

Lanarkshire NHS Board

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**Minute of Meeting of the Audit Committee  
held on Tuesday 7th March 2017 at 9.00am  
in the Conference Room, Kirklands, Bothwell**

**PRESENT:** Mr T Steele, Non-Executive Director (Chair)  
Miss M Morris, Non-Executive Director  
Dr A Osborne, Non-Executive Director (up to and including item 12)  
Mr P Campbell, Non-Executive Director  
Mrs L Macer, Employee Director

**IN**

**ATTENDANCE:** Mrs N Mahal, NHS Board Chair  
Mrs L Ace, Director of Finance  
Mr A Gaskin, Head of Internal Audit Consortium  
Mrs M Holmes, Internal Audit Consortium  
Dr L A Smith, Associate Director Quality Assurance and  
Improvement (for item 5i)  
Mrs C McGhee, Corporate Risk Manager  
Mr G Smith, Head of Finance  
Mr P Lindsay, Audit Scotland  
Mrs S Lawton, Audit Scotland  
Mr N J Agnew, Board Secretary

**APOLOGIES:** Mr C Campbell, Chief Executive

1. **WELCOME**

Mr. Steele welcomed colleagues to the meeting.

2. **DECLARATIONS OF INTEREST**

There were no declarations.

3. **MINUTES**

The minute of the meeting held on 6<sup>th</sup> December 2016 was submitted for approval.

**THE COMMITTEE:**

1. Approved the minute.

4. **ACTION LOG**

Mrs. Ace introduced the circulated updated Action Log, and highlighted the progress in relation to the actions arising from the Committee's deliberations on 6<sup>th</sup> December 2016.

**THE COMMITTEE:**

1. Noted the updated Action Log, and accepted the report on the progress of actions.

5. **MATTERS ARISING**

i) **Closure of Significant Adverse Event Reviews (SAERs) within the agreed time period**

The Committee considered a report on Adverse Event Management, including: a report on Category 1 Incidents as at 2<sup>nd</sup> March 2017; Category 1 Incidents closed-off in Datix in the month of February 2017; and the total number of Category 1 Incidents closed-off in Datix as at 2<sup>nd</sup> March 2017.

In setting the context for the consideration of this matter, Mr. Steele highlighted the Committee's previously expressed concerns at its meeting on 6<sup>th</sup> December 2016. He acknowledged that the Governance route for reporting was through the Healthcare Quality Assurance and Improvement Committee, but highlighted the need for the Audit Committee also to be assured about improvement.

Dr. Smith highlighted the principal elements of the presented papers. She acknowledged that compliance with the target for closing Category 1 Incidents within 90 days was variable, and reassured Members that improving performance had been the focus of work over the last few months. She reaffirmed the appointment of an Adverse Events Project Manager in August 2016. She explained that this individual was responsible for the development and management of an Incident Management Implementation Plan that would ensure that all Adverse Events were reported, acted upon and analysed as appropriate, and that the knowledge thus gained would regularly be disseminated to improve quality, patient safety, staff safety and the performance of the organisation. Dr. Smith highlighted the principal elements of the Incident Management Implementation Plan, encompassing: an Adverse Event Reporting Schedule; Category 1 Reports; an Adverse Event Project Plan; the implementation of a Risk Management Shared Drive; the introduction of a Tracker Tool in October 2016; a Review of Datix focussing on the fields that could be changed to accommodate the collation of more relevant information on SAERs; a Review of SAER documentation; and training and education for staff participating in SAERs.

Dr. Smith reminded Members that the target for the organisation was 95% closure of SAERs in 90 days. She highlighted the challenge around the numbers required to meet that target. She referred to the Internal Audit Report on Adverse Events, and reassured Members that all Audit

recommendations and actions were now complete. She highlighted from the Incident Management Implementation Plan the training and education endeavour for staff, and explained that there was a need to review Datix to evaluate its fitness for purpose as a learning system.

Mr. Steele referred to the later agenda item, viz: Risk Management Process Compliance Report, with particular regard to the Category 1 Adverse Event Reviews not closed, and expressed a concern that for four of the Events no further update was available. Dr. Smith reassured Members that more detailed information about these Events was available, and that the Reviews were being progressed. She also reassured Members that all Category 1 Adverse Events not closed were intensively monitored, with weekly requests to Commissioners for updates on progress. Dr. Smith explained that the improvement endeavour in relation to performance for the completion of Category 1 SAERs in 90 days included targeting the role and responsibility of SAER Commissioners.

