

NHS Grampian
Performance Assurance, Finance & Infrastructure Committee
28th January 2026, 1400 to 1600
(Microsoft Teams Meeting)

Board Meeting
11.06.26
Open Session
Item 15.1.4.1

APPROVED

Chair – Mr Sandy Riddell

Present

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

In Attendance

Laura Skaife-Knight	Chief Executive
Alex Stephen	Director of Finance/Executive Lead for Performance
Phil Tydeman	Interim Director of Improvement
Alison Evison	Board Chair
Hugh Bishop	Executive Medical Director
Alan Wilson	Director of Infrastructure & Sustainability
David Creighton	Senior Administrator/PA (Minute)
June Brown	Executive Nurse Director

Guests

Carmen Gillies	Programme Lead Value & Sustainability Item 4.2
Sarah Irvine	Deputy Director of Finance Item 4.1
Phil Tydeman	Interim Director of Improvement Item 3.2, 3.3
Geraldine Fraser	Chief Officer, Acute Services Item 3.1
Christopher Middleton	Senior Manager, Performance Improvement Item 3.1A
Judith Proctor	Chief Officer, Moray HSCP
Paul Bachoo	Medical Director, Acute Services Item 3.2
Sarah Duncan	Board Secretary
Jennifer Yeomans	Head of Procurement Item 4.3
Gareth Evans	Property Transactions Manager, Item 5.1
Julie Anderson	Assistant Director of Finance, Item 5.1

Apologies

Leigh Jolly	Chief Officer, Aberdeenshire HSCP
Preston Gan	Head of Performance

No.	Item	Discussion	Actions
1)	<p>1) Welcome and Apologies</p> <p>2) Declarations of Interest</p> <p>3) Minutes of previous meeting (26th November 2025)</p> <p>4) Action Tracker</p> <p>5) Matters Arising</p>	<p>The Chair welcomed everyone to the first PAFIC meeting of 2026. No apologies were noted as received.</p> <p>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.</p> <p>Mr Sandy Riddell advised for transparency his role as Chair of the Mental Welfare Commission. There should be no conflict of interest.</p> <p>Mr Ritchie Johnston advised for transparency he is Chair of the Financial Recovery Board which is a new layer for financial assurance. There should be no conflict of interest.</p> <p>The Minutes were approved as an accurate record of the meeting.</p> <p>The Chair advised the Action Tracker includes only recently open or closed actions from the previous meeting, with one completed item from the previous meeting. A copy of closed actions is held by admin support and is available upon request at any time.</p> <p>No matters arising noted.</p>	
2)	<p>Committee Matters</p> <p>1) 2026 Meeting Dates pre-schedule rhythm & reporting timeline</p>	<p>The Chair raised concern about delays in report availability and lack of pre-committee planning rhythm, and put forward the potential for a development session on performance assurance proposed.</p> <p>Alex Stephen acknowledged pressures after festive period and committed to reinforcing deadlines.</p> <p>David Creighton to circulate annual reporting timeline.</p>	DC
3)	<p>Performance – Exec Lead Alex Stephen</p> <p>Topics and paper author:</p> <p>4) Strategic Risk 3006 – Change & Innovation</p>	<p>The Chair requested that a change in agenda ordering in order to allow item 3.4 to be presented first, which was accepted.</p> <p>The Chief Executive introduced the paper, endorsed by the Chief Executive Team, which focuses on NHS Grampian Strategy through the Plan for the Future and achieving ambitions set out in this, the Board Annual Delivery Plan and sustainable delivery of outcomes and performance aligned to the Plan for the Future and Scottish Government’s Operational Improvement Plan,</p>	

