Medicine Clinical Lead, North Region
LF Liz Furrie, joint Laboratory Medicine Clinical Lead, North Region
DG Donna Galloway, Representative of the East Laboratory Medicine Operational Board
CG Carol Goodman, Planning Representative, North Region
MG Mike Gray, Laboratory Service Manager, East Region
PH Paul Hawkins, Chief Executive, NHS Fife – (Chair of the LOB)
IJ Ingo Johannessen, Laboratory Medicine Clinical Lead, East Region
MM Mary Morgan, Director of Strategy, Performance and Service Transformation
DS David Stirling, Director of Health Care Science, NSS
 JW Jackie Walker, Laboratory Service Manager, West Region
KW Kim Walker, Programme Manager, National Laboratories Programme Team

Videoconference/Teleconference:
IG Ian Godber, Chair of Diagnostic Steering Advisory Group (via VC)

Apologies:
SA Sharon Adamson, Representative of the West Region Laboratories Operational Board
GK George King, Laboratory Service Manager, North Region
JMcC Jan McClean, Planning Representative, East Region
I McG Irene McGonnigle, Planning Representative, West Region
VS Vanessa Sandison, Representative of the North Region Laboratories Operational Board

In Attendance:
Jennifer Downie, Project Support Officer, Laboratories Programme Team
1. **Welcome, Introductions and Apologies**  
PH opened the meeting by welcoming everyone; introductions were done and apologies noted.

2. **Minutes of Last Meeting**  
The minutes of the previous meeting held on 29th January 2019 were reviewed and approved as an accurate reflection of the meeting.

DS asked to note that Graeme Smith was recorded in the previous minutes as sending apologies for the meeting however has moved onto a new post so would no longer be sitting on the LOB, he asked if anyone would be replacing him on the LOB. LF & ED confirmed that as yet they do not have anyone and some internal thought will need to be given to this.

2.1. **Matters Arising (Point of Care Testing)**  
A copy of the draft paper from the East has now been circulated. ED & LF confirmed that the North region are interested and would like to work together with the East region when up and running. The paper has now been passed to the POCT lead in the East region for review. A governance process will need to be established for this piece of work. PH added that there has been a risk raised around this in each of the Health Boards and it really needs to be pushed forward. BB commented that Jacques Kerr from Scottish Government is willing to take the lead on this piece of work on behalf of the LOB to ensure it is taken forward. He has asked for a representative from each of the regions to work alongside him on a SLWG. PH would like an SBAR drafted to take to the Chief Executives meeting to highlight the risk around POCT.

3. **Performance Report**  
DB presented the programme performance pack to the group (see appendix a) outlining the key highlights and key programme metrics. The overall RAG status of the programme remains as amber. DB asked the group to note that the National Laboratories Programme Team (NLPT) is almost at full capacity with one vacancy, Programme Director to be filled. This vacancy has now been advertised with a closing date of 22nd March 2019. KW added that although there are some project delays in areas of the programme the team is not in a position to raise a change request at this time.

KW touched on Stakeholder Engagement & Communications stating that the new website went live today (14th March 2019) it has been decided that the team will trial the new website and monitor the traffic coming via the website before moving forward with any further social media. KW has also made initial contact with the Programme Director of the Access Collaborative team. DB & KW brought to the attention of the LOB that the programme currently has 4 red issues which relate to the implementation on NPEx. The first issue noted is concerning the Information Governance sign off of the Data Sharing Agreement in NHS Ayrshire in Arran however KW received notification this morning that NHS Ayrshire & Arran are now happy to sign off the Data Sharing Agreement and this should be with the team in the coming days. With regards to the issues at Forth Valley KW has made contact with IT colleagues within NSS and early indications show that there is no issue and this needs to be raised through own IT Security, this will be further picked up by the project team next week.

The RAG status of each of the individual work streams was reported as follows:

- IT Connectivity reports no change from last period and is still sitting as amber.
- NLIIP reports a change in RAG status this reporting period as moving from green to amber status.
- Blueprint Development & Benefits is also reporting a change on RAG status from Amber to Green.

MM asked what can be done and if any input is required from the LOB to get the projects and programme back to reporting as green RAG status. KW confirmed that NLIIP is reporting as amber due to the delay in moving forward with NLIIP as a decision is required by the LOB today. IT Connectivity is due to the problems at board level for various reasons however these
delays are all being dealt with currently and it is hoped that by the LOB meeting in April resolutions will have been found to the issues. KW confirmed that there is no input required from the LOB at present.

