

NHS Grampian
Performance Assurance, Finance & Infrastructure Committee
22nd July 2026, 1400 to 1600
(Microsoft Teams Meeting)

Chair – Mr Sandy Riddell

Present

Sandy Riddell (Chair)	Non-Executive Board Member, NHS Grampian
Ritchie Johnson	Non-Executive Board Member, NHS Grampian
Joyce Duncan	Non-Executive Board Member, NHS Grampian
Derick Murray	Non-Executive Board Member, NHS Grampian
Kathleen Robertson	Non-Executive Board Member, NHS Grampian

In Attendance

Alex Stephen	Director of Finance/Executive Lead for Performance
Alison Evison	Board Chair
June Brown	Executive Nurse Director
Steven Lindsay	Employee Director
Preston Gan	Head of Performance
Gail Woodcock	Director Of Strategy, Transformation & Performance
James Brodie	Performance Assurance Project Manager (Minute)

Guests

Melanie Saunders	Head of People and Change
Shantini Paranjothy	Director of Public Health
Drew McGowan	Interim Board Secretary
Jug Johal	Interim Director of Infrastructure & Sustainability
Fiona Mitchelhill	Chief Officer, Aberdeen City HSCP
Lorraine Finn	Planning Co-ordinator Item 3.1
Jillian Evans	Head of Health Intelligence Item 3.2
Geraldine Fraser	Chief Officer - Acute Services Item 3.2, 3.3, 3.4
Matthew Toms	Head of Performance Governance Item 3.3
Richie Guild	Civil Contingencies Advisor Item 3.4
Grant Burt	Senior Finance Manager Item 4.1, 4.2
Ian Matthewson	Project Director – Baird & ANCHOR Item 5.1
Leona Lowe	Deputy Project Director – Finance Item 5.1

Apologies

Colette Backwell	Non-Executive Board Member
Dennis Robertson	Non-Executive Board Member, NHS Grampian
Laura Skaife-Knight	Chief Executive
Pam Milliken	Senior Responsible Officer - Acute Pathways Integration
Leigh Jolly	Chief Officer, Aberdeenshire HSCP
Hugh Bishop	Medical Director
Stuart Humphreys	Director of Marketing & Corporate Communications

Paul Bachoo	Medical Director - Acute
Sarah Irvine	Deputy Director of Finance
Carmen Gillies	Programme Lead Value and Sustainability
Judith Proctor	Chief Officer, Moray HSCP
Susan Harrold	Senior Planning Manager
Alastair Palin	Consultant psychiatrist & Medical Director NHSG MHLDS

No.	Item	Discussion	Actions
1)	1) Welcome and Apologies	The Chair welcomed everyone to the PAFIC meeting. Apologies were noted as received as listed above. The Chair thanked all colleagues involved in preparing draft reports considered at the committee pre-meeting, noting the opportunity to review papers in advance and seek clarification had been extremely valuable in supporting the Committee's preparation for the meeting. Members were reminded that any points discussed or clarified during the pre-meeting, or through subsequent email correspondence, should be raised again during the formal meeting to ensure transparency and an appropriate audit trail within the minutes. The Chair reminded committee members and leads for items that it was assumed committee members will have read all of the reports. Introductions to items are to be short and succinct, only including any new information or key points. The Chair advised that additional Single Improvement Plan evidence files had been circulated on Monday 20th July, together with a further paper update issued shortly before the meeting, including highlighted amendments to recommendations. The Chair apologised for the late circulation of these updates and expressed the hope that members had sufficient opportunity to review the revised documentation.	J.B.
	2) Declarations of Interest	No conflicts of interest were declared by attendees.	
	3) Minutes of previous meeting (27th May 2026)	The Minutes were approved as an accurate record of the meeting, noting an amendment to position change in attendance for Cllr Ann Bell from Alison Evison.	
	4) Action Tracker	The Chair advised the Action Tracker includes recently open or closed actions from the previous meeting, with	