		<p>Service Renewal Framework and Population Health Framework, and the changing operating landscape NHS Grampian is within nationally, regionally (Sub-National planning changes) and locally. Emphasis was given to Strategic Risk 3006, which relates to NHS Grampian's inability to carry out change and innovation activities that are required in the current environment. Noting that:</p> <ul style="list-style-type: none"> • Risk appetite agreed at most recent Board Seminar was 'courageous'. • Assurance level 'limited'. Risk Score 12, remaining High Risk. • Updated controls and time-bound actions for next 2 quarters. • Two-stage Plan for the Future refresh. <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • The detail around the changing landscape, progress on action and controls, acknowledgement of lack of clarity amongst staff on lack of clarity on how we move forward, and work underway on how best to consolidate and maximise change capacity across the system were praised, leaving potential gap in robust oversight. • Slight concerns noted about early effectiveness review of Unscheduled Care Assurance Board, and in Planned Care a lack of January update due to operational pressures. • Main risk acknowledged as being limited assurance at this date. • Reinvigoration of the North East Transformation Group welcomed. • Need for collaboration to be led from the top highlighted. • Committee supportive of paper quality, clarity and direction. <p>PAFIC agreed to note the recommendations:</p> <ul style="list-style-type: none"> • Endorsement - endorse the proposals contained in this paper. • Assurance - The updated position on the current landscape and the opportunities and challenges this brings in relation to redesign and transformation of sustainable health and care in NHS Grampian is accurate. <ul style="list-style-type: none"> - Improvements are being made regarding the management of Strategic Risk 3006, and appropriate evidence has been provided of these improvement activities. - Any gaps in controls or mitigations have been identified and are being addressed as part of the agreed next steps endorsed by the Chief Executive Team on 13 January 2026. 	
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	<p>1) Unscheduled Care Programme Board – Chairs Assurance Report</p>	<ul style="list-style-type: none"> - The assurance level assigned to the management of Risk 3006 is appropriate: Limited. • Future reporting – to request that another report on this subject be brought back to the Committee, with a proposed timescale of 3rd next PAFIC meeting, 29th July 2026 <p>PAFIC agreed no escalation required.</p> <p>The Chief Officer, Acute Services introduced the report on behalf of the Unscheduled Care Programme Board Chair. Noting that:</p> <ul style="list-style-type: none"> - Progress made across 19 workstreams, with early improvements visible. - Hospital at Home expansion has increased throughput. - Delayed discharges have reduced after December firebreak. - Navigation Centre pathways have been expanded. - SDEC extended hours has increased referrals. <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • Concerns raised by the Committee Chair around the withdrawal of a care-at-home provider in Aberdeenshire. The Chief Officer, Acute Services responded that mitigations ongoing involved some of the recruitment into their discharge to assess team being realigned to cover existing care at home services. • The Chief Officer, Acute Services confirmed when asked by the Committee Chair that the planned bed rebalancing workshop has been held, with a 16-week action plan in place. • The Committee Chair noted the GMED pilot has been extended 3 months pending workforce model confirmation and given its' success why it was still under trial. The Senior Manager, Performance Improvement, confirmed the extension, and advised that there had been some operational issues, and seemed best to keep options open rather than fully committing at this stage. • The Vice Chair noted that Moray and Aberdeen City IJB updates were not heavily covered in the paper. In response, verbal updates were provided by the Chief Officer, Acute Services and Chief Officer, Moray HSCP. Additional input from these IJBs to the written report was requested for future iterations, to avoid the need for verbal updates. <p>PAFIC agreed to note the recommendations:</p> <ul style="list-style-type: none"> • No formal recommendations were requested 	<p>LSK</p>
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	<p>1) A - Assurance for Ambulance Stacking and ED Access Times</p>	<p>PAFIC agreed no escalation required.</p> <p>The Chief Officer, Acute Services introduced the report, acknowledging a need for improvement, and noting that solving ambulance waiting times is complex, and is being addressed by small but important changes led by the new Site Director and Deputy Medical Director. Presentation was then handed over to the Senior Manager, Performance Improvement. It was noted that challenges persist due to hospital flow and occupancy, and there is significant linkage to the whole system improvement plan. The '10 before 10' initiative is beginning to show gains, and tolerance-based ambulance waiting caps being reduced stepwise and these were welcomed by the committee. It was also acknowledged that revised operating processes and efficiencies, and bed balance, are required to sustain long term improvement.</p> <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • Committee Chair recognised the report was helpful and aided understanding of the complexity of issues around the subject. It was noted that some of the charts included were difficult to interpret, and should be simplified for those not using them regularly to understand. Acknowledged by team, and suggestion of run charts be used in future. • Committee Chair noted that, while recognising timing, there is a need for more focus on impact, timetabled actions and close monitoring and control, assuming that this would be more evident in future reports as work progresses. • Mr. Derick Murray noted a difference in the 50% of bed waits are in general medicine and frailty. The Senior Manager, Performance Improvement, advised that this was the piece of work currently being led by the Deputy Medical Director and due for completion in 16 weeks, which will lead to an expansion of frailty footprint, which will in turn lead to a reduction in General Medicine patients. • Mr. Derick Murray asked why boarding patients can result in doubling their length of stay. The Senior Manager, Performance Improvement responded that this is due through necessity, to a break in the continuity of care. Patients cannot remain in admitting areas and are boarded elsewhere, often in surgical specialty wards. While overall care remains with the consultant, nursing and junior care is through the ward, which will have its own care workload. Consultants may also have patients spread across a number of wards, leading to logistical issues, further affecting efficiency. • A request for clearer articulation of what outcomes are being sought and what activity levels represent the 	
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		<p>intended targets was made for future iterations, acknowledged by the team.</p> <ul style="list-style-type: none"> • A request was made for benchmarking against other NHS Boards to understand whether NHS Grampian is an outlier in certain areas. Benchmarking would help contextualise system pressures and identify potential learning from elsewhere. • A further question was raised about what thresholds would trigger escalation back to the committee. • Mr Alex Stephen noted that the report was intended as an operational update rather than outcome focussed, as this was covered by the How Are We Doing Report. He also noted that this report was compiled during a period of extreme pressure and stress to the service due to winter pressures, and significant bad weather, and the subsequent knock-on period. Suggestion that future reporting cycles be reviewed to avoid duplication, clarify whether the current operational update is required in addition to existing performance reporting and to ensure clarity about what the committee requires for assurance. <p>PAFIC agreed to note the recommendations:</p> <ul style="list-style-type: none"> • Assurance - review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements to policies and processes are being made and appropriate evidence of these has been provided to the Board's satisfaction. The Committee judged assurance as 'limited' at current stage, although the paper provided assurance regarding the depth of work underway to analyse processes, patient flows, and opportunities to improve efficiency. <p>PAFIC agreed no escalation required.</p>	
	<p>2) Planned Care Programme Board – Chairs Assurance Report</p>	<p>The Interim Director of Improvement introduced the report, noting that the Planned Care Board did not meet this month due to significant operational pressures. Much of the Board's business was therefore progressed outwith the formal meeting, and this has been reflected in the written report. The next full meeting is scheduled for 26 February. The committee was informed of a deterioration in the 52 week new outpatient wait list, an increase of 950 patients. The main cause is underperformance of the dermatology independent sector contract, due to insufficient availability of medical staff from the provider. In relation to TTG elective activity, NHS Grampian received an additional £4.8 million to treat 970 patients. Current forecasts suggest delivery of around 75% of this activity because of mobilisation challenges and limited capacity.</p>	