4. **Regional Leads Update**

**North Region**

A Programme Manager, Shaun Baxter, has now been appointed for the North region and commenced in post on 25th February 2019. The Blueprint Roadmap stakeholder event was held on 14th February and was very successful day. The top priority work streams were identified on the day and an early draft of the roadmap has now been produced. The work streams identified were approved by the North regional board on 27th February and the roadmap will be presented to the board in April. A job description for a regional laboratory manager has now been drafted and sent away for AfC banding.

**East Region**

**Managed Service Contract: Blood Sciences**

- Received Bids have been evaluated and a short list has been selected for the next stage.
- Invitations to Negotiate (ITN) and Contracts have been reviewed by the Lab and Procurements from each Health Board.
- Final tweaks to the ITN and Contract by CLO and Procurement Manager.

**LIMS Replacement**

- Present updated proposal to LOB on 29th January 2019. Agreed to fund Project Manager for 3 months to develop LIMS Replacement Business Case.
- Update present to the National eHealth Leads on 4th February 2019.
- A Project Manager has been recruited to support LIMS Project.

**Single Handed Consultant**

- Regional approach to Clinical Biochemistry out of hours service agreed.

**POCT**

- First POCT Subgroup meeting held on 5th February 2019. Agreed key tasks to be taken forward.
- POCT Risk added to Corporate Risk Registers in each Health Board.

**Quality Management**

- Standardised Regional Quality Policy created.
- Location/Storage of East Region Documents agreed.
DG reported that the East region are currently sitting with one risk which relates to the delay to deliver service reviews due to a costing model not being part of NLIIP. DG & MG confirmed that the East will go ahead and develop their own costing model because there are no plans for NLIIP to begin this work within the next 2 years. It may look similar to the Data Cube that is currently used in NHS Lothian. PH asked how it is expected that this piece of work will be funded and DG was able to confirm that it is not foreseen that there will any funding requirement as will be done as part of the day to day work. KW asked the LOB to note that NLIIP have agreed to look at a costing model in parallel with the current phases of the project and that work is still required with each of the regions to find out exactly what is wanted in terms of a costing model. MM also suggested that it might be worth having a conversation with the Business Intelligence department to find out what is happening with financial data on a national level and if there is anything that we can lift from that work. PH is keen for the East to proceed and report back as regardless of what option is chosen there will be valuable learning from the East moving forward and will give a good basis for looking at a national costing model. The East region is happy to proceed with this piece of work and report back.

West Region
The West Region Laboratory Medicine Delivery Board (WLMDB) met on the 8th March.

The agenda includes consideration of the draft, high level WoS Laboratories workplan followed by a demonstration of the NLIIP dashboard.

A meeting between WoS Laboratory representatives and the National Laboratory Team is being arranged to scope and plan a Regional workshop to further develop the workplan. It is anticipated that the workshop will be held late April/early May 2019.

Next meeting of the WoSLMDB is to be held on the 9th May 2019

5. LIMS Procurement
Since the last update to the LOB on 29th January 2019 a temporary project manager, Nick Sullivan, has been appointed and extensive work has been ongoing to plan and structure the project. Good progress has been made in identifying a possible funding source for the costs involved in the procurement phase of the project. The draft Prior Information Notice (PIN) has been circulated to relevant colleagues and there has been an ask for feedback. It is hoped that following the feedback the PIN can be published within the next week or two. KB confirmed that procurement is expected to take 18 months. NSS have agreed to assist the LIMs Procurement team to bid for funding. The eHealth leads are of the opinion that an external source should be brought in to write the business case and they are willing to fund this if necessary. DS advised KB that there is a real need to emphasis the national project throughout the business case as this will greatly increase the chances of funding being approved.

KB added that there has been significant thought given to the governance of this programme and it is proposed that the National LIMS Procurement has its own board with linkage into the LOB. There was agreement from the members of the LOB that this is the best course of action for the governance as the LOB is not the correct forum to governance the programme but that being said there is a definite need for oversight from LOB. To that end it has been requested that there are representatives from the LOB nominated to sit on the new Board. The Terms of Reference for the Programme Board is still a working draft (see appendix b). MM asked who from procurement has been involved in the process, KB confirmed that Jim Binney from NSS Procurement team had been their contact.