No.	Item	Discussion	Actions
	5) Matters Arising	1 item outstanding. A copy of closed actions is held by admin support and is available upon request at any time. No other matters arising from the previous PAFIC meeting were noted as requiring addressed.	
2)	Committee Matters		
	1) 2026 Forward Planner	The planned items for inclusion in the next PAFIC meeting on 30th September 2026 were acknowledged, including the postponement of the Infrastructure Planning Update and Climate Emergency and Sustainability Annual Report, and noted that these would be reviewed at the next PAFIC Agenda setting Meeting, date to be confirmed, to review and finalise. The Director of Finance raised the need to strengthen forward planning arrangements, noting that the Committee had previously maintained visibility of business over the next three to four meetings, suggesting returning to this approach to provide greater clarity on standing reports and forthcoming areas of scrutiny. The Chair agreed with the proposal and advised that an introductory meeting with the Interim Board Secretary was scheduled to support future planning discussions and the development of upcoming Committee agendas.	J.B./A.S.
	Development of Integrated Performance Reporting	The Chair informed the Committee that he, alongside the Board Chair and Derick Murray, had met with the Director of Strategy, Transformation & Performance and the Head of Performance to review the latest draft of the refreshed How Are We Doing? reporting template. He advised that the Committee had been a strong advocate for enhancing organisational performance reporting and highlighted that development work was continuing towards a more integrated performance reporting approach, anticipated to be implemented from April 2027. The Director of Strategy, Transformation & Performance confirmed that the revised reporting format remained a work in progress and would continue to evolve over future reporting cycles. She noted that further information would be incorporated from Quarter 2 onwards, with the longer-term aim of delivering a fully integrated performance report, advising that Board Members would be invited to provide feedback on the Quarter 1 reporting format following its consideration by the Board, supporting a process of continuous improvement. The Committee noted that work would also continue to improve alignment between Committee and Board reporting timetables. It was	G.W./A.E.

No.	Item	Discussion	Actions
		confirmed that a dedicated session would be arranged to allow Non-Executive Members to comment on the refreshed reporting approach and support its further development.	
3)	Performance – Exec Lead Gail Woodcock Topics and paper author: 1) National Designated Services Extracorporeal Membrane Oxygenation (ECMO) 6 Monthly Update	The Director of Strategy, Transformation & Performance introduced the paper, which outlined the nationally commissioned services delivered by NHS Grampian on behalf of NHS Scotland and the associated performance reporting and funding arrangements PAFIC Questions/Comments • The Chair sought assurance regarding the sustainability of the ECMO rota arrangements, clarification on the financial risks associated with Genetics Services, and confirmation that the report had been considered through Executive Team governance processes. It was confirmed that the report had been reviewed by the Executive Team. The Director of Finance advised that the financial risk associated with Genetics Services remained low, with costs currently underwritten through national arrangements. The Chief Officer - Acute Services also noted improvements in the sustainability of the ECMO rota, with governance and risk management arrangements continuing to be monitored through acute sector and Executive Team processes. • Ritchie Johnson sought clarification on governance, accountability and performance management arrangements where nationally commissioned services operate below agreed Service Level Agreement requirements. Lorraine Finn advised that performance, activity and financial arrangements are subject to ongoing scrutiny through National Services Scotland (NSS) governance structures, including quarterly reviews involving Health Board representation. Variances in performance and activity are regularly monitored and discussed through these arrangements. • Kathleen Robertson queried when the Committee could expect to see measurable improvements arising from actions being taken to improve Breast Screening performance. The Director of Public Health noted that improvement activity is being overseen through the Breast Screening Programme Management Group. A further update on anticipated timescales and expected outcomes would be provided and circulated outwith the	S.P./L.F.

No.	Item	Discussion	Actions
	2) Operational Performance: USC Deep Dive	meeting, recognising that several external factors may influence the pace of improvement. • The Board Chair raised concerns regarding the sustainability of the Breast Screening Programme, the potential financial implications of workforce vacancies, and the adequacy of assurance provided regarding risk mitigation within nationally commissioned services, also highlighted the need for assurance that national funding arrangements appropriately reflect the costs of delivering services on behalf of Scotland. Responses from the Director of Finance, Chief Officer – Acute, and Director of Public Health advised that workforce and sustainability challenges within Breast Screening continue to be considered through national programme governance arrangements. Officers confirmed that current financial and operational risks were assessed as low and subject to established governance and monitoring processes. It was acknowledged that future reports could provide greater clarity regarding risks, mitigations and assurance arrangements. • The Chair observed that reports often state that governance arrangements are "adequate and robust" without providing sufficient evidence to support that conclusion. He emphasised the importance of assurance reporting focusing on risk, mitigation and outcomes rather than describing processes alone. The feedback was acknowledged, and it was noted that future reports should continue to evolve to provide clearer evidence supporting assurance conclusions and Committee scrutiny. PAFIC agreed to note the recommendations: • Note - service performance, challenges and issues for each of the national services designated to NHS Grampian. • Note - key risks and plans to mitigate these as set out in the Q4 end of year performance update (appendix 1). • Note - the national work underway looking at transformation options for delivery of Genetic services across Scotland. PAFIC agreed no further escalation required. The Head of Health Intelligence introduced the report noting that unscheduled care performance is subject to close daily monitoring, weekly internal reporting and oversight through the Unscheduled Care Delivery	