	<p>2A) Report on Updated Planned Care Trajectories</p>	<p>Four partner Health Boards provided mutual aid while the Central Dermatology Unit (CDU) was inoperative; this effective cross board collaboration has been recognised by letter of appreciation.</p> <p>NHS Grampian formally wrote to the Scottish Government on 15 December requesting £1.2 million to continue independent sector contracts into Q1, to enable treatment of approximately 3,300 patients. A formal response has not yet been received. An external review of waiting list management has been completed. A detailed implementation plan is now in place and will be monitored through the Planned Care Programme Board in the coming months.</p> <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • Members highlighted concerns that the Planned Care Programme Board was not quorate, noting this is particularly problematic given it is one of the organisation's three priority areas. Reasons given by The Interim Director of Improvement were the Board was stood down due to a specific operational incident requiring extensive operational response, described as an isolated anomaly, with all other meetings proceeding as planned. Justification was acknowledged and accepted, although Members emphasised the importance of maintaining governance integrity, even during periods of operational pressure. • The committee noted the escalation items, ongoing funding discussions, and governance issues. <p>PAFIC agreed no escalation required.</p> <p>The Medical Director, Acute Services introduced the report noting that Planned care faced significant pressures, though substantial support was received from internal teams and national partners. Since report submission, a formal written confirmation has now been received from SG accepting the revised March 2026 trajectories as requested. There is increased resilience through the commissioning of the new Central Decontamination Unit (CDU), with five new machines expected to be operational by the end of February. The Day Case Surgical Unit is now operational for the first time in almost four years; as unscheduled care performance improves and boarding reduces, this capacity will be fully utilised. Funding for extension of current contracts into Q1 is being supported at Scottish Government level, with a formal letter of comfort anticipated. Mutual aid remains limited across NHS Scotland but efforts continue.</p>	
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The strategic risk remains very high, though mitigation plans are progressing and expected to improve the position into the next financial year.

PAFIC Questions/Comments

- Committee Chair requested further clarification at a future meeting around mutual aid. The Medical Director, Acute Services responded that although there is strong willingness nationally for collaboration, resilience and surge capacity across Scotland are very limited, particularly in acute settings, and capacity elsewhere restricts meaningful mutual aid.
- Committee Chair sought confirmation that additional Urology outpatient clinics had commenced. Medical Director, Acute Services confirmed clinics were running, via the independent sector.
- Mr. Derick Murray asked whether improvements rely mainly on additional funding rather than efficiency; and whether NHS Grampian is benchmarked as efficient. Medical Director, Acute Services acknowledged both additional funding and efficiency improvements are required to achieve the scale of improvement needed. Non-recurring funding reliably improves performance; without it, performance falls back to baseline. National benchmarking places Grampian in the middle to upper quartile for key KPIs.
- Mr. Derick Murray asked the reason why dentistry and maxillofacial were the hardest hit by the Central Decontamination Unit interruption. Medical Director, Acute Services responded that clinical prioritisation during this disruption meant time critical services were protected, leaving these specialties more adversely affected.
- The Director of Finance/Executive Lead for Performance noted the Scottish Government Assurance Board is aware of the significant reliance on additional funding. National funding for planned and unscheduled care is reducing from £200m to £100m for next year, and discussions are ongoing regarding sustaining activity into the new financial year.
- Mr Ritchie Johnson queried why the dermatology Independent Sector contract did not achieve expected impact. Medical Director, Acute Services responded that dermatology delivery is a national issue, with workforce supply limitations. Actual output will be approximately 50–60 cases, far below the ~900 planned. Mitigating actions include seeking mutual aid and using shared digital dermatology pathways with Tayside and Forth Valley.
- Committee Chair noted several report sections lacked content, particularly relating to quality and patient care,