MC asked if consultant input has been sought for the specification as the way in which a consultant will use a LIMS differs greatly from the way lab staff will use it. KB confirmed that those involved in the drafting of the spec have been asked to ensure that they ask for feedback.
and input from both lab and clinical staff and that there is a representative from each discipline currently on the group.

PH asked if any benefits realisation has been identified. At present this is unknown however once responses to the PIN have been received the team will be in a better position to answer this however based on NHS Greater Glasgow it is expected to save ongoing revenue of 5-6%. There is also the main non-monetary benefit of major disaster avoidance. It is anticipated that the safest way to manage the LIMS procurement will be through the Managed Service Contracts.

MM emphasised that now more than ever financial benefits are imperative in the approval of a business case as other non-financial benefits are not having the same impact on the Chief Executives.

6. National Roadmap
BC presented to the LOB on the progress to date with the development of the Blueprint National Roadmap and the next steps (see appendix d)

JW confirmed that the pre workshop meeting for the West region will be taking place on 3rd April with a view of holding the workshop at the end of April or early May and asked to note that the headings on the roadmap from the West are still draft at the present time.

BC went on to discuss how already there are some synergies between the high level work streams across the regions and it is expected that these synergies will become clearer as the detail develops. It is hoped that by June all the regions workstreams will be available for inclusion.

MG queried what was meant by around the headings of workforce as this could incorporate and many things, MG’s understanding is that there is already an ongoing workforce group and are we then duplicating efforts. KW confirmed that workforce will mean different things for each of the regions and agreed that this needs to be defined and some narrative around the meaning of workforce needs to be included to avoid any future confusion.

DS opened to the group how do we capture the plan to get the end state of the roadmap and where there are synergies across the regions should there be a joint workstreams to look at these on a national level. BB & KW confirmed that as the standardisation group develops it is expected that this would fall into their remit and that group would look at workstreams for commonalities and ensure this is carried out as one piece of work instead of two.

When the various workstreams commence there will be a need to look at processes across Scotland to establish who within labs carries out which roles and what grade of staff is required for pieces of work and ensure that the approach becomes national in line with the DSM.

7. Benefits Realisation and Clinical Value
BB & KW presented on the benefits realisation tool and how this can be used to monitor and measure the effectiveness of change and the clinical value (see appendix e). There was a great deal of interest in this tool and agreement from the group that this is something which should be used going forward and will be beneficial to all.

It was agreed at the meeting to put a hold on any further discussion around this and to revisit it at the next LOB with a more adequate time slot as there is a lot of discussion to have around this which time restraints would not allow for today. This was agreed by all present and will be added to the next LOB meeting agenda.
8. **Stakeholder Engagement Strategy**

The Communications and Engagement Strategy was circulated late 2018 to the group. Since that time there has been significant progress to engage stakeholders. All stakeholders now receive a 6 weekly newsletter. The new website for the National Laboratories Programme went live on 14th March and the link has now been circulated to all stakeholders. Each of the regions have a section within this website and the team are keen that the regions utilise this area for communications. There has been direct engagement with a number of groups including the Access Collaborative team to see if the NLPT can learn from any their engagement strategies. There have also been a number of published articles which were written by BB and PH. It is proposed that the direct engagement with the Chief Executives, Directors of Finance (DoF) and Scottish Government groups is increased to raise a higher level of awareness of the Programme. PH agreed that it is now crucial that something is delivered to the Chief Executives so that they are able to see the benefits of this programme and similarly with the DoF to allow them to see the savings being made within the boards.

KW also reported that the NLP will have a stand at the NHSScotland Event taking place 30-31st May 2019 and that the 2nd day of the Health Care Science event taking place on 20th June 2019 will be focused on labs.

In addition to these two events the NLPT and the East region are hosting joint roadshows to the boards the first of which will be taking place on 22nd March in NHS Fife. It is anticipated that this sort of event will take place throughout all the regions in due course.

9. **Standardisation**

9.1. **National Laboratories Information and Intelligence Platform (NLIIP) – Way Forward**

BB gave an overview of the current state, the future vision which included the various enablers, benefits and objectives (see appendix c) BB emphasised the need to get to a point of clean accessible data and that it is hoped this can be developed within reasonable timescales. Standardisation is crucial to this piece of work to ensure useful, meaningful and comparable information can be produced for use in NLIIP.