No.	Item	Discussion	Actions
		Board and supporting structures, reporting that the quarter-end position had been updated since the paper was drafted and that performance had narrowly missed the three de-escalation trajectory measures, while showing signs of movement in the right direction despite ongoing volatility. PAFIC Questions/Comments • Kathleen Robertson asked about the likely timescales and level of confidence that recent decisions and planned changes would improve the unscheduled care trajectories, and emphasised the importance of the Committee being able to track whether changes are producing the intended performance outcomes. The Head of Health Intelligence advised that current data showed some positive movement, particularly in average length of stay, but noted that performance remained fragile and subject to factors beyond direct control. The Chief Officer – Acute added that the service was tracking consistent improvement across key measures since April and that NHS Grampian was the only Board in Scotland to have done so across those indicators. Further improvement was expected from Emergency Department (ED) workforce expansion and frailty bed realignment, while noting that the formal de-escalation targets remained subject to further national discussion. • The Chair highlighted the need for future reporting to explain the story behind performance figures, including why measures have changed, what action is being taken in response and whether those actions are having the intended impact. The Head of Health Intelligence and the Chief Officer – Acute acknowledged that the Committee required clearer evidence linking performance movement, management action and outcomes, noting that future reporting could better describe the causes of variation and the response being taken. • Ritchie Johnson sought clarification on whether a recent deterioration in ambulance turnaround performance reflected a one-off variation or a more systemic issue, requested clearer explanation of causes and mitigating actions within future reports, and on the methodology used to calculate four-hour performance across sites. The Chief Officer – Acute advised that the deterioration reflected a combination of pressures, including increased emergency care demand, short-notice staffing absences, medical workforce gaps and community	J.E.

No.	Item	Discussion	Actions
	3) Operational Performance: Planned Care	capacity constraints. The Chief Officer, Aberdeen City Integration Joint Board (IJB) highlighted place availability for delayed discharges as a key pressure and noted the importance of continued system-wide collaboration. The Head of Health Intelligence agreed to provide the methodology for the four-hour performance calculation separately. - Derick Murray commented that the report would be strengthened by including benchmarking against other Scottish Health Boards, particularly given NHS Grampian's position as an outlier in unscheduled care, also noting that the report referred to five priority areas but provided assessment against only three, with limited information on length of stay and hospital occupancy. The Head of Health Intelligence advised that benchmarking information is considered regularly by the Delivery Board and confirmed that NHS Grampian's relative position had improved across three consecutive reporting periods, and agreed that benchmarking, length of stay and hospital occupancy information would be included in future reporting to provide a fuller assurance picture. - The Committee agreed that unscheduled care should continue to be reported as a standing Committee item PAFIC agreed to note the recommendations: Assurance – Review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements to plans, policies and processes are being made and appropriate evidence of these has been provided to the Board's satisfaction Future reporting – To request that another report on this subject be brought back to the Committee at a future date. PAFIC agreed no escalation required. The Head of Performance Governance introduced the paper, providing an update on confirmed funding for outpatients and treatment time guarantee activity, recurring funding for imaging and endoscopy, and the absence of confirmed funding for cancer improvement. Matthew advised that trajectories were being updated, but that unresolved recurring capacity and demand gaps, together with surgical capacity and workforce constraints, meant NHS Grampian was not currently projected to reach 52-week compliance by year end.	J.E.

No.	Item	Discussion	Actions
		PAFIC Questions/Comments • The Chair sought clarification on whether the report had been considered by the Executive Team and asked whether the additional capacity funded through East of Scotland bids was already operational or remained subject to implementation lead-in times. The Chief Officer – Acute advised that the report had not been considered by the Executive Team, although planned care updates are received by them weekly. She confirmed that non-recurring bids had been funded and incorporated into trajectories, but that this did not currently provide a path to zero 52-week waits. The Head of Performance Governance advised that implementation was mixed, with some additional capacity already running and other elements at procurement, recruitment or bid evaluation stage. Risks around recruitment and delivery assumptions were being monitored. • Derick Murray commented that the report would have landed better if the planned care trajectories had been included, particularly given the discussion on expected performance and delivery risk. • Ritchie Johnson welcomed confirmation of funding and national support arrangements but asked whether East of Scotland planning would also address 104-week waits and whether emerging plans would return to the Committee or Board for oversight. He also queried the absence of cancer improvement funding and asked how performance would now be improved. Relating to workforce, he asked whether more cost-effective recurring solutions could be considered as spend-to-save propositions. The Head of Performance Governance advised that the workforce issue was less a spend-to-save opportunity and more a case of recurring capacity expansion being more cost-effective than premium short-term solutions. The Chief Officer – Acute added that longer-term demand and capacity, workforce redesign and service planning work would be needed to support sustainability, while confirming that East of Scotland process would provide further enhanced planning and updates would return to the Committee. She advised that, while previous cancer bids had not been funded, a cancer improvement plan was in place, diagnostic funding would support some pathways, and services had been asked to identify innovation proposals for potential national funding.	

No.	Item	Discussion	Actions
		• The Board Chair raised concern about cancer performance, noting current figures were not acceptable for patients across NHS Grampian, and emphasising that the Committee required assurance that plans would move into action and deliver outcomes. She also cautioned against relying on East of Scotland support alone, stressing that NHS Grampian needed to evidence that it was doing all it could locally, including demand and capacity work, service redesign and use of modelling evidence. The Chief Officer – Acute acknowledged planned care as a priority area and outlined the weekly Planned Care Performance Meeting, monthly Planned Care Programme Board and sub-national performance oversight arrangements while proposing that a further planned care deep-dive or Board seminar may support a fuller assurance discussion. • Joyce Duncan expressed concern that cancer trajectories had not improved over a sustained period and suggested that learning should be sought beyond Scotland, including from better-performing European systems, given the importance of cancer outcomes for patients and the public. The Committee noted the concern and the need for future assurance to demonstrate a more ambitious and evidence-based approach to improving cancer performance, including consideration of wider learning where appropriate. • Kathleen Robertson stated that she was not assured, particularly given the lack of visible improvement, sustainability concerns, workforce pressures and the pace of change. She considered the current position deeply concerning and insufficiently transformative. Derick Murray noted that the use of the term “robust” in the recommendation was difficult to reconcile with the stated position that NHS Grampian was not expected to meet the 52-week target. The Chair confirmed that the Committee was unable to accept the recommendation as presented and was not assured that the report provided the necessary assurance regarding robust policies, processes and delivery arrangements. The Director of Finance agreed that escalation to the Board was required and that the Executive Team would develop the proposed escalation wording and associated response. • The Employee Director asked for clarity on the governance position arising from the Committee’s lack of assurance and whether a clear timescale	A.S

No.	Item	Discussion	Actions
	4) CDU Outage – Lessons Learnt	and route to Board, including whether in open or closed session, should be identified. The Chair confirmed that the Committee was not assured and that escalation to the Board was required. The Board Chair advised that the issue needed to be raised at the August Board meeting through the Committee Chair's report, with clarity on next steps. The Director of Strategy, Transformation & Performance noted that the Committee's decision should be reported transparently and that the Executive Team response should address what additional assurance would be required. PAFIC agreed to note the recommendations: • The Committee agreed that it could not accept the recommendation or confirm assurance on the basis of the paper presented. PAFIC agreed escalation to the Board is required. • The committee agreed escalation should set out the Committee's concern regarding planned care performance, including cancer performance and 52-week trajectories, the absence of sufficient evidence on delivery and sustainability, and the need for further assurance on the actions required to improve performance. The Executive Team agreed to develop proposed escalation wording and a response for consideration, with the matter to be raised at the August Board meeting through the Committee Chair's report. The Chief Officer – Acute introduce the report, advising that it set out learning from both the Central Decontamination Unit (CDU) incident and the response, including recommendations for improvement, and noted that learning from the incident had also been shared through Board Chief Executive arrangements. PAFIC Questions/Comments • The Chair sought reassurance that the report had been, or would be, considered by the Clinical Governance Committee in relation to clinical risk and impact, and how recommendations would be taken forward, given the report's reference to senior executive oversight and the need to clarify where CDU sits within the organisational structure. The Chief Officer – Acute advised that she was not aware that the report had yet been considered by the Clinical Governance Committee, but confirmed	