	3) Improvement Plan	<p>and financial commentary, advising future reports should ensure all sections are fully completed.</p> <p>PAFIC agreed to note the recommendations: Received assurance that circumstances requiring revised trajectories were anticipated, understood and managed appropriately. Actions taken to improve the March 2026 landing position and Q1 performance have commenced. These matters have been shared internally via governance processes and externally with SG Assurance Board and CFSD.</p> <p>Noted the revised trajectories submitted on 16 January and that SG has since provided written confirmation accepting them.</p> <p>Noted the ongoing high strategic risk level and the mitigating plans in progress.</p> <p>PAFIC agreed no escalation required.</p> <p>The Interim Director of Improvement introduced the report, noting that of 87 Board approved governance recommendations, 75 fall under the remit of this committee. For Planned Care recommendations and most items under Value & Sustainability (V&S), key evidence will be a written, Directors signed plan with savings identified and approved via the Quality Impact Assessment (QIA) Panel. Closure will be based on the development and approval of the savings plan, not the later realisation of savings. The report references four recommendations as ready for closure; this is noted as a transcription error. As a pilot, three recommendations have been proposed as ready for closure:</p> <ul style="list-style-type: none"> • VAT opportunity from the KPMG report • Condensed organisational priorities • Review and strengthened governance of the Value & Sustainability Programme <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • Members welcomed the structured timetable and emphasised the importance of linking each recommendation to clear closure criteria and relevant receiving committee. • Committee Chair stressed the importance of implementation discipline in NHS Grampian and welcomed the plan to submit all recommendations to CET on 3 February for stress-testing of milestones and evidence. • Mr Ritchie Johnson supported the approach and suggested that future evidence summaries include 	
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		<p>dates (e.g., date of Board or CET papers) to support ease of audit and assurance.</p> <ul style="list-style-type: none"> • Committee Chair noted that evidence should ideally include confirmation of decisions in minutes, not only submission of papers. • Committee Chair noted that on the condensed priorities recommendation although performance metrics/KPIs continue to develop, sufficient progress has been made to support closure. • Members expressed support for closure of the three recommendations presented. <p>PAFIC agreed to note the recommendations: Note progress made by Executive Directors in identifying projected closure dates, milestones, and required evidence. Note that the report covers only the 75 recommendations overseen by this committee. Note that all recommendations will be submitted to CET on 3 February for stress-testing. Agree that V&S recommendations may be assessed as closed once QIA Panel approval is obtained for the savings opportunity (rather than waiting for savings realisation). Recommend to the Board that the three pilot recommendations be approved as closed, based on the evidence provided. Additional Note: Executive Medical Director emphasised that the committee can support because of the established track record of delivery within the Value & Sustainability Programme during the 2025–26 financial year. It was requested that this rationale should be explicitly recorded in the minute.</p> <p>PAFIC agreed no escalation required.</p>	
4)	<p>Finance – Exec Lead Alex Stephen Topics and paper author:</p> <p>1) 2025/2026 Month 9 Finance Update</p>	<p>The Deputy Director of Finance introduced the report and provided an update on the December 2025 position, noting the December forecast outturn shows a £44.8m deficit, the first time this year the projected deficit falls within the maximum deficit support funding indicated by the Scottish Government. This improvement reflects strong system wide cost control and delivery of savings. The forecast still includes £23m for Integration Joint Board (IJB) deficit support, though Q3 updates suggest this requirement will reduce. Interim Director of Improvement reported that the first Quality Improvement Assessment panel had been held; 15 schemes were reviewed with 7</p>	

approved and 8 returned for further information, with the panel process demonstrating appropriate rigour.

PAFIC Questions/Comments

- Committee Chair acknowledged the value of the regular financial updates and the visibility they provide to Non-Executive members. While there is improvement, maintaining momentum remains essential, particularly during the winter period. The report provides moderate assurance reflecting both Improved cost control and savings delivery, but also the continued scale of challenge and need for ongoing mitigