

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 23 May 2022

Title: Performance Governance Annual Report 2021-22

Responsible Director: Derek Lindsay, Director of Finance

Report Author: Bob Martin, Chair of Performance Governance Committee

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe, Effective and Person Centred

2. Report summary

2.1 Situation

The Performance Governance Committee provides an assurance report annually, which sets out key achievements through the year in discharging its remit. The Performance Governance Committee report for 2021-2022 was approved by Performance Governance Committee on 3 March 2022.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

As part of the annual report process agreed in 2020-2021 and in accordance with a recommendation from Internal Audit, a self-assessment forms part of the Annual Reports.

2.3 Assessment

The Performance Governance annual report details the membership of the Performance Governance Committee and provides information on the activities of the Committee in the past year. The Committee has used the self-assessment checklist which is included as an integral part of the Annual Report.

Key Messages

The Committee monitored the Board's performance including budget monitoring and progress in programmes to achieve Cash Releasing Efficiency Savings, whilst maintaining the safe provision of services for which there was a continued increase in demand. They received non-financial performance reports and also approved business cases and scrutinised investments.

2.3.1 Quality/patient care

Ensuring good performance governance supports the effective delivery of quality, patient-centred services throughout NHS Ayrshire & Arran.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation and enhances joint working across the NHS Board and Ayrshire Integration Boards.

2.3.3 Financial

In 2021-22 the Board lived within its revenue resource limit and had a small surplus. Additional funding was made available by Scottish Government for Covid-19 expenditure.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The annual report was considered and approved by the Performance Governance Committee on 03 March 2022.

2.4 Recommendation

For awareness. Members are asked to receive the annual report and note the assurance from the Performance Governance Committee that it fulfilled its remit in 2021-22.

3. List of appendices

Appendix 1 - Performance Governance Committee Annual report 2021-2022

Appendix 1

Performance Governance Committee Annual Report for 2021/2022

Committee effectiveness checklist for 2021/2022

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	
Remit - the Committee discharges its role to provide assurance that systems and procedures are in place to monitor, manage and improve overall performance and best value is achieved from resources.	Yes	
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	
The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	

The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	
The Committee produces an annual work plan.	Yes	
The Committee periodically assesses its own effectiveness.	Yes	
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	
The agenda and papers are circulated in advance of meetings to allow adequate preparation by committee members and attendees.	Yes	
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	

Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	
The Accountable Officer and other senior officers normally attend the committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

Annual Report for Performance Governance Committee 2021/2022

1. Summary

- 1.1 The function of the Performance Governance Committee is to scrutinise the overall performance of NHS Ayrshire and Arran across the following functions: resource allocation; performance management and strategic planning. The Committee scrutinise and challenge financial plans and business cases before submission to the Board.

The Committee's remit is also to provide scrutiny and challenge on the progress and achievement of the NHS Ayrshire & Arran's Delivery Plan - 2021/22 and Remobilisation Plans produced during this year.

1.2 Key Messages

The impact of the COVID-19 pandemic both in terms of financial costs and the ability of the Board to continue to provide elective services was significant during 2021/2022.

It was not possible for the Board to fully delivery its cash releasing efficiency savings which are a recurring shortfall. However, these were covered by Scottish Government non-recurrently COVID-19 funding.

The Committee recognised its need to be flexible and agile in the way it worked, recognising the pressures caused by the pandemic whilst continuing to ensure that governance processes were carried out.

Throughout the year the Committee monitored the Board's performance against the projected budget deficit, expenditure associated with responding to the Covid-19 pandemic and forward planning for the remobilisation of services.

As a result of the Pandemic, NHS Boards were asked to produce a series of mobilisation and remobilisation plans rather than an Annual Operational Plan as had been produced previously. The Committee reviewed these plans as part of the governance process to approve them.

The Committee has also monitored the performance of the Board against national targets, national benchmarking and delivery against improvement trajectories set out in Remobilisation plans produced during 2021/22.

Updates were also provided to the Committee on the progress with extreme team commissions and key programmes of work described in the Board's Delivery Plan 2021/22.

2. Remit

- 2.1 The Committee's Terms of Reference were reviewed at its meeting on 20 January 2022. No amendments were required and these were approved by the Board on 27 March 2022.
- 2.2 A self-assessment is carried out by the Chair and Committee members and forms part of this annual report.

3. Membership

- 3.1 The Committee is composed of six Non-Executive Members.

The membership of the Committee during 2021/22 is given below:

- Mr. Robert Martin, (Chair)
- Cllr. Laura Brennan-Whitefield
- Mr. Adrian Carragher (from 1 November 2021)
- Mr. Ewing Hope
- Ms. Mhairi Kennedy (until 31 October 2021)
- Mr. Marc Mazzucco (from 1 November 2022)
- Mr. John Rainey (until 31 August 2021)
- Ms. Linda Semple (Vice-chair)

Mr John Rainey stood down from the committee on 31 August 2021 and Ms Mhairi Kennedy thereafter on 31 October 2021. Due to the significant changes in the committee membership Linda Semple was elected as Vice chair on 20 January 2022.

Ex Officio members

- Mrs. Lesley Bowie, Board Chair
- Ms. Claire Burden, Chief Executive
- Mrs. Hazel Borland, Interim Chief Executive
- Ms. Kirstin Dickson, Director for Transformation & Sustainability
- Mr. Derek Lindsay, Director of Finance

Where relevant to the subject matter, other officers attended meetings of the Committee.

4. Meetings

- 4.1 The Committee met on five occasions between 1 April 2021 and 31 March 2022. All meetings were all conducted virtually using Microsoft Teams.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Meeting date				
	20 May 2021	2 Sep 2021	4 Nov 2021	20 Jan 2022	3 Mar 2022
Robert Martin (Chair)	Y	Y	Y	Y	Y
Laura Brennan-Whitefield	-	-	-	-	-
Adrian Carragher			Y	Y	-
Ewing Hope	Y	Y	Y	Y	Y
Mhairi Kennedy	Y	Y			
Marc Mazzucco			-	-	Y
John Rainey	Y				
Linda Semple	-	Y	Y	Y	Y

5. Committee Activities

5.1 As outlined in the Committee's Terms of Reference, the Performance Governance Committee is responsible for:

- Supporting the development of performance management and accountability across NHS Ayrshire and Arran
- Monitoring performance against the Annual Operational Plan
- Finance and Service Performance
- To provide scrutiny and challenge on the progress and achievement of the Transformational Change Programme
- Investment Scrutiny
- Benefits Realisation
- Post project evaluation

These responsibilities were carried out through the receipt and consideration of reports as follows:

Meeting date	Reports received
20 May 2021	Performance Report to 31 March 2021 Financial management Report to 31 March 2021 Trauma and Orthopaedic Reconfiguration Business Case update Travel Cost Savings proposal Prescribing Budget Allocation 2021-22 Draft Revenue Plan Non-recurring funding 2021-22 Strategic Risk Register PGC Annual Report
2 September 2021	Waiting Times Internal Audit Report Delayed Discharge Internal Audit Report National Treatment Centre letter Elective Centre Strategic Initial Agreement Delivery Plan Month 4 Financial Management Report to 31 July 2021 Performance Report to 31 July 2022 Strategic Risk Register Remobilisation Plan 4 Commissioning Pack

4 November 2021	National Treatment Centre Approval Letter Financial Management Report to 30 September 2021 NHS Ayrshire and Arran Quarter 1 position and funding Performance Report to 30 September 2021 Remobilisation Plan 4 submission CNORIS Annual Report CNORIS Cost Pressures Paper National Resource Allocation (NRAC) Formula Budget Setting Process 2022/23 Strategic Risk Register
20 January 2022	National Treatment Centre Update Presentation on Modelling Data Financial Management Report to 30 November 2021 Performance Report to 30 November 2021 Allocation Letter following the draft Scottish budget Pay and supplies cost pressures Prescribing cost pressures PGC Terms of Reference
3 March 2022	Strategic Risk Register National Treatment Centre Economic Case Diagnostics Centre at ACH Robot Assisted Surgery Financial Management Report to 31 January 2022 Performance Report to 31 January 2022 Delivery Plan 2022/23 Draft Revenue Plan Access Funding Delivery of Covid-19 Vaccination Programme in 2022/23 Committee Annual Report Committee Workplan 2022/23

5.2 Finance Performance

At each meeting the Committee received the Financial Management report which allowed the monitoring of the Board's financial position. Alternate months' financial reports were received by either the NHS Board or Performance Governance Committee.