The NLIIP Proof of Concept final report was approved by the LOB on 22nd February 2019. There was a recommendation made by PHI to the NLIIP Steering Group to consider a discipline specific approach which was agreed. Following this agreement there were many discussions around which discipline should proceed first. One option is for blood sciences to be the first discipline based on evidence of work going on south of the border. However the view of the regions and the recommendation of the NLIIP Steering Group is that the best discipline to be move forward with this would be Histopathology as they are seen to be in the best position to go first due to the high volumes of standardisation work that has gone on over the past few years. Since this recommendation there has been subsequent communications from the SPAN steering group stating their concerns over their readiness to proceed first. The general feeling within SPAN is that there has not been enough standardisation mapping and that this will require a huge amount of resource.

The ask of the LOB is to consider the above mentioned recommendations and agree on which discipline should be developed first. PH voiced his concern around the fact that none of the disciplines are happy to proceed as the first discipline with NLIIP and advised that there be further conversations with all the disciplines by the NLPT and reps from this group before any decision is taken on which discipline will proceed first as there needs to be a true understanding of all the concerns. LF added that at the moment the disciplines do not know what resource from within the boards is going to be required and this is a big part of why no-one wants to proceed first and asked if it would be possible to get some sort of brief detailing the commitment required from the disciplines. PH has requested that there be a formal...
response from SPAN with their decision to step back from moving forward with NLIIP first and that this clearly details their reasoning behind this decision.

Given the discussion that has taken place today MM needs to further understand the funding pathway for this piece of work as at present there is potential that this could require a great deal more funding than is available and that it may result in the project needing to be stopped.

PH asked the group if they were happy with his recommendation to postpone any decision making until the LOB in June to allow the necessary meetings to take place. The members of the LOB unanimously agreed that this was the right recommendation.

10. **Business Case(s) – C-peptide testing and subsequent antibody and genetic testing**

A business case for C-peptide testing and subsequent antibody and genetic testing was taken to the Blueprint subgroup on 28th March for endorsement. BB commented that this business case does align with the Blueprint and the members of the Blueprint Subgroup are happy to endorse this business case. DS made the group aware that although DSG have approved this business case there has been an ask for some clarity of a couple of financial points with some health economic work that’s to be carried out by the Scottish Health Technologies Group (SHTG).

BB went on to raise that the whilst processing this business case he made the following observations which need to be addressed as part of the process moving forward:

- Need a scoring system for the alignment tool process
- Need to priorities and make comments about content and cost
- Delivery of cases potentially complex
- If business cases are approved then they should include implementation costs if falling to the National Labs Programme
- Need to deliver and record benefits

Whilst the group are in agreement with the above points it was added that we also require a process of who takes ownership of approved business cases and how is it mandated to the boards to then take these forward and implement. The question of do we need to have a prioritisation step included within the process to ensure that business cases coming through align not only with the Blueprint but with the current and next year’s workplan. Although this is not required at the moment due to the small number of business cases coming through it may be worth adding this step to the process to ensure that if in the future there are multiple business cases coming through we are equipped to deal with them.

11. **AOB**

KW raised that at the first meeting of the LOB it was agreed to review the ToR after 6 months which we have now reached, the NLTP will do some work on the ToR and its membership ensuring that all those that are now required to be present as the Programme progress are included within the membership. It was noted that there may now be a need for more representation from the networks as they are keen to know the current and upcoming workstreams to plan their priorities. The redrafted ToR will be circulated for approval in due course.

There was no further business raised. PH thanked everyone for their time and the meeting was closed.