Mr. Steele welcomed the reassurance. However, he stressed the requirement for reports to the Committee to fully and accurately reflect the current situation. He stressed the serious nature of the Adverse Events in question, and highlighted as vital the organisational learning from such Events, including the two Never Events which had been reported within recent weeks.

Mr. Campbell suggested that it would be important to focus on the precursor to a Never Event. He highlighted discussion at previous meetings of the Committee about the reliability of Datix, and sought clarification on user confidence in Datix as a precursor. Dr. Smith acknowledged this view, and confirmed that it was the intention to review the confidence of individuals inputting to Datix. She reported that the Adverse Events Project Manager was due to meet with one of the Improvement Advisers who had recently had experience of successful incidents reporting methods in use within two substantial external organisations, with a view to identifying any elements that might be introduced in Lanarkshire to enhance the contribution of the Datix system to incident recording and management.

Dr. Smith highlighted near misses, which were Category 3. She acknowledged that these events may involve serious issues, and confirmed that the approach to the categorisation and management of near misses was being reviewed.

Mrs. Mahal endorsed the requirement for reports to the Audit Committee to routinely include up-to-date explanations for Category 1 Adverse Events that were not closed, in order that a view might be taken about the validity of the justification for delay in closure. Mrs. Mahal also highlighted the need to give further consideration to the availability of SAER information publicly.

Dr. Smith reassured Members about the seriousness with which performance in the completion of Category 1 Adverse Events closure was viewed. She explained that as part of the restructuring of the Quality Directorate, Adverse Event Management was being separated from Corporate Risk Management, with work currently underway to design the posts and their contribution within

the reorganised Directorate structure.

Mr. Steele emphasised the roles for the Healthcare Quality Assurance and Improvement Committee and the Healthcare Quality Assurance and Improvement Steering Group in focussing on the detail of this matter, going forward. He explained that the Committee was reassured, in part, by the reports, but would welcome further reassurance, and he indicated that Dr. Smith would be invited to attend a future meeting of the Audit Committee in September 2017 to provide a further update.

**THE COMMITTEE:**

1. Noted the reports on Adverse Event Management.
2. Noted the intention that the post of Adverse Event Project Manager would be made permanent as part of the restructuring of the Quality Directorate.
3. Noted that work would continue on the Implementation Plan during 2017/18, with progress being monitored by the Healthcare Quality Assurance and Improvement Committee.
4. Noted that regular reporting of performance against the target of completion of Category 1 Significant Adverse Event Reviews would continue at the Corporate Management Team and in the operational Units.

6.

**INTERNAL AUDIT**

i) Progress Report 2016/17

The Committee considered an Internal Audit Progress Report 2016/2017.

Mr. Gaskin highlighted the principal elements of the Report. He drew members' attention, in particular, to the report on Financial Management which had a 'substantial' assurance level. He also highlighted the report on Medical Equipment and Devices, and noted that although the findings were not as good as in previous years, the Lanarkshire systems still compared well with those in other Boards. He confirmed that there was now a full range of agreed actions in response to the Audit report. He referred to the report on Information Security Policy Framework, and advised that the Scottish Government had issued guidance in this regard.

Mr. Steele reported that Information Security featured on the Corporate Risk Register. Mrs. McGhee confirmed that the Risk was Risk ID 1364 on the Corporate Risk Register, and related specifically to the risk of malicious intrusion. She undertook to discuss the matter further with Mr. Sloey and Mr. Wilson, to inform any further revision to the risk level or tolerance.

C. McGhee

Mr. Gaskin noted a question from Mr. Steele in relation to whether Information Security Management Strategy was defined and agreed by the

Board. He explained that there was in place an Information Governance Committee, reporting to the Healthcare Quality Assurance and Improvement Committee, with a Project Board for this specific issue. He also confirmed that Mr. Sloey, Director of Strategic Planning and Performance, was now the designated Senior Information Risk Officer.

Mr. Steele sought clarification on the responsibility for the role of Caldicott Guardian, beyond the retirement of Dr. Kohli at the end of March. This issue would be confirmed. L. Ace

### **THE COMMITTEE:**

1. Noted the Internal Audit Progress Report 2016/17.

ii) **Follow-Up Report**

The Committee considered an Internal Audit Follow-Up Report.

