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**Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 30 January 2019 at 9.30am in the  
 Board Room, NHS Lanarkshire**

**CHAIR:**                    Mrs N Mahal, Non Executive Director

**PRESENT:**                Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals  
 Dr J Burns, Medical Director  
 Mr C Campbell, Chief Executive  
 Mr P Campbell, Non Executive Director  
 Mr M Fuller, Non Executive Director  
 Councillor P Kelly, Non Executive Director  
 Mrs M Lees, Chair, Area Clinical Forum  
 Councillor J McGuigan, Non Executive Director  
 Mrs L Macer, Employee Director  
 Mr B Moore, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Dr L Thomson, Non Executive Director

**IN ATTENDANCE:**        Mr C Brown, Head of Communications  
 Mr P Cannon, Board Secretary  
 Ms K Cormack, Director of Quality  
 Mr G Docherty, Director of Public Health  
 Mr Ross McGuffie, Interim Chief Accountable Officer, North Lanarkshire  
 Health and Social Care Partnership  
 Ms H Knox, Director of Acute Services / Deputy Chief Executive  
 Mr C Lauder, Director of Planning, Property & Performance  
 Mrs L Mack, Haematology & Cancer Service Manager (Minute 17 only)  
 Mrs V de Souza, Director, South Lanarkshire Health and Social Care  
 Partnership  
 Mr J White, Director of Human Resources  
 Mr D Wilson, Director of Information and Digital Technology  
 Mr D Yuille, Deputy Director of Finance

**APOLOGIES:**            Mrs L Ace, Director of Finance  
 Miss M Morris, Non Executive Director

2019/01/001

**WELCOME**

Mrs. Mahal welcomed colleagues to the meeting, in particular Mr Yuille, Deputy Director of Finance, who was attending in place of Mrs Ace, Director of Finance.

2019/01/002

**DECLARATION OF INTERESTS**

Mrs Mahal and Dr Thomson indicated that in relation to item 20 - Glasgow Caledonian University Partnership Update - that they were both Lay Governors on the Court of Glasgow Caledonian University, but had played

no active part in preparing the Partnership update report. Board Members noted the declaration and agreed that this had no material bearing on the item to be discussed.

2019/01/003

**MINUTES**

The minute of the meeting of the NHS Board held on 28<sup>th</sup> November 2018 was submitted for approval.

**THE BOARD**

1. Approved the minute of the meeting held on 28<sup>th</sup> November 2018.

2019/01/004

**MATTERS ARISING**

**Action Log**

The NHS Board considered an updated Action Log and confirmed satisfaction with the progress recorded for actions. The Action Log would be further updated to reflect actions arising from the Board's deliberations.

2019/01/005

**CHAIR'S REPORT**

Mrs. Mahal provided a verbal report.

- a) **Briefing Meeting with Local MPs / MSPs - 14 December 2018**

Mrs. Mahal reported that a briefing meeting had been arranged with local MPs / MSPs and a wide range of issues were raised and discussed.

- b) **Visit to the Command Centre, University Hospital Monklands - 27 December 2018**

It was noted that the Minister for Mental Health had visited the Command Centre at the University Hospital Monklands to see how the Centre operated with real time data to help Hospital staff plan activity and manage demand.

It was noted that this was the first of its kind in Scotland

- c) **Opening of the new Intensive Care Unit / Operating Theatres at University Hospital Monklands - 9 January 2019**

Mrs Mahal reported that the Cabinet Secretary had officially opened the new Intensive Care Unit / Operating Theatres at University Hospital Monklands on 9 January 2019.

- d) **MRRP - Independent Review Team**

Mrs Mahal provided an update on the work of the Team and referred to the web site that the Team had established to provide updates, minutes of meetings and governance material.

e) Corporate Governance Blueprint

Mrs Mahal provided an overview of the work being undertaken by workstreams set up to take forward aspects of the implementation of the recommendations within the Corporate Governance Blueprint. It was noted that the Blueprint will be circulated to NHS Boards formally as an NHS Circular in due course. It was also noted that the results of the survey of Board Effectiveness would be shared at the Development Day planned for 6 March 2019.

f) Atlas of Variation

Mrs Mahal reported that the Scottish Atlas of Variation had been highlighted at a recent meeting between NHS Board Chairs and the Cabinet Secretary, and Board Members were advised that the Atlas aimed to highlight geographical variation in the provision of health services, and associated outcomes, to promote quality improvement through discussion about why variation exists. It is a web site being developed by Information Services Division.