The next meeting of the LOB will take place on 23rd April 2019.
**Action Log**

**New Action(s)**

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<th>Action Ref.</th>
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<tbody>
<tr>
<td>M06/01</td>
<td>14.03.2019</td>
<td>Rep from each region to be nominated to sit on a SLWG for Point of Care Testing (POCT) work.</td>
<td>05.04.2019</td>
<td>RL</td>
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<tr>
<td>M06/02</td>
<td>14.03.2019</td>
<td>SBAR to be drafted to be taken to the CE meeting highlighting the risk of POCT</td>
<td>23.04.2019</td>
<td>BB</td>
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<tr>
<td>M06/03</td>
<td>14.03.2019</td>
<td>East region to complete Proof of Concept (PoC) on costing model &amp; provide feedback at June meeting. KW will pick up with DG offline about how best to proceed with this</td>
<td>05.06.2019</td>
<td>KW/DG</td>
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<tr>
<td>M06/04</td>
<td>14.03.2019</td>
<td>Nominations required from the group for a rep to sit on the LIMS Procurement Board</td>
<td>29.03.2019</td>
<td>All</td>
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<tr>
<td>M06/05</td>
<td>14.03.2019</td>
<td>RJ to provide 2019/20 workstreams for the East region for inclusion in the National Roadmap</td>
<td>29.03.2019</td>
<td>RJ</td>
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<tr>
<td>M06/05</td>
<td>14.03.2019</td>
<td>Include some narrative on Blueprint Roadmap defining what is meant by Workforce</td>
<td>23.04.2019</td>
<td>BC</td>
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<tr>
<td>M06/06</td>
<td>14.03.2019</td>
<td>Provide number of vacancies currently within each discipline across Scotland</td>
<td>23.04.2019</td>
<td>DS</td>
<td></td>
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<tr>
<td>M06/07</td>
<td>14.03.2019</td>
<td>Draft to be put together that can be issued to CE around the saving in their AOP</td>
<td>05.06.2019</td>
<td>KW</td>
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<tr>
<td>M06/08</td>
<td>14.03.2019</td>
<td>Speak to contacts at Royal College of Pathology re benefits realisation tool and offer seat on the LOB should they wish</td>
<td>23.04.2019</td>
<td>IJ</td>
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<td>M06/09</td>
<td>14.03.2019</td>
<td>Add benefits realisation onto the agenda for next LOB with 30 minute time slot to allow for further discussion</td>
<td>23.04.2019</td>
<td>KW</td>
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<td>M06/10</td>
<td>14.03.2019</td>
<td>Invite Prof Harrison to June meeting to give presentation</td>
<td>05.06.2019</td>
<td>IJ</td>
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<td>M06/11</td>
<td>14.03.2019</td>
<td>Re-circulate comms strategy</td>
<td>29.03.2019</td>
<td>JD</td>
<td>Document will be circulated with the minutes and actions</td>
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<tr>
<td>M06/12</td>
<td>14.03.2019</td>
<td>All to look at website and provide any feedback to the team</td>
<td>23.04.2019</td>
<td>All</td>
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<tr>
<td>M06/13</td>
<td>14.03.2019</td>
<td>Include Medical Directors in groups to be targeted by comms from the NLPT</td>
<td>29.03.2019</td>
<td>KW</td>
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<td>M06/14</td>
<td>14.03.2019</td>
<td>Draft paper for CE to be circulated with papers for next LOB so can be finalised at June meeting for presenting to CE post June meeting</td>
<td>05.06.2019</td>
<td>KW/BB</td>
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<td>M06/15</td>
<td>14.03.2019</td>
<td>If any gaps in comms feedback to be provide to NLPT</td>
<td>23.04.2019</td>
<td>All</td>
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<td>M06/16</td>
<td>14.03.2019</td>
<td>MM to get sight of the funding pathway for the NLIIP</td>
<td>29.03.201</td>
<td>KW</td>
<td>DB has provided funding requirements to MM</td>
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<td>M06/17</td>
<td>14.03.2019</td>
<td>Nominations from LOB to meet with the networks to further discuss the way forward for the NLIIP Project</td>
<td>27.03.201</td>
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<tr>
<td>M06/18</td>
<td>14.03.2019</td>
<td>Arrange meeting with networks, LOB reps and NLTP</td>
<td>Mid April</td>
<td>JD</td>
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<td>M06/19</td>
<td>14.03.2019</td>
<td>Formal response required from SPAN detailing their reasoning declining to be first discipline to move forward with NLIIP</td>
<td>29.03.2019</td>
<td>JW</td>
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<td>M06/20</td>
<td>14.03.2019</td>
<td>Provide update at April LOB on meeting with the networks</td>