No.	Item	Discussion	Actions
		that this remained the intention, particularly in relation to patient risk. She advised that most operational actions sat with Facilities and associated service-level governance. The Interim Director of Infrastructure & Sustainability confirmed as chair of the current Incident Management Team relating to the ongoing CDU issue he would act as executive lead for resolving issues going forward. He agreed to take the report through the newly established Estates and Facilities Governance and Assurance Committee to ensure oversight of the actions. • Derick Murray asked if the permit-to-work recommendation had been implemented and whether the CDU downtime had been used to complete wider building maintenance, given concerns about the condition of the building. The Interim Director of Infrastructure & Sustainability advised that he was not familiar with the original incident in detail but expected permit-to-work arrangements to apply across specialist services. The Civil Contingencies Advisor confirmed that some remedial work had been undertaken during the shutdown period, although he could not specify the detail, and advised that permit-to-work arrangements still appeared to require clarification. The Director of Finance recalled that ventilation-related work may also have been progressed and agreed that this could be confirmed following the meeting. • Kathleen Robertson asked whether learning from the CDU incident would be used to benchmark and review practice across other areas of NHS Grampian, rather than being limited to CDU alone. The Chief Officer – Acute confirmed that wider learning was being considered, including alignment with the Endoscopy Decontamination Unit, where similar infrastructure and service support issues were relevant, and advised that discussions were ongoing with the Interim Director of Infrastructure & Sustainability and colleagues to share learning and strengthen joint support arrangements. • The Board Chair raised concern that the report identified wider issues, including guidelines not followed, incomplete records, reliance on organisational memory, management of old equipment and training arrangements, and emphasised the importance of closing the loop so that the Committee could be assured recommendations had been implemented and future systems would operate as expected. The	A.S./J.J.

No.	Item	Discussion	Actions
		Chair requested that confirmation of the outstanding issues and actions be brought back to a future Committee meeting, and Richie Johnston supported the need to close the loop on the findings, particularly in relation to infrastructure maintenance decisions, risk, prioritisation and the potential impact of key equipment failures on patient services. The Interim Director of Infrastructure & Sustainability confirmed that the report would be taken to the Estates and Facilities Governance and Assurance Committee in August and an update brought back to PAFIC on the status of actions. The Chair requested that confirmation of the outstanding issues and actions be brought back to a future Committee meeting. PAFIC agreed to note the recommendations: • Note - the findings from the Incident Management Team review • Agree - the recommendations presented in the summary table as the lessons learned form the basis of actions to reset a revised Governance system for the service led by the Executive / Operational Team(s) responsible and accountable for the service. • Note - recommendations are embedded into operational governance Agreement to these recommendations was contingent on a further update being brought to the September PAFIC meeting PAFIC agreed no escalation required.	J.J.
4)	Finance – Exec Lead Alex Stephen Topics and paper author: 1) 2026/2027 Month 3 Finance Update	The Director of Finance introduced the report, who advised that the forecast delivery of the planned financial position and maximum deficit support funding allocation continued. Savings delivery was slightly ahead of profile at Month 3, although this was believed to reflect timing rather than additional recurring savings. Ongoing work through Executive Team and Value and Sustainability governance arrangements to address areas where savings delivery remained challenging, particularly medical locum and junior doctor expenditure were also highlighted. PAFIC Questions/Comments • The Chair highlighted that, while the forecast outturn remained aligned to the financial plan, delivery of significant savings remained essential and financial flexibility within the system was limited, and sought assurance regarding the IJB	