COVID-19 expenditure was detailed in the Financial Management report to each meeting as were the allocations received from Scottish Government to cover this expenditure. At the September 2021 meeting the Director of Finance provided the Committee with details of additional funding to cover backfill costs due to the impact of long Covid on staffing numbers. From November 2021 a further £24.6 million was agreed by Scottish Government in respect of Covid and a further 150 beds had been opened across both acute sites to keep up with additional covid and unscheduled care demand.

The Financial Management report to the Committee on 20 January 2022 noted an overspend of £3.2 million which could be attributed to medical agency spend,

unachieved cash releasing efficiency savings and an increase in spend for new medicines. The FMR to 31 January 2022 projected a breakeven at year end due to SG funding of £3.5 million in January.

A paper was presented to the committee on Agency Spend for 2020/21 at the meeting on 2 September 2021. This showed a downward trend for medical agency spend over the last four year period in comparison to increasing levels of nursing agency spend over the past two years. Various initiatives are taking place to assist in reducing expenditure on junior medical locums such as the recruitment of over 100 Clinical Development Fellows to fill gaps within rotas and the utilisation of the Glasgow medical bank to backfill periods of absence. An increase in both nursing agency and medical agency expenditure has been noted over the winter period due to increased covid numbers, the opening of additional beds, increased demand for unscheduled care and backfilling of staff who are either sick or isolating.

Due to the impact upon Covid-19, a number of capital projects planned for delivery in 2021/22 were not able to be delivered. Other projects that were not in the original plan were introduced during the year with the acquisition of EACH and additional equipment funding, the total Capital Plan was much greater due to additional funding being provided by SG.

5.3 Service Performance

A report on performance against national unscheduled and planned care performance was presented to each meeting by the Director for Transformation and Sustainability. The Committee understood that the focus for the Board was the management of COVID-19 and the changes in how services were being delivered as a result of this which in turn impacted on performance against targets. Although there is a decrease in overall attendances to the Emergency Departments, performance is still challenged due to a variety of reasons such as the opening of additional beds, decreases in hospital staffing resources due to sickness absence, bed closures due to infection prevention and control measures as well as people being more acutely unwell due to delays in elective procedures. All of which create performance issues across health and social care services.

At the meeting in November 2021 it was anticipated that due to the increased numbers within unscheduled care and increasing covid cases, it would not be possible to remobilise some planned care.

An internal audit review of Waiting Times was undertaken, the Director of Acute Services attended the September 2021 committee to provide an update on the recommendations made within the report. Most had been completed however one action was delayed due to the implementation of a new Radiology system and a further action required conversations with Clinical Directors whom, at that time, were supporting Covid pressures and as such the action remained outstanding.

At the meeting in September 2021 the committee heard that an internal audit review of Delayed Discharges had also been undertaken. Two recommendations were made which were both reported to have been completed. From this a Pentana Portal was established to highlight trend analysis and changes were made to the Trakcare system to allow a single report to be shared with the Acute Director, HSCP Directors and Local Authority Chief Executives on a daily basis.

5.4 Investment Scrutiny

The General Manager for Surgical Services attended the meeting on 20th May 2021 to provide a further update to that given by the Director for Acute Services the Committee meeting in January 2021 on the Trauma and Orthopaedic reconfiguration.

At the meeting in September 2021, the Director of Acute Services attended alongside the Assistant Director (Programmes) Property and Capital Planning and a representative from Buchan Associates to advise the committee of the Scottish Government ask for the development of a National Treatment Centre for Orthopaedics. A Strategic Initial Agreement containing a range of options was discussed and submitted to the Scottish Government's Capital investment Group in October 2021 for consideration.

At the meeting in November 2021, the Director of Finance provided an update that the Strategic Initial Agreement has been passed by the Capital Investment Group and a modified governance approach was put in place requesting an economic case be submitted to the Scottish Government in March 2022, and the full Business Case following thereafter in July 2022.

By way of a further update in January 2021 the committee heard that the evaluation stage of the project was now underway with workshops taking place to look at the range of options available. At this meeting it was anticipated that the option appraisal process would be completed by mid-February 2022, inclusive of both revenue and capital costs.

The March 2022 meeting received a paper outlining the proposal supported by the Corporate Management Team to purchase robotic assisted surgery and train two surgeons.

5.5 Annual Operational Plan

At the onset of the pandemic in early 2020, Scottish Government paused progress to approve the 2020/21 Annual Operational Plan. As the year progressed, the AOP was replaced by a series of mobilisation and remobilisation plans.