Dr Burns reflected that the Atlas was being used by the Acute Division and it was agreed that it would be helpful to highlight the Atlas at a Board Seminar.

Dr J Burns

2019/01/006

**BOARD EXECUTIVE TEAM REPORT**

The NHS Board considered the Board Executive Team Report.

Mr. Calum Campbell invited colleagues to highlight areas of note within the detailed Executive Team Report.

Mr Lauder highlighted the contingency arrangements in place to deal with clinical waste that were operating as intended.

Mr White referred to the visit by the Health & Safety Executive (26<sup>th</sup> - 29<sup>th</sup> November 2018) to University Hospital Monklands as part of their programme of 20 inspection visits to UK Healthcare establishments to focus on Violence and Aggression Training and Musculoskeletal Disorders.

Mr Brown drew Board Members attention to the new public facing web site that had been developed, and offered to provide a presentation of the main features and improvements at a future PPRC meeting.

Mr C Brown

In response to a question from Dr Thomson, following recent media coverage of pigeon droppings, and water supplies, Mr Campbell reported that all of the Board's Acute Hospital estate had been checked and plant rooms were found to be secure. Ventilation and water supplies had also been checked and found to be compliant with Health & Safety requirements. Staff Training records had also been checked and no issues had been raised.

Mr Lauder reported that similar checks were being taken forward to look at the Board's remaining estate (58 properties in total). Mr Campbell stated that assurance systems were in place and that should any unexpected issues arise these would be escalated to the NHS Board. However, he also stressed that the known infrastructure issues at University Hospital Monklands had

been highlighted to colleagues in Scottish Government and were being actively managed locally.

In relation to the Community IT Business Case (Cambric Morse System) it was agreed that it would be helpful to provide further detail about the system and the Terms of Reference for the programme roll out to the Board/PPRC in due course.

Mr Wilson

2019/01/007

**QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT**

The NHS Board considered an update on the Lanarkshire Quality Approach and progress with Quality Initiatives across NHS Lanarkshire for the period November 2018 to January 2019. As part of the report, the Director of Nursing, Midwifery and AHPs also provided a presentation on Psychological Safety.

Dr. Burns introduced Ms Karon Cormack who had taken up post as Director of Quality in early January 2019. Ms Cormack took Members through the report highlighting the initiatives being taken forward in relation to Assurance of Quality, Quality Improvement, and Evidence for Quality.

It was noted that the first Duty of Candour Annual Report would be presented to the Healthcare Quality Assurance and Improvement Committee in May 2019, for onward submission to the NHS Board in May 2019.

Ms Cormack

Mrs Barkby then provided a detailed powerpoint presentation on Psychological Safety highlighting that NHS Lanarkshire was committed to providing safe, reliable and effective care and a safety culture within the organisation. The Institute of Healthcare Improvement (IHI) Framework for Safe, Reliable, and Effective Care provided clarity and direction to health care organisations on the key strategic, clinical, and operational components involved in achieving safe and reliable operational excellence - a "system of safety," not just a collection of stand-alone safety improvement projects.

It was noted that Psychological Safety was about creating an environment where staff feel comfortable and have opportunities to raise concerns and ask questions. Mrs Barkby stated that NHS Lanarkshire had developed a psychological safety questionnaire which had been used across the Nursing, Midwifery and Allied Health Professional (NMAHP) workforce at various learning and development sessions during 2018. The responses from these questionnaires had been analysed and results reported back to Chief Nurses and Senior NMAHP leaders to progress appropriate actions.

Board Members were shown the tools used across the NMAHP workforce, and it was noted that the same tool, suitable adapted, was being used by PSSD / Domestic staff. It was noted that the PSSD survey would be reported to the Staff Governance Committee in due course.

The questionnaire was also being tested with medical staff in 2019, alongside other assessments of a safe working environment. Mrs Barkby stressed that the tool will help develop the safety culture where staff feel psychologically safe.

Mr C Lauder

Board Members welcomed the very detailed and informative update provided and the presentation on the excellent work being taken forward in relation to Psychological Safety.

**THE BOARD:**

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the Governance approach to this work in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee;
3. Supported the ongoing development of the Lanarkshire Quality Approach; and
4. Noted the range of developments being taken forward in relation to Psychological Safety.

2019/01/008

**HAI UPDATE (JULY - SEPTEMBER 2018)**

The NHS Board considered an update on Healthcare Associated Infection (HCAI) Standards 2015 with particular reference to NHSL Board performance against the Local Delivery Plan (LDP) Targets. It was noted that the format of the report had been reviewed and greater use made of info graphics and charts. Mrs Barkby also highlighted that the use of validated only data introduced a time lag, and the report provided non validated data so that up to date data could be reviewed.

Mrs Barkby also highlighted that to establish a cost specific to NHSL, the Infection Control Team, in collaboration with colleagues from Finance, had calculated the financial cost for HCAI cases specifically SABs and CDIs to the NHSL. It was noted that the estimate of the costs to the service of healthcare associated infections (HCAIs) included extended length of patient stay and extended length of treatment.

NHS Board Members welcomed the estimates provided, with the caveats, and acknowledged the limitations of the data, however, it was agreed that it was useful information.

It was also noted that Hand Hygiene skills labs were in place for the coming year and Non Executive Members had been offered places.

Mrs Mahal indicated that the Chair of the Scottish Ambulance Service was leading a Blueprint Governance workstream looking at assurance processes for NHS Boards and the issues about validated data and time lags were being addressed by that workstream.

In term of the format of the report, Members were invited to feed comments back to Mrs Barkby.

**THE BOARD**

1. Noted the report; and

2. Confirmed that the report provided sufficient assurance about the organisational performance on HCAI, and the arrangements in place for managing and monitoring HCAI.
3. Noted the financial impact information provided; and
4. Agreed to feedback comments on the format of the report in due course.

2019/01/009

### **MODEL HOURS OF SERVICE**

The NHS Board considered a Model Hours of Service Scheme (MHoSS) for independent pharmacies, which was submitted for approval.

It was noted that each NHS Board was required to prepare a scheme for securing that one or more community pharmacies shall be open at reasonable times for the dispensing of medicines and the arrangements for the dispensing of medicines required urgently at other times.

NHS Lanarkshire's MHoSS has been updated to reflect current expectations regarding access to community pharmacy. The regulations required that the MHoSS was subject to the approval of the Scottish Ministers. The paper outlined the processes followed and submitted the revised MHoSS to Lanarkshire NHS Board for endorsement and onward transmission to the Scottish Ministers.

It was agreed to defer consideration of the Scheme until two issues could be resolved, namely Members raised an issue in terms of the completeness of the Scheme, as Appendix 1 had not provided with the Scheme, and clarity was sought about the remit of the Primary Care Pharmaceutical Committee (PCPC).

### **THE BOARD:**

1. Agreed to defer consideration of the Scheme until issues raised had been resolved and a revised Scheme submitted to the Board for approval. Mr Cannon

2019/01/010

### **FINANCE REPORT TO 31 DECEMBER 2018**

The NHS Board received and noted a report from Mrs. Laura Ace, Director of Finance, which set out the financial position of the NHS Board at 31<sup>st</sup> December 2018.

Mr. Yuille reported that at the end of December 2018 the Board was reporting a £0.500m over spend, £0.256m better than the Annual Operating Plan (AOP) trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect.

A deliverable plan for closing the £5.473m gap remaining at the time of submitting the AOP was in place. The forecast was noted to be year-end breakeven, including being able to use underspends and slippage to ensure additional winter capacity is in place and to advance some high priority infrastructure spending.

Mr. Yuille also reported that the portfolio of capital projects identified at the start of the year were being actively monitored with the trajectory amended as appropriate to ensure available resources are used to best effect.

**THE BOARD:**

1. Noted the satisfactory financial position at 31<sup>st</sup> December 2018.

2019/01/011

**MINUTES OF ACUTE GOVERNANCE COMMITTEE ON 21<sup>st</sup> NOVEMBER 2018 (DRAFT)**

The NHS Board received and noted the draft minute of the meeting of the Acute Governance Committee held on 21<sup>st</sup> November 2018.

2019/01/012

**POPULATION HEALTH, PRIMARY CARE AND COMMUNITY SERVICES GOVERNANCE COMMITTEE ON 21<sup>st</sup> NOVEMBER 2018**

The NHS Board received and noted a verbal update in relation to the meeting of the Population Health, Primary Care and Community Services Governance Committee held on 21<sup>st</sup> November 2018.

