

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 23 May 2023
Title:	Performance Governance Annual Report and Self-Assessment Checklist 2022-23
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: Discussion

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 draft Performance Governance Committee report for 2022-2023 was approved by Committee on 2 March 2023 and is presented to Board for assurance.

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.

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 included in the report at Appendix 1. Also included are the Assurance Mapping Template at Appendix 2 and a detailed list of Reports to the NHS Board at Appendix 3. ~~and the committee Terms of Reference at Appendix 4.~~

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

A range of financial reports were considered throughout the year.

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 02 March 2023.

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 2022-23.

3. List of appendices

Appendix 1 - Performance Governance Committee annual report and self-assessment checklist 2022-2023

Appendix 2 – Performance Governance Committee Assurance Mapping Template 2022-23

Appendix 3 – Reporting to NHSAA Board 2022-23



NHS Ayrshire & Arran

Annual Report for Performance Governance Committee – 2022/23

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 - 2022/23 and the Priority Programme Plan 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, this has continued into 2022/23 with services still dealing with the impact of this.

It has not been possible for the Board to fully delivery its cash releasing efficiency savings which are a recurring shortfall. The planned cost avoidance on agency nurses through closing the 180 unfunded acute beds has also not been achieved.

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 in terms of the priority programme plan for 2022/23.

The Committee has also monitored the performance of the Board against national targets, national benchmarking and delivery against improvement trajectories set out during 2022/23.

Updates were also provided to the Committee on the progress of key programmes of work described in the Board's Delivery Plan 2022/23.

2. Remit

- 2.1 The Committee's Terms of Reference were reviewed at its meeting on 19 January 2023. No amendments were required and these were approved by the Board on 28 March 2023. Appendix 2 of the report provides assurance mapping against the Committee's remit.

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 2022/23 is given below:

- Mr. Robert Martin, (Chair)
- Mr. Adrian Carragher (until 4 August 2022)
- Miss Christie Fisher (from 4 August 2022)
- Mr. Ewing Hope
- Cllr. Lee Lyons (from 4 August 2022)
- Mr. Marc Mazzucco
- Ms. Linda Semple (Vice-chair)

Mr Adrian Carragher was appointed as an interim member of the Performance Governance Committee on 1 November 2021 and stood down on 4 August 2022 due to the appointment of new Board members Miss Christie Fisher and Cllr Lee Lyons who joined the committee on this date.

Ex Officio members

- Mrs. Lesley Bowie, Board Chair
- Ms. Claire Burden, 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 2022 and 31 March 2023. All meetings were 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 (x indicates attended).

Member	Meeting date				
	26 May 2022	1 Sep 2022	3 Nov 2022	19 Jan 2023	2 Mar 2023
Robert Martin (Chair)	X	X	X	X	X
Adrian Carragher	X				
Christie Fisher		X	X	X	-
Ewing Hope	X	X	X	X	-
Lee Lyons		X	-	-	-
Marc Mazzucco	-	X	-	X	X
Linda Semple	-	X	X	X	X

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 priority programmes for change
- 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
26 May 2022	Strategic Risk Register Diagnostic Capacity Internal Audit Report Agency Spend 2021/22 Financial Management Report – Month 1 Covid Expenditure 2022/23 Performance Report Cres Programme Plan for 2022/23 Annual Delivery Plan 2022/23
1 September 2022	New Medicines Expenditure Financial Management Report – Month 4 Covid Expenditure 2022/23 Priority Programme Plan for 2022/23 – Month 5 Update Performance Report New Planned Care Targets Annual Delivery Plan 2022/23 3 Year Financial Plan 2023/24 Budget Setting Process Strategic Risk Register
3 November 2022	Internal Audit Interim Update – Diagnostic Capacity Trakcare Business Case Digital Services Reform Financial Management Report – Month 6 Quarter 1 Financial Position – Letter from Richard McCallum Performance Report Priority Programme Plan for 2022/23 – Month 7 update Access Funding Taxi Spend HSC Winter Preparedness Strategic Risk Register

19 January 2023	PMO (Part 1) Internal Audit Report Financial Management Report – Month 8 Clinical negligence and other Risks Indemnity Scheme (CNORIS) Performance Report Priority programme 2022/23 Month 9 Update Annual Delivery Plan 2022/23 – Quarter 2 Update Allocation letter following draft Scottish Budget Pay and Supplies Cost Pressures Prescribing Cost Pressures Committee Terms of Reference
2 March 2023	Strategic Risk Register Addendum to Full Business Case for National Secure Adolescent Inpatient Unit Performance Report Priority Programmes 2022/23 – Month 10 Update Annual Delivery Plan – Quarter 3 Update Financial Management Report – Month 10 Draft Revenue Plan Three Year Financial Plan Performance Governance Committee Workplan 2023/24

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.