<td>23.04.2019</td>
<td>KW</td>
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<tr>
<td>M06/21</td>
<td>14.03.2019</td>
<td>Defer recommendation for NLIIP until June LOB – add to the agenda</td>
<td>05.06.2019</td>
<td>KW</td>
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<td>M06/22</td>
<td>14.03.2019</td>
<td>Put together brief with the amount of work required from the disciplines for NLIIP</td>
<td>23.04.2019</td>
<td>PHI</td>
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<tr>
<td>M06/23</td>
<td>14.03.2019</td>
<td>Speak with Jeff Ace to discuss how to mandate the business cases being approved throughout the boards</td>
<td>23.04.2019</td>
<td>DS</td>
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<tr>
<td>M06/24</td>
<td>14.03.2019</td>
<td>Review membership of LOB &amp; update ToR. Look at potential of networks now having a seat on LOB</td>
<td>23.04.2019</td>
<td>KW/BB</td>
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<td>M06/25</td>
<td>14.03.2019</td>
<td>Invite Kerry Russell from Access Collaborative to present to LOB</td>
<td>23.04.2019</td>
<td>KW</td>
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<td>M06/26</td>
<td>14.03.2019</td>
<td>Look at North reps on the LOB and nominate rep for vacant seats</td>
<td>15.04.2019</td>
<td>ED&amp;LF</td>
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<td>M06/27</td>
<td>14.03.2019</td>
<td>Speak to Business Intelligence to see what is happening with finance data on a national level</td>
<td>Mid April</td>
<td>KW</td>
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<td>M06/28</td>
<td>14.03.2019</td>
<td>Look at priorities and workplan for 2019/20</td>
<td>End April</td>
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<td>KW</td>
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<td>M06/29</td>
<td>14.03.2019</td>
<td>Update the roadmap/timeline at present again to the LOB in June</td>
<td>05.06.2019</td>
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<td><strong>Closed Action(s)</strong></td>
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<td>M03/10</td>
<td>05.11.2018</td>
<td>Have session with partnership to look at best ways to engage with on the ground staff at lab level</td>
<td>End Nov</td>
<td>End Dec</td>
<td>NLPT</td>
<td>Awaiting feedback from National Partnership Leads Engagement sessions are scheduled to take place in the East region and will be followed by sessions within other regions. ACTION CLOSED</td>
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<tr>
<td>Action Number</td>
<td>Date</td>
<td>Description</td>
<td>Target Date</td>
<td>Responsible</td>
<td>Notes</td>
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<td>M4/03</td>
<td>18.12.2018</td>
<td>Provide LOB Chair with annotation to take to NHS CE, ensuring that NPEx deployment features on local strategies.</td>
<td>End Dec</td>
<td>KW</td>
<td>Still to be complete, see revised due date. Will be added to chairs brief for LOB on 14/03 for further discussion. Will be added to paper for June as per action M06/14</td>
<td></td>
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<tr>
<td>M4/09</td>
<td>18.12.2019</td>
<td>Foetal/Perinatal/Paediatric Pathol – prepare SBAR and take back to LOB.</td>
<td>29.01.2019</td>
<td>IJ</td>
<td>Agreed on 29/01/19. Take to DSG and bring back to LOB for decision. ACTION CLOSED</td>
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<tr>
<td>M5/02</td>
<td>29.01.2019</td>
<td>Discuss with CMO – issue letter</td>
<td>28.02.2019</td>
<td>PH</td>
<td>KW to follow up. Work around POCT has now moved on and this will be incorporated into action M06/01 ACTION CLOSED</td>
<td></td>
</tr>
</tbody>
</table>
| M5/06 | 29.01.2019 | Attend IG Leads Forum | 14.03.2019 | KW | Meeting has not yet taken place.  
No longer required as individual boards have been contacted re DSA and progress made.  
ACTION CLOSED |
|-------|-----------|----------------------|-----------|----|----------------------------------|
| M5/07 | 29.01.2019 | Regional update on individual Board IG positions | 14.03.2019 | Regional Leads | Verbal update to be given be each of the regional leads at meeting on 14/03  
Project team now aware of board positions for NPEx  
ACTION CLOSED |
| M5/08 | 29.01.2019 | Raise profile and push lab agenda. Regional representatives to contact PH with suggestions on how to achieve. | 14.03.2019 | Regional Leads | Comms & engagement plan reviewed and new actions will incorporate this  
ACTION CLOSED |
Appendix

(a)

2019 03 14 Item 3 - LOB Performance Reporting Pack Meeting 6 v0.1.pdf

(b)

LIMS Programme Board ToR.pdf

(c)

2019 03 14 Item 9 - NLIIP - Way Forward.

(d)

2019 03 14 Item 6 - Blueprint - National Roadmap.pdf

(e)

2019 03 14 Item 7 - Benefits realisation.pdf