No.	Item	Discussion	Actions
		financial positions and whether the provision made for IJB support remained sufficient. The Director of Finance advised that discussions with IJB Chief Financial Officers indicated that all three organisations remained on track to deliver their respective financial plans at this stage, and confirmed that the Board's provision for IJB support remained sufficient and may not be fully required given the availability of IJB reserves. Members were advised that greater assurance would be available once formal governance processes had been completed within each IJB. • Derick Murray identified an apparent inconsistency within the report relating to non-delegated services expenditure and sought clarification on the financial figures presented. He also queried the impact of forecast IJB deficits, the apparent variance between planned and delivered savings, and clarification of terminology used within the report. The Senior Finance Manager acknowledged an error within the June financial table and apologised for the inaccuracy, while confirming that the year-to-date position remained correct and advised that a corrected report would be circulated. The Director of Finance confirmed that savings delivery had improved between May and June, resulting in performance slightly ahead of profile at Month 3, although he cautioned that this was likely due to timing rather than a sustained improvement in savings delivery. It was also confirmed that "RWW" referred to the Reduced Working Week programme. • Ritchie Johnson welcomed the overall financial position and sought assurance regarding current overspends, potential recovery actions and the position on capital expenditure, and highlighted the importance of demonstrating a clear relationship between financial investment and performance improvement. The Director of Finance advised that current overspends were largely anticipated and reflected areas that have historically experienced financial pressure. Meetings had been arranged with Executive Leads to review Quarter 1 positions and identify opportunities for recovery. In relation to capital expenditure, levels were lower than expected, primarily due to factors affecting major capital developments. It was also confirmed that future reports would continue to strengthen the link between financial investment, particularly operational improvement and planned care	G.B.

No.	Item	Discussion	Actions
	2) 2026/2027 Month 2 Value & Sustainability Plan Update	funding, and delivery of measurable performance improvements. - Ritchie Johnson noted that the report had not yet been reviewed by the Financial Recovery Board due to meeting timetables. The Director of Finance advised this reflected scheduling arrangements rather than a change to governance processes. PAFIC agreed to note the recommendations: Note – the update on the Board's financial position for the three months to June2026 Assurance - approve the assessed assurance level in relation to delivery of the 2026/27 financial plan – Moderate Assurance PAFIC agreed no escalation required. The Director of Finance introduced the report, with the Senior Finance Manager, who advised that performance had improved between Months 2 and 3, with a number of previously underperforming schemes showing improvement. However, risks remained in relation to nursing workforce savings, medical workforce schemes and workforce redesign initiatives. PAFIC Questions/Comments - Derick Murray asked for clarification on progress relating to resident doctor rota compliance, noting that the issue had been under discussion for a number of years and seeking assurance on the extent of improvement achieved and the remaining challenge. The Director of Finance advised that the number of non-compliant rotas had reduced significantly from around 40 to 11, noting that some progress achieved previously had subsequently been impacted by further reviews, and that the remaining challenges were increasingly linked to structural service redesign rather than operational management. Further work is underway to determine the support required to reduce the remaining non-compliance and prevent any deterioration. - Ritchie Johnson welcomed the report and the additional information provided regarding savings delivery, noting that the overall position appeared positive but highlighted the importance of maintaining contingency arrangements, identifying alternative savings opportunities and continuing to challenge underperforming schemes where delivery was at risk. The Director of Finance	A.S.

No.	Item	Discussion	Actions
	3) Single Improvement Plan	agreed that alternative opportunities would continue to be explored and advised that additional contingency options were already being developed. He confirmed that the Value and Sustainability Team remained focused on identifying further opportunities while continuing to monitor and support delivery of existing schemes. PAFIC agreed to note the recommendations: • Note - the financial savings achieved through the Value and Sustainability Programme up to end of May 2026 • Note - the progress made on the development of the 2027/28 savings plan. • Assurance - approve the assessed assurance level in relation to the delivery of the 2026/27 Value and Sustainability Programme – Moderate Assurance PAFIC agreed no escalation required. The Director of Finance introduced the report, and advised that the paper covered the 44 recommendations considered previously and six further recommendations, with additional recommendations proposed for deferral. He confirmed that the supporting evidence had been made available and that the recommendations had been refined to reflect updated information. PAFIC Questions/Comments • Committee Chair reminded the Committee that it had previously considered the evidence insufficient to support closure of the recommendations, and welcomed the additional narrative and access to the central evidence files, which provided a stronger basis for the Committee to reach a view. • Committee Chair asked whether the paper had been considered by the Executive Team on 21st July. The Director of Finance confirmed that it had been discussed and supported by the Executive Team, and added that the governance process was providing active challenge, citing a Value and Sustainability item that had been returned because sufficient assurance had not been demonstrated. • Derick Murray welcomed the revised presentation. He considered that the added narrative clearly explained the basis for closing	