2019/01/013

**ACCESS TARGETS REPORT**

The NHS Board considered an Access Targets Report. This highlighted performance in the delivery of key scheduled and unscheduled care waiting times and performance within Health and Social Care Partnerships; highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement.

Ms. Knox reported that overall the Board continued to perform well in relation to cancer waiting times. In relation to the 6 week wait for 8 key diagnostic tests it was noted that the Board had consistently met the target but that due to an environmental issue at University Hospital Monklands in December 2018 routine endoscopy activity had been disrupted and a small number of patients waited beyond the 6 week target. It was noted however that remedial actions were in place to see the patients affected.

Overall planned care delivery performance had seen an improvement and trajectories were being achieved for outpatients, but not for TTG. It was noted that the Board was putting in place a 24 month programme, from March 2019, to target waiting times.

The Acute Management Team was also maintaining a significant focus on Unscheduled Care which, while improved, needs ongoing and active management. In relation to unscheduled care attendances and performance, it was noted that the overall position in December 2018 was 91.46%, compared to the December 2018 position of 82.54%.

Mr McGuffie highlighted that the HSCP section of the report focussed on the delayed discharge element of the 6 key areas within the Delivery Plan (2016), albeit it was acknowledged that there were co-dependencies across all 6 areas. Mrs De Souza highlighted current performance against trajectory, issues impacting on performance, commissioning intentions for

2018/19 that will support improving delayed discharge performance, and specific actions being taken forward in North and South Partnerships.

It was noted that that a significant focus on Adults With Incapacity (AWI) in North Lanarkshire, over the summer months, had continued to yield sustained improvements in reducing the number of patients being delayed over 100 days. Members noted that in 2017 it was common for the number of patients delayed to be around 10, but that the position at December 2018 was that there were only 3 patients delayed.

In relation to Psychological Therapies it was noted that the number of completed waits for patients who have been waiting over 18 weeks across both Adult Psychological Services and CAMHS continued to decline, demonstrating that the measures put in place were having the desired impact.

**THE BOARD:**

1. Noted the maintenance of the Treatment Time Guarantee for the majority of elective patients despite significant pressures;
2. Noted the position in relation to the Referral to Treatment Target;
3. Noted an improvement in the overall outpatient numbers waiting;
4. Noted the positive performance in Cancer Waiting Times;
5. Noted the challenges around delayed discharge performance; and
6. Noted the range of actions being taken forward to improve performance in AHP, Community and Psychological services.

2019/01/014

**CORPORATE RISK REGISTER**

The NHS Board considered the Corporate Risk Register.

Mr. Cannon reminded Members that the Corporate Risk Register was previously presented to the Board in November 2018. Since then, the Corporate Management Team had considered the corporate risk register in December 2018 and January 2019. The Corporate Management Team considered emerging and new risks; focused on very high graded risks across NHSL and risks exceeding the corporate risk appetite. As a result, risk descriptions, assessed level of risk, and /or controls had been updated accordingly to reflect progress of mitigating actions and impact.

The report provided a summary of material changes to the Corporate Risk Register including new and closed risks, since the last reporting period: set out the NHS Lanarkshire Corporate Risk Profile over time with the number of risks plotted by likelihood x impact and related corporate objectives and type, accurate as at 17<sup>th</sup> January 2019; set out very high graded corporate risks that are above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making; set out for discussion, any emerging very high graded risks through business critical projects, and referenced the thirty-two (32) risks set out in the NHSL Corporate Risk Register, accurate as at 17<sup>th</sup> January 2019.



Mr Cannon highlighted that risk 1724 (delays in the Board's delivery of 'Achieving Excellence') was being reviewed further to ensure that it reflected all of the risks, not just reputational issues.

**THE BOARD:**

1. Noted the summary of material changes to the Corporate Risk Register, including the position of new and/or closed risks since the last reporting period;
2. Approved the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 17th January 2019;
3. Received assurance on the mitigation of all Very High graded risks across NHSL, noting the change of number of risks emerging and reviewed;
4. Considered all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making; and
5. Noted the detailed Corporate Risk Register, accurate as at 17th January 2019, set out in Appendix 1.

2019/01/015

**BREXIT UPDATE**

The NHS Board considered an update on preparations being put into place to respond to the United Kingdom's decision to leave the European Union, commonly known as Brexit.

Mr Campbell reported that NHSL had identified Brexit as a corporate risk and initiated an EU Withdrawal short life working group to consider the potential implications of Brexit.