Mr. Gaskin highlighted the 98% completion rate as positive, and commended relevant Managers for their endeavour. Mr. Steele endorsed this comment, and indicated that the positive performance reported provided a high level of assurance to the Committee. Mrs. Holmes explained that the positive performance had been maintained with a 1 WTE reduction in the Internal Audit Team, and she highlighted the extent to which relevant Managers were coming forward with responses to Audit recommendations.

### **THE COMMITTEE:**

1. Noted the Internal Audit Follow-Up Report.

iii) **Audit Plan**

The Committee considered an Audit Plan 2017/18.

Mr. Gaskin introduced the Audit Plan, and explained the key elements. He highlighted the shift in focus from Departmental Review to review of risk. He also assured Members that the Adverse Event Incident Management System was included within the Plan.

Mr. Steele welcomed the Internal Audit Plan, with particular regard to the strengthening of the link between risk and the Audit Plan.

Mr. Gaskin noted an issue raised about GP sustainability, and indicated that this issue could, if desired, be included in the Audit Plan, given the extent to which it interconnected with Integration issues such as the hosting of services and the current substantial work on bed modelling.

Mr. Gaskin noted an issue raised by Mr. Campbell about the need to recognise alignment with the Integration Joint Boards, with clarity about lead responsibilities. He suggested that it would be good practice to share Integration Joint Board Audit Plans to ensure an appropriate degree of cross-

alignment. Mrs. Ace endorsed the need for cross-assurance, but confirmed that this was already the subject of dialogue between the organisations. She also explained that there was no obvious impediment to the sharing of Audit Plans currently. Mrs. Mahal welcomed endorsement for this view from Dr. Osborne and Mr. Campbell, as Vice-Chairs respectively of the North Lanarkshire and South Lanarkshire Integration Joint Boards. She asked them to take this issue back to the Integration Joint Boards for discussion, and asked Mrs. Ace to pursue the matter with the Chief Financial Officer for the Integration Joint Boards. To inform these discussions, Mr. Steele would discuss with Mr. Gaskin the completion of a Memorandum capturing the discussion, for circulation to relevant interests.

A. Osborne  
P. Campbell  
L. Ace  
T. Steele

Mrs. Ace returned to the issue of GP sustainability, and highlighted the need for clarity about any further meaningful contribution that Internal Audit could make to provide assurance. Mrs. Mahal explained that there was in place a GP Sustainability Working Group, Chaired by Chris Mackintosh, Medical Director for the South Lanarkshire Health and Social Care Partnership, and suggested that there may be a role for Internal Audit in reviewing the extent to which the Group was fulfilling its remit. She noted the need, highlighted by Dr. Osborne, for the activities of the Working Group to be interconnected with the bed modelling endeavour.

**THE COMMITTEE:**

1. Approved the Internal Audit Plan 2017/18.

7.

**EXTERNAL AUDIT**

Mr. Lindsay explained that the Interim Management Report would be issued during the course of the following week. He confirmed that he would meet with Gordon Smith to discuss the report.

Mrs. Lawton confirmed that the Delayed Discharges Review was ongoing, with good input from the North and South Lanarkshire Health and Social Care Partnerships. She explained that the aim was to issue the Audit Report to the Board in its final form by the end of April 2017. The report could then be considered by the Audit Committee on 6<sup>th</sup> June 2017.

Mrs. Ace confirmed that the Chief Officers of the Integration Joint Boards would routinely receive the report as Operational Directors of the Board. She also confirmed that the Audit Report could be considered by the Corporate Management Team. She reported that there was ongoing dialogue with the Information and Statistics Division about the application of the criteria and methodology for calculating and reporting delayed discharges.

**THE COMMITTEE:**

1. Noted the update on External Audit.

8. **GOVERNANCE STATEMENT**

i) **Guidance**

The Committee considered a paper setting out national Guidance on the completion of the Governance Statement.

Mrs. Ace introduced the paper on the Governance Statement, and the most recent Guidance on its content and preparation. She drew Members' attention to the information required by the Audit Committee, and explained that a draft Governance Statement would be submitted to the Audit Committee on 6<sup>th</sup> June 2017.

**THE COMMITTEE:**

1. Confirmed that the schedule of information required by the Audit Committee met the Committee's requirements.
2. Noted the new national Guidance on the content and preparation of the Governance Statement.

ii) **Key Lines of Enquiry for Risk Management**

The Committee considered a paper on Key Lines of Enquiry and the responsibility of the Audit Committee in receiving assurance of the reliability and integrity of the risk management framework.