No.	Item	Discussion	Actions
		each recommendation, while retaining access to the underlying evidence where required. • Joyce Duncan agreed that the narrative had materially improved the paper by explaining the evidence and decisions more clearly • Committee Chair acknowledged the significant work undertaken in response to the Committee's earlier concerns. He noted, however, that circulation of the updated report on the day of the meeting had limited the time available for detailed scrutiny, and requested that future reports and evidence be provided sufficiently early to support the Committee's governance and oversight role. PAFIC agreed to note the recommendations: Note - considerable work through Quarter 4, 2025/26 and Quarter 1, 2026/27 to respond to the recommendations scheduled for closure within the Single Improvement Plan to date. Assurance - each recommendation has completed a standardised template to capture the narrative evidence and evidential documentation and that all documentation is held centrally in line with good practice and that should adhere to good audit standards. Assurance - that the 6 recommendations being presented today have had the engagement of Value & Sustainability workstream teams, the Finance department and have had formal endorsement from the Value & Sustainability Programme Board, and will be reviewed for approval in the upcoming Unscheduled Care Improvement Programme Board. The recommendations will be presented to the Executive Team for review on 21st July. Feedback from the Executive Team meeting will be fed into PAFIC verbally, recognising Executive Team feedback prior to the submission deadline for this Committee was not possible. Decision - today to formally recommend to the NHS Grampian Health Board on 13th August 2026 that the 6 recommendations be approved for closure. Decision - support the deferral of 6 additional recommendations to enable time to complete the required analysis and work. PAFIC agreed no escalation required.	
5.	Infrastructure – Exec Lead Jug Johal Topics and paper author:	The Interim Director of Infrastructure & Sustainability, supported by the Project Director and Deputy Project Director, introduced the paper, advised that there was no change to the reported programme or cost position,	

No.	Item	Discussion	Actions
	1) Baird & ANCHOR Update	although significant risk remained in relation to the fan coil units and inline cooling coils and the associated impact on the Commercial Settlement Agreement with Graham Construction • Baird: mechanical filtration had been instructed, work continued on the open-plan chemotherapy area, and testing, commissioning and defect closure remained key areas of focus. • ANCHOR: mechanical filtration had been instructed, work continued on the open-plan chemotherapy area, and testing, commissioning and defect closure remained key areas of focus. • Discussions with Graham Construction on the commercial settlement continue. PAFIC Questions/Comments • Derick Murray asked whether additional staff or specialist support could be secured to address continuing resource constraints and accelerate completion at this critical stage. The Interim Director of Infrastructure & Sustainability confirmed that administrative capacity was being strengthened and that the project team was defining its request to Scottish Government for technical support. A proposal is also being developed to target and close KSAR actions against specific milestones. • Derick Murray highlighted the tension between NHS Grampian's position and the practical need to complete the project. • Ritchie Johnson asked when negotiations would reach a decision point and whether delay was commercially advantageous to Graham Construction. PAFIC agreed to note the recommendations: • Assurance - to review and scrutinise the update provided in this paper. • Note - progress with The Baird Family Hospital and The ANCHOR Centre Project. The paper specifically provides an update on key matters, including programme, commercial settlement and the critical path to completion. • Note - the key commercial, technical, and assurance risks currently being managed by the Project Team and the establishment of the Baird and ANCHOR Oversight Board as part of the strengthened governance and assurance arrangements.	

No.	Item	Discussion	Actions
		• Future reporting - to note that completion dates and the final project forecast will continue to be updated through future reporting on the Baird and ANCHOR project as the impact of outstanding technical, commercial and programme matters becomes clearer. PAFIC agreed no escalation required.	
6.	Matters to escalate to Board/Committee Chairs	Item 3.3 - Operational Performance: Planned Care The committee agreed escalation should set out the Committee's concern regarding planned care performance, including cancer performance and 52-week trajectories, the absence of sufficient evidence on delivery and sustainability, and the need for further assurance on the actions required to improve performance. The Executive Team agreed to develop proposed escalation wording and a response for consideration, with the matter to be raised at the August Board meeting through the Committee Chair's report.	
7.	Date of Next Meeting: 30th September 2026		