It was noted that the short life working group had been disbanded and agreement reached that the Board would enter a detailed preparation phase. It was also noted that this topic was a standing item on the Corporate Management Team agenda and at the meeting held on 21 January 2019 a range of actions were agreed which were summarised in the paper.

**THE BOARD:**

1. Noted the range of actions being taken and plans in place to address the implications of BREXIT.

2019/01/016

**MONKLANDS REPLACEMENT/REFURBISHMENT PROJECT CONSULTATION PLAN**

The NHS Board considered an update on recent developments in relation to the MRRP Consultation process, notably an update on the establishment of the Independent Review Team, an update on a recent meeting held with the co-chairs of the Independent Review Team (IRT), the work being taken forward in that regard, and also recent engagement with the Scottish Health Council (SHC).

**THE BOARD:**

1. Noted the update.

2019/01/017

**UPDATE ON IMPLEMENTATION OF ACHIEVING EXCELLENCE**

The NHS Board received and discussed an update in relation to Achieving Excellence (AE) from Mr Lauder, Director of Planning, Property & Performance

Mr Lauder highlighted that the paper set out a timetable for routine reporting and it was noted that this identified detailed progress reports from one work stream for each meeting. It was also noted that specific projects/key milestones that require Board decisions will be highlighted within the work stream reports and this will form part of the Achieving Excellence 2019 work plan.

The programme indicated that the January 2019 Board meeting would be provided with an update from the Acute Planned Care Short Life Working Group on Systemic Anti-Cancer Therapy, and Mrs Mahal welcomed Mrs Lynn Mack, Haematology & Cancer Service Manager, to the meeting to present the work of the Short Life Working Group to the Board.

Mrs Mack reminded Board Members of the Cancer Vision set out in Achieving Excellence, described the new regional model of care, provided a recap on what the Board committed to deliver as part of the new model, and a progress update.

Mrs Mack indicated that good progress was being made and it was noted that the new Cancer Unit (Ward 15, University Hospital Monklands) would be operational in late Summer 2019.

In response to a question from Mrs Macer, Mrs Mack outlined the professional links between the local service, and the Beatson satellite centre and the Glasgow Beatson service.

It was noted that the changes were welcomed by local patients, and that there was a high degree of local patient engagement in explaining the changes. It was also noted that these local developments were being supplemented by regional efforts to communicate the changes across the West of Scotland through the media, written material and videos.

**THE BOARD:**

1. Noted the progress made in delivering the Systemic Anti-Cancer Therapy Regional Model within NHS Lanarkshire; and
2. Was assured that the local changes planned to deliver the Systemic Anti-Cancer Therapy Regional Model, within Achieving Excellence, were being taken forward appropriately.

2019/01/018

**QUARTERLY ANNUAL OPERATING PLAN REPORT  
(INCORPORATING LDP) - QUARTER 2 (JULY – SEPTEMBER  
2018)**

The NHS Board received and discussed the Quarterly Performance Report for Quarter 2, which described progress against the former Local Delivery Plan (LDP) Standards for 2017/18, and the new draft Annual Operational Plan (AOP) targets for 2018/19.

It was noted that in the Quarterly Local Delivery Plan report to the NHS Board (May 2018) it was stated that, for 2018/19, Scottish Government had replaced Local Delivery Plans (LDP) with a more succinct Annual Operational Plan (AOP). The NHS Lanarkshire draft 2018/19 AOP was submitted to Scottish Government for approval on the due date of February 28th 2018 and remained pending agreement and sign-off.

It was therefore agreed that until formal sign off of the AOP, to report would cover both former LDP Standards (of which 7 are now AOP Targets) together with the one new Target included in the draft AOP (6 weeks Diagnostics). For ease of reference, Annex 1 to the paper provided a list of former LDP Standards and new AOP Targets.

Members noted the quarter 2 report as at 15th January 2019. Annex 2 of the report set out a note of assurance of governance for those Standards/Targets that are rated as 'red' or 'amber'.

Mr Lauder also reported that the Review of the Integrated Corporate Performance Framework was ongoing and a refreshed system of reporting will be shared with the PP&RC at the Development Seminar in April.

**THE BOARD:**

1. Noted the Quarterly Performance Report and confirmed that it provided sufficient assurance about progress in the delivery of former LDP Standards and new AOP targets;
2. Noted the assurances provided by Executive Directors in Annex 2 of the report; and
3. Noted that the refreshed system of reporting will be shared with the PP&RC at the Development Seminar in April 2019.

Mr Lauder

2019/01/019

**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017/18**

The NHS Board received and noted a report from Mr Docherty, Director of Public Health, and a summary of the main themes within the Annual Report (2017/2018) and the main recommendations.

Mr Docherty was thanked by the Chair and Board Members for producing an excellent Annual Report and was agreed that dedicated time should be devoted to discussing the Annual Report at the next Board Development Seminar on 27 February 2019, after the Planning, Performance and Resources Committee meeting.

**THE BOARD:**

1. Agreed to discuss the Director of Public Health Annual Report (2017/18) at the Development Session on 27 February 2019. Mr Cannon

2019/01/020

**GLASGOW CALEDONIAN UNIVERSITY PARTNERSHIP UPDATE**

The NHS Board received and noted a report from Mr McCrossan, Director for Allied Health Professions, which provided an update on the progress of the Strategic Partnership between Glasgow Caledonian University (GCU), School of Health and Life Sciences, and NHS Lanarkshire.

Mrs Mahal and Dr Thomson reminded Board Members that they had declared an interest as Lay Governors on the Court of Glasgow Caledonian University.

Mr McCrossan highlighted that the Strategic Board had met three times in 2018 to advance the shared working agenda, that three areas of joint interest/workstreams have been initiated (Research and Innovation, Learning and Teaching, and Workforce and Service Capacity), and the paper provided a brief update on activity across the three work streams.

The paper also outlined the process by which departments and organisational structures in NHS Lanarkshire could apply for University status which was noted.

**THE BOARD:**

2019/01/021

1. Noted the update and the excellent progress being made by the Strategic Board.

**CORPORATE COMMUNICATIONS REPORT**

The NHS Board received and noted a report from Mr Brown, Director of Communications, which provided an update on performance metrics for media coverage, social media, NHS Lanarkshire's public website and Freedom of Information requests from November 2018 – December 2018. The report also set out progress on a number of planned campaigns including Winter/Meet the Experts, Seasonal Flu, Breastfeeding, Violence and Aggression.

**THE BOARD:**

1. Noted the content of the report.

2019/01/022

**HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE ON 8<sup>th</sup> NOVEMBER 2018 (DRAFT)**

The NHS Board received and noted the draft minute of the meeting of the Healthcare Quality Assurance and Improvement Committee held on 8<sup>th</sup> November 2018.

- 2019/01/023      **AUDIT COMMITTEE ON 4<sup>th</sup> DECEMBER 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the Audit Committee held on 4<sup>th</sup> December 2018.
- 2019/01/024      **STAFF GOVERNANCE COMMITTEE ON 17<sup>th</sup> DECEMBER 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the Staff Governance Committee held on 17<sup>th</sup> December 2018.
- 2019/01/025      **NORTH LANARKSHIRE INTEGRATION JOINT BOARD ON 30<sup>th</sup> OCTOBER 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the North Lanarkshire Integration Joint Board on 30<sup>th</sup> October 2018.
- 2019/01/026      **SOUTH LANARKSHIRE INTEGRATION JOINT BOARD ON 4<sup>th</sup> DECEMBER 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the South Lanarkshire Integration Joint Board on 4<sup>th</sup> December 2018.
- 2019/01/027      **AREA CLINICAL FORUM ON 22<sup>nd</sup> NOVEMBER 2018 (DRAFT)**
- The NHS Board received and noted the draft minute of the meeting of the Area Clinical Forum held on 22<sup>nd</sup> November 2018.
- 2019/01/028      **WORKPLAN 2018/2019**
- The NHS Board received and noted an updated Workplan for 2018/2019.
- 2019/01/029      **CALENDAR OF DATES 2018 & 2019**
- The NHS Board received and noted an updated Calendar of Dates for meetings in 2019.
- 2019/01/030      **ANY OTHER COMPETENT BUSINESS**
- There were no items of business raised.
- 2019/01/031      **RISK**
- It was not considered that the business discussed identified any new, emerging risks which needed to be added to the Corporate Risk Register, or which materially altered the assessed level of risk/risk tolerance and/or the mitigating controls.
- 2019/01/032      **DATE OF NEXT MEETING**
- Wednesday 27<sup>th</sup> March 2019 at 09.30am.