Mrs. Ace introduced the paper. She highlighted the requirement for the Audit Committee to have assurance that there was in place an adequate and effective system of risk management. She outlined the elements of the Key Lines of Enquiry. Mrs. McGhee elaborated on the elements of the Key Lines of Enquiry relating to strategic processes for risks, control and governance, and risk management processes, and confirmed that this approach was endorsed by the Corporate Management Team on 27<sup>th</sup> February 2017. Mrs. McGhee reported on the progress of work to review the Risk Register Policy, and explained that this should be concluded shortly.

Mrs. McGhee noted an observation from Dr. Osborne about the importance of the interdependence of leadership, culture and behaviours. She highlighted the need to consider whether effective risk management, including the Risk Register, contributed materially to the delivery of the organisation's objectives.

**THE COMMITTEE:**

1. Noted and endorsed the approach to the Key Lines of Enquiry.

iii) **Accountable Officer Duties**

The Committee received and noted an Extract from the Public Finance and Accountability (Scotland) Act 2000 issued by the Scottish Government Health

Department in May 2012 on Discharging the Responsibilities of the Accountable Officer.

iv) Draft Annual Report for the Audit Committee 2016/17

The Committee considered a Draft Annual Report 2016/17.

Mrs. Ace highlighted the principal elements of the Draft Annual Report, and explained that this, along with other Governance Committee Annual Reports, would be presented to the NHS Board on 31<sup>st</sup> May 2017, prior to consideration by the Audit Committee on 6<sup>th</sup> June 2017.

Mrs. Ace noted an issue raised by Mrs. Mahal about the element of the Annual Report relating to matters of concern to the Committee. She explained that whilst the Annual Report might identify matters of concern to the Committee, it would be important to make a clear distinction between concerns that the Committee and other Governance Committees might have about challenges, pressures or risks that the organisation was managing, and any identified system weaknesses that would merit inclusion and, thereby, reporting to the Audit Committee for possible inclusion in the Governance Statement.

Mr. Agnew confirmed that this distinction would be highlighted to Governance Committee Chairs and supports to inform the completion of their Annual Reports 2016/17. N. Agnew

Mr. Lindsay reported that there were no significant issues in the Draft Interim Audit that would impact on the Governance Statement.

**THE COMMITTEE:**

1. Approved the Draft Annual Report 2016/17.

9. **WORKPLAN**

i) 2016/17

The Committee considered and endorsed the progress in delivery of the Workplan for 2016/17.

ii) Draft 2017/18

The Committee considered and approved the Draft Workplan for 2017/18.

10. **FRAUD UPDATE**

i) Fraud Report

The Committee considered a report which updated Members on any suspected frauds or fraud prevention measures since the last meeting.



Mrs. Holmes highlighted the principal elements of the report, with particular regard to an increase, in month, in issues relating to treatment provided to overseas visitors, and she reported on the role for the UK Borders Agency in this regard.

Mrs. Holmes reported that the National Fraud Initiative (NFI) data matching exercise was progressing. She also reported on the progress of workshops run in conjunction with Counter Fraud Services, for Senior Managers, Middle Managers and the Property and Support Services Directorate. Mrs. Ace reported that there were, in addition, internal workshops on fraud prevention.

Mrs. Holmes noted issues raised by Mr. Campbell and Mrs. Macer in relation to the increased number of cases involving treatment for overseas visitors, with particular regard to the financial risk and exposure to the Board, and the level of recovery. She highlighted the CFS equivalent in England, viz: NHS Protect, and explained that systems in England had been further strengthened in relation to treatment of overseas visitors, with a suspected consequence that overseas visitors were gravitating more to Scotland. She explained that the value, based on 10 cases, was of the order of £30k - £40k. She advised that there was not a high recovery rate, principally because offenders did not have a forwarding address. She explained that the UK Borders Agency was routinely advised of unpaid bills in excess of £1,000, and advised that, in these cases, the individuals concerned were not permitted to return.

Mrs. Holmes noted an issue raised by Dr. Osborne about the proportionately lower rate of referrals from NHS Lanarkshire to Counter Fraud Services. She explained that through the systems in place, fraud or potential fraud tended to be identified early, enabling work to be taken forward in conjunction with Counter Fraud Services. Mrs. Ace reported that, when asked at their Annual Review, Counter Fraud Services did not identify any material concerns or any additional actions which they considered Lanarkshire should be taking.