An overspend was detailed in the Financial Management report to each meeting. A deficit budget of £26.4 million had been set for the year, in addition Covid funding did not cover all Covid-19 expenditure. At the September 2022 meeting the Director of Finance advised of a £9.7 million overspend which was inclusive of a deficit in Acute Services due to unachieved CRES and an overspend in medical pays as well as drug costs. Both covid related expenditure and the increasing pay awards were highlighted as significant risk areas. These issues were highlighted again within the report to the November meeting which detailed an overspend at that time of £15.5 million. Additionally primary care prescribing costs and the inability to close unfunded beds due to winter pressures and delayed discharges were identified as contributing factors.

The Financial Management report (FMR) to the Committee on 19 January 2023 noted an overspend of £19.6 million which could be attributed to the overspend in the new medicines fund as well as increased nursing agency spend. Funding was provided by the Scottish Government which was recycled from the IJBs to assist with some covid related costs and staffing extra acute beds. The FMR to 31 January 2023 showed an overspend of £33.3 million.

The Director of Pharmacy attended the meeting on 1st September to report on expenditure for new medicines and the context around this. This year the Scottish Government allocated £10.9 million to the new medicines fund in order to fund these medicines used to treat rarer conditions. The amount of funding made available by

Scottish Government is determined using the Voluntary Pricing and Access (VPAS) Scheme in conjunction with information provided by the Scottish Medicines Consortium. An acknowledgement was made this financial year that the funding provided by the Scottish Government would not meet the demand for new medicines and it was anticipated there would be spend of £20 million by the year end.

5.3 Investment Scrutiny

At the meeting on 3 November 2022 the Director of Finance presented the Trakcare Business case to the committee for information and noting of the investment required for the upgrade of the Trakcare Patient Management System as part of the Boards digital strategy. As well as this an SBAR was presented which built on these requirements and identified the need for an upgraded and improved IT infrastructure to be able to host the new systems which are required. An initial investment of £2.6 million was approved to get the essential infrastructure into place.

At the meeting on 2 March 2023 an addendum to the full business case for the National Secure Adolescent Inpatient Unit was presented to the committee by the Director of Transformation and Sustainability.

5.4 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. A similar position was noted throughout the year with demand outweighing capacity in terms of outpatient, inpatient and day case treatment. ED performance was challenged due to the inability to close unfunded beds, delayed discharges and increased sickness absence across the system. The committee received assurance from both Mental Health Services and Cancer Services which showed a more positive position throughout the majority of the year.

In September 2022, the committee received a letter from the Chief Operating Officer detailing new planned care targets being put into place across Scotland to eliminate long waits for treatment. Concerns were raised about the impact of this on staff morale, the inability to meet targets set and the added pressure being applied to an already pressurised system.

5.5 Internal Audit Reports

An internal audit review of Diagnostic Capacity was undertaken and the Head of Access attended the September 2022 committee to provide an update on the recommendations made within the report. The committee expressed concern around the long timescales for completion of recommendations. A further update was provided by the Head of Imaging at the meeting on 3 November 2022 and the committee received assurance that eight of the 11 actions has been completed and allowed for more streamlined systems to be created. The three actions remaining would all require some financial investment in order to complete.

At the meeting in January 2022 the committee heard that an internal audit review of the Programme Management Office had also been undertaken. Part one of the audit was presented which tested the controls in place around the PMO and how it was supporting the four priority programme areas. Part two of the audit focussed on whether saving and efficiencies associated with the four programmes would be

delivered in year. The Director of Transformation and Sustainability advised at the meeting in January 2022 that new timescales for completion of actions had been agreed and it was anticipated these would be met.

5.6 Priority Programme Plan

At the meeting on 1 September 2022 the Director of Transformation and Sustainability presented a paper on the new Priority Programme Plan for 2022/23 which has been developed to identify four areas of priority for the year instead of applying a directorate percentage cash releasing efficiency saving. Each priority area was led by a Director Working Group with progress being monitored via the Programme Management Office. The four priority programme areas identified for 2022/23 were as follows:

- Right Sizing the Workforce
- Right Sizing the Bed Footprint
- Distributed Working Group and Estates Rationalisation
- Electronic Patient Record and Records Management

Work against each programme areas was also reported to the Performance Governance Committee using a RAG status (Red, Amber, Green) to indicate if progress was being made.

5.7 Annual Delivery Plan

The Director of Finance provided an update on the annual delivery plan for 2022/23 at the meeting on 26 May 2022 and advised the committee that a one year annual delivery plan was required to be submitted to the Scottish Government by the end of June covering the key priorities and expectations of what would be achieved within 2022/23. An update of the quarter one and quarter two returns to the Scottish Government were shared with the committee at the meeting in January 2023 and it was anticipated that the plan for 2023/24 would be requested around summer 2023.

5.8 Budget setting 2023/24

The Director of Finance presented a paper on the 2023/24 Budget Setting Process at the meeting on 1 September 2022 and advised that a variety of groups had been tasked with identifying cost pressures. The main areas being identified for cost pressures were prescribing, pay and inflation cost pressures.