In 2021/22, the Committee reviewed the draft Remobilisation Plan 3 and 4. In May 2021 the committee heard that Remobilisation Plan 3 was underway and trajectories were set out in relation to the resumption of planned services. It was expected that trajectories would be reviewed in the second half of the year and any changes would be reflected as part of Remobilisation Plan 4 which was submitted to the Scottish Government for agreement in September 2021.

It is expected that Scottish Government will return to something akin to the AOP process as we move away from the emergency status in dealing with the pandemic. This plan will be considered by the Committee in future.

5.7 Budget setting 2022/23

The Director of Finance presented a further draft Revenue Plan and Financial Plan for 2021-22 to the Committee at its meeting on 20 May 2021 due to some initial recurring costs instead being funded non-recurringly resulting in a better overall projected deficit of £12.1 million. The committee recognised the risk posed by Acute Services to the plan which was approved for resubmission to the Board.

Pay and Supplies cost pressures for 2022/23 were presented to the Committee for its consideration at its meeting in January 2022. The Director of Finance reported around £30 million of unavoidable costs pressures. The Director of Pharmacy attended the committee to provide further detail on the projected cost pressures of £13.7 million in prescribing costs across primary care, acute care and new medicines. An imbalance was identified between the funding uplift and costs pressures.

A draft Revenue Plan for 2022/23 was considered by the Committee at the meeting on 03 March 2022 which showed a projected £27.9 million deficit budget for 2022/23, this was based on achieving £10 million efficiency savings and committee members questioned the achievability of this.

The Capital Plan for 2022/23 was not able to be brought to the Performance Governance Committee on 3 March 2022 due to the need to incorporate delayed projects, reflect significant inflationary pressures and to review allocations to reflect current priorities for the Board.

5.8 Risk Management

Risks contained in the Board's Strategic Risk register which fell under the remit of the Performance Governance Committee were discussed by the Committee at its meetings in May 2021, September 2021, November 2021 and March 2022.

6. Priorities for 2022-23

- 6.1 A key priority for the Committee through 2022-23 will be to support NHS Ayrshire & Arran as it continues to move towards recovery from the COVID-19 pandemic and the re-mobilisation of services. In particular, progress on reducing the numbers of patients waiting for an elective procedure. The Committee will continue to monitor expenditure in 2022-23 related to COVID-19.

7. Chair's Comments

- 7.1 I appreciate the support from all members of the Committee for their input in the development of and contribution to the agenda and for the considerable work undertaken during the course of the year.

Throughout 2021-22, the Committee has overseen a wide range of activity relating to Performance Governance. The routine reporting of Financial Management has included monitoring of the expenditure arising from the Board's response to the Covid-19 pandemic and the additional financial allocations received from Scottish Government. There has been scrutiny of the Remobilisation Plan and of the effect of the pandemic on the Transformational Change Programme. The Committee has expressed concern about the 'pent up' demand for services which were suspended during the Covid-19 pandemic.

I can confirm that the Performance Governance Committee has fulfilled its remit and that the Board has adequate and effective governance arrangements in place.

I would wish to record my thanks to all the staff who have supported the Committee over this and previous years, and to those who have responded to requests from the Committee for further information. This has enabled the Committee to fulfil its duties successfully throughout the past year.

Bob Martin
Chair – Performance Governance Committee
3 March 2022

Approved by Performance Governance Committee
3 March 2022

Performance Governance Committee Terms of Reference

1. Introduction

- 1.1 The Performance Committee is established as a Committee of the NHS Board as described in the Board's Standing Orders. The approved Terms of Reference and information on the composition and frequency of the Committee have been informed by the Board's Standing Orders with specific reference to Section 9 Committees.
- 1.2 The Terms of Reference will be reviewed annually and submitted to the NHS Board for approval.

2. Remit

- 2.1 To provide assurance to the NHS Board that systems and procedures are in place to monitor, manage and improve overall performance and best value is achieved from resources.