#### **THE COMMITTEE:**

1. Noted the Fraud Report.

ii) **Fraud Policy**

The Committee considered a Fraud, Theft, Bribery and Corruption Policy and Response Plan.

Mrs. Ace introduced the Policy and Response Plan, and highlighted the principal updates.

#### **THE COMMITTEE:**

1. Approved the updated Fraud, Theft, Bribery and Corruption Policy and Response Plan.

11.

#### **EFFICIENCY**

The Committee considered a report on arrangements for managing the Efficiency Programme.

Mrs. Ace introduced the paper, and highlighted the principal elements which updated the Committee on 2016/17 performance and on the 2017/18 Efficiency Programme. She reminded Members of the sessions that had been held to date to introduce the draft 2017/18 Efficiency Programme to the Corporate Management Team, the Board in a development session and the Planning, Performance and Resources Committee, during which consideration was given to the deliverability and risk rating for schemes.

Mrs. Ace noted an issue raised by Mr. Steele about clarity on the level of savings sought from Mental Health in 2017/18, which initially had been listed at £1.7m. She explained that the Efficiency Plans had been updated since the presentation of this information to Board Members, and there was no longer a reliance on this level of saving within Mental Health. She advised that she and the Chief Executive and the Director of Strategic Planning and Performance would discuss the detail of efficiency savings plans with relevant Directors at the regular Scrutiny Panel meetings for the Acute Division and for the North and South Lanarkshire Health and Social Care Partnerships.

#### **THE COMMITTEE:**

1. Noted and confirmed contentment with the arrangements for managing the Efficiency Programme.

12.

#### **PROCUREMENT**

The Committee considered a Procurement update.

Mrs. Ace reminded Members that the Committee had received a paper on 6<sup>th</sup> December 2016 that set out all of the actions being taken to make the controls environment more hostile to anyone inclined towards Procurement Fraud. She advised that the paper updated the Committee on progress in embedding these actions, and gave the Committee a summary of where high level approval had been given to waive the normal expectation of full competitive Procurement. She emphasised that this was in compliance with the Standing Financial Instructions, and should also give the Audit Committee a sense of the appropriateness of the balance between the sensible conduct of business and the need to have rules that could not be compromised to the organisation's detriment. She highlighted particular elements of the paper, especially in relation to Standing Financial Instructions Waivers/Single Supplier Approvals.

Mrs. Ace noted an observation from Mrs. Mahal in relation to behaviours and cultures which suggested that individuals did not fully understand the rationale for the Procurement process. She elaborated on awareness raising work undertaken to date, and highlighted perceptions around procurement delay and the achievement of objectives. She confirmed the intention to take the Procurement Action Plan to the Corporate Management Team for consideration, when emphasis would be placed on the need to build in

sufficient time to undertake proper procurement.

Mr. Smith noted an issue raised in discussion about the means of converting the actions back into the Procurement procedures. He confirmed that the General Manager for Procurement was considering this issue as part of a further review of the Procurement arrangements.

**THE COMMITTEE:**

1. Noted the Procurement update, and the findings and actions described.

13.

**RISK MANAGEMENT**

- i) Risk Management Report with Corporate Risk Register

The Committee considered a Risk Management Report, including an updated Corporate Risk Register.

Mrs. McGhee explained that the Risk Management Report: provided a summary of risk business considered at the Corporate Management Team meetings over the last quarter, including a summary of changes to the Corporate Risk Register; confirmed the Corporate Risk Profile and Risk Tolerance status over an annual period, with a heat map on the Risk Profile in-month; and enabled the Audit Committee to oversee Corporate risks that had the Audit Committee identified as the Assurance Source.

Mr. Campbell highlighted the 24 risks (69%), where the current assessed level of risk was higher than the tolerance set, and sought clarification on the organisational view of this position.

Mrs. McGhee explained that this issue may highlight a need for further consideration within the Corporate Management Team to the approach to the setting of tolerance levels. Mr. Gaskin acknowledged the Committee's interest in this matter, and gave an example of the approach adopted by another client which recognised the relationship between risk level and risk tolerance as realistic, given the challenging environment in which the Health Service was operating.

Mrs. Mahal reported on discussions which she had had with Mrs. McGhee about a number of issues, and what further measures might be taken to further enhance the robustness of the Corporate Risk Register.

Mrs. McGhee confirmed that she would enhance the narrative about risks exceeding the tolerance level for the next report to the Committee. In the interim, she would raise the matter for further consideration by the Corporate Management Team.

C. McGhee

**THE COMMITTEE:**

1. Noted the Summary of Risk Business discussed through the Corporate Management Team over the last quarter, including new and closed

risks, material changes to existing risks, Category 1 Adverse Event Reporting and Management of NHS Lanarkshire Corporate Policies.

2. Endorsed the amendments to the Corporate Risk Register, the new and closed risks, the current NHS Lanarkshire Risk Profile, the Annual Profile for risk and tolerance and very high graded risks.
3. Noted that risks exceeding their tolerance level would be considered further by the Corporate Management Team, and asked to receive a report on the outcome.

C. McGhee

ii) Risk Management Process Compliance

The Committee considered a report on Risk Management Process Compliance.

Mrs. McGhee introduced the report which set out the position on the current Key Performance Indicators as at 7<sup>th</sup> February 2017 for: the Risk Register; Adverse Event/Incident Management; and Corporate Policies.

Mrs. McGhee highlighted the current reorganisation within the Quality Department. She noted an issue raised by Mr. Steele about any impact on Significant Adverse Event Review Reporting arrangements, and advised that this remained to be considered.

Mrs. Mahal noted issues raised about timing within the Report, and emphasised the requirement for the Corporate Risk Register to be as current as possible when presented to the Planning, Performance and Resources Committee, and to the NHS Board.

**THE COMMITTEE:**

1. Noted the Risk Management Process Compliance Report.

14. **STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

The Committee considered a report on the review of the Standing Financial Instructions and the Scheme of Delegation, along with revised versions of these documents.

Mr. Smith explained that the Standing Financial Instructions and Scheme of Delegation had been updated, and that the most up to date draft was presented to the Audit Committee for further comment prior to being submitted to the NHS Board for approval at the end of March 2017. He drew Members' attention to the main amendments to the Standing Financial Instructions and the Scheme of Delegation, and the outstanding areas on procurement and off-payroll working which would be enhanced for the final draft.

**THE COMMITTEE:**

1. Endorsed the updated Standing Financial Instructions and Scheme of Delegation for presentation to the NHS Board for approval, subject to completion of the outstanding areas discussed.

15. **AUDIT SCOTLAND REPORTS**

The Committee considered an Audit Scotland Report on Scotland's NHS Workforce – the current picture. Members noted the Lanarkshire position in relation to vacancy rate, sickness rate and turnover rate.

Mr. Lindsay explained that the Audit was in two parts. He advised that the first report focussed on overall workforce planning and workforce pressures in hospitals and would be published in the summer of 2017, and that the second was due out in 2018/19 and would explore Primary Care and GP Workforce issues. He confirmed the willingness to present to the Committee on the report, or any other performance reports published in the future.

Mrs. Macer highlighted a concern in relation to the age profile of the workforce, and stressed the need for further work in this area both locally and nationally. She confirmed that the Staff Governance Committee had already considered this issue, and advised that there was within Lanarkshire an Ageing Workforce Group reporting to the Human Resources Forum.

Mrs. McGhee noted an issue raised by Mr. Steele about risk in this area. She explained that there was a workforce risk within the Corporate Risk Register which, although mainly encompassing Nurses, Midwives and Allied Health Professions, also reflected other areas and professions.

Mrs. Macer suggested that the National Workforce Plans and Delivery Plans might serve to enhance the consideration given to these issues.

Mrs. Mahal reported that the Head of Workforce Development presented a Quarterly Report to the Staff Governance Committee, and had been asked to expand the narrative within future reports in relation to risk around the ageing workforce, both from a staffing and organisational perspective. This should enhance the Staff Governance Committee's consideration of these workforce issues.

**THE COMMITTEE:**

1. Noted the Audit Scotland Report on Scotland's NHS Workforce – the current picture.

16. **AUDIT COMMITTEE TRAINING NEEDS**

Mr. Steele advised that he was due to attend a National Meeting of Audit Committee Chairs on 16<sup>th</sup> March 2017. He would raise this issue at the meeting, and would report back to the Audit Committee.

Mr. Steele

17. **DATE OF NEXT MEETING**

Tuesday 6<sup>th</sup> June 2017 at 9.00am.

18.

**FUTURE MEETINGS IN 2017**

Wednesday 28<sup>th</sup> June 2017 (Annual Accounts – 8.30am start).

Tuesday 5<sup>th</sup> September 2017 at 9.00am.

Tuesday 5<sup>th</sup> December 2017 at 9.00am.