Pay and Supplies cost pressures for 2023/24 were presented to the Committee for consideration at the meeting in January 2023. The Director of Finance reported an initial estimate of £34.2 million however further work would be undertaken to refine these costs. The Assistant Director of Finance attended the committee to provide the projected prescribing cost pressures for 2023/24. It was noted that an initial medicines budget of £126.3 million is proposed for 2023/24 which is an increase of £17.6 million on the current year and does not include the new medicines fund or partnership costs.

A draft Revenue Plan for 2023/24 was considered by the Committee at the meeting on 03 March 2023 which showed a projected £56 million deficit budget for 2023/24, this was based on achieving £10 million efficiency savings.

5.9 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 2022, September 2022, November 2022 and March 2023.

6. Priorities for 2023-24

- 6.1 A key priority for the Committee through 2023-24 will be to support NHS Ayrshire & Arran as it continues to recover services following the COVID-19 pandemic and the effect this has had on the ability to achieve appropriate savings and work within existing budgets. The Committee will continue to monitor budgets and expenditure in 2023-24 and how these impact on performance across the system.

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 2022-23, 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 lack of funding to support this. Routine reporting has also taken place on performance cross the system and the factors adversely affecting performance on a daily basis.

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
02/03/2023

Approved by Performance Governance Committee
02/03/2023

**Performance Governance Committee
 Committee effectiveness checklist for 2022/2023**

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	Yes	

opportunities are taken to share information, learning and good practice.		
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	

**Performance Governance Committee
Committee effectiveness checklist for 2022/2023**

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	

Assurance Mapping (Review of papers submitted against the Performance Governance Committee Remit 2022)

Remit: 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.

Duties as noted in Terms of Reference		26 May 22	1 Sep 22	3 Nov 22	19 Jan 23	2 Mar 23
To scrutinise the overall performance of NHSAA across:	Performance management	√	√	√	√	√
	Strategic planning	√	√	√	√	√
	Resource allocation	√	√	√	√	√
To provide scrutiny and challenge on the progress and achievement against NHSAA Priority Programme.		√	√	√	√	√
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.		Financial Management Report	Financial Management Report	Financial Management Report	Financial Management Report	Financial Management Report
		Performance Report	Performance Report	Performance Report	Performance Report	Performance Report
Consider financial plans and approve annual budget proposals and business cases for submission to the NHS Board.			2023/24 Budget Setting Process approved	Trakcare Business Case	Pay and Supplies cost Pressures Prescribing Cost Pressures	Revenue Plan 2023/24
The Performance Governance Committee would consider: <ul style="list-style-type: none"> - Annual Operational Plan performance targets - Investment Scrutiny - Benefits Realisation - Post Project Evaluation - Finance and Service Performance 		Annual Delivery Plan 2022/23 Planning	Annual Delivery Plan 2022/23 New Planned Care Targets	Digital Services Reform	Quarter 2 ADP Update	Quarter 3 ADP Update

Assurance Mapping (Review of papers submitted against the Performance Governance Committee Remit 2022)

Remit: 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.

Duties as noted in Terms of Reference	26 May 22	1 Sep 22	3 Nov 22	19 Jan 23	2 Mar 23
To support the development of a performance management and accountability culture across NHSAA	√	√	√	√	√
Receive annual reports and quarterly updates from any sub-committees established by the Performance Governance Committee in order to provide assurance and accountability.	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
To monitor and review risks falling within its remit.	√	√	√	No report available	√

Performance Governance Committee Reporting to NHS A&A Board 2022

Reporting Duties	26 May 22	1 Sep 22	3 Nov 22	19 Jan 23	2 Mar 23
Reporting action to the NHSAA Board	<ul style="list-style-type: none"> • Significant increase in agency staffing across certain disciplines. • Routine financial management report and detail within. • Paper on Covid expenditure 2022-23 and related areas of spend. • Routine performance report and detail within. • Verbal update of the CRES Programme Plan for 2022/23. 	<ul style="list-style-type: none"> • Report detailing increasing expenditure on high cost, low volume medicines year on year. • Letter from Chief Operating Officer detailing new planned care targets across Scotland. • Draft three year financial plan and use of nine essential building blocks. 	<ul style="list-style-type: none"> • Presentation of Trakcare Business Case and noting of investment required as part of the Boards digital strategy. • Priority Programme Plan month 7 update. • Routine Financial management report to end September 2022. • Access funding paper detailing allocation from Scottish Government for 2022/23. 	<ul style="list-style-type: none"> • Financial management report to end November 2022. • Paper detailing costs of participation in CNORIS. • Draft pay and supplies cost pressures paper for 2023/24. • Draft prescribing cost pressures paper for 2023/24 	<ul style="list-style-type: none"> • Addendum to the Full Business Case for the National Secure Adolescent Treatment Centre • Routine Performance report • Draft Revenue Plan • Three Year Financial Plan
Confirmed that these were brought to the NHSAA Board	Y	Y	Y	Y	Y