3. Duties

- 3.1 To scrutinise the overall performance of NHS Ayrshire & Arran across the following functions of the NHS Board:
- Resource allocation
 - Performance management
 - Strategic planning
- 3.2 To provide scrutiny and challenge on the progress and achievement of the NHS Ayrshire & Arran Transformational Change Programme.
- 3.3 To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Healthcare, Information and Audit and Risk) to ensure appropriate remedial action takes place.
- 3.4 Consider financial plans and approve annual budget proposals and business cases for submission to the NHS Board.
- 3.5 The Performance Governance Committee would consider:
- Annual Operational Plan performance targets
 - Investment Scrutiny
 - Benefits Realisation
 - Post Project Evaluation
 - Finance and Service Performance

- 3.6 To support the development of a performance management and accountability culture across NHS Ayrshire and Arran.
- 3.7 Receive annual reports and quarterly updates from any sub-committees established by the Performance Governance Committee in order to provide assurance and accountability.
- 3.8 To monitor and review risks falling within its remit.

4. Authority

- 4.1 Committee is authorised to investigate any matters which fall within its Terms of Reference and obtain external professional advice.
- 4.2 The Committee may establish sub-committees to support its functions.
- 4.3 Committee is authorised to seek and obtain any information it requires from any employee, whilst taking account of policy and legal rights and responsibilities.
- 4.4 The Committee will have the authority to require the attendance of any employee of NHS Ayrshire & Arran, as may be required.

5. Committee Membership

- 5.1 The Committee shall be established by the full NHS Board and be composed of six Non-Executive Board Members.
- 5.2 The NHS Board shall appoint the Chair and approve membership of the Committee.
- 5.3 A Vice Chair will be proposed by the Committee Chair and agreed by the Committee
- 5.4 Committee membership will be reviewed-annually or as required, by the Board Chair.

6. Quorum

- 6.1 Three Non-Executive members will constitute a quorum.

7. Attendance

- 7.1 The Chief Executive, Director for Transformation and Sustainability and the Executive Director of Finance, will attend meetings in an *ex-officio* capacity to provide information and advice.
- 7.2 The Committee may co-opt additional advisors as required.
- 7.3 With the prior approval of the Chair the Director for Transformation and Sustainability and the Executive Director of Finance can provide deputies on an exceptional basis.

8. Frequency of Meetings

- 8.1 The Committee will normally meet bi-monthly but will meet at least five times per annum.
- 8.2 The Chair may at any time convene additional meetings of the Committee.

9. Conduct of Meetings

- 9.1 Meetings of the Committee will be called by the Committee Chair.
- 9.2 The agenda and supporting papers will normally be available to members at least five working days before the date of the meeting.

10. Reporting Arrangements

- 10.1 A minute will be kept of the proceedings of the Committee. A draft minute of the meeting will be circulated, normally within ten working days, to the Chair of the Committee. Once the Chair has approved, the draft minute will be shared with committee members for information, not for comment, prior to consideration at a subsequent meeting of the Committee.
- 10.2 The Chair of Committee shall provide assurance on the work of the Committee. A summary of key points from each meeting and the approved minute will be submitted to the NHS Board meeting for information.
- 10.3 Committee will conduct an annual review of its role and function by completing a self-assessment checklist and providing this and an annual assurance report to the NHS Board each year.
- 10.4 Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

Version:	Date:	Summary of Changes:	Approved by
01.0	07/05/2019	New template used	PGC 07/05/2019
01.1	7/05/2020	Section 10.2 – Board to receive approved minutes Section 8.5 – HEAT targets replaced with AOP performance targets	Board 17/08/20
2.0	17/08/2020	Review by PGC 12/01/2021	
02.1	12/01/21	Old section 5.3 – to be removed. This was added to give SG a forum to engage with the Board about recovery planning and is no longer relevant. Old section 8.3 – inclusion of Information Governance Committee	NHS Board 29/03/2021

03.0	10/03/2021	<p>Amendments to deliver a standard approach to Governance Committee ToR.</p> <ul style="list-style-type: none"> • Sections reordered to bring committee business together, ie. Remit/Duties/Authority • Duplication removed if referred to in Board Standing Orders • Introduction amended to note that ToR are informed by the Board standing orders and the requirement for an annual review. • Reporting arrangements amended to 10 days for draft minute to be available and ensuring approved draft shared with members. Inclusion of requirement for annual self-assessment checklist in addition to the Annual Report. • No change to Remit • Section 3.3 amended to correct Governance Committee titles 	NHS Board 29/03/2021
03.1	14/04/2021	<p>Formatting update. Conduct section was not in agreed order as approved standard format. Moved to section 9. No change to wording or content.</p>	Change made by Head of Corporate Governance 14/04/2021
03.2	20/01/2022	<p>Annual Review of Terms of Reference – no changes made</p>	Board 28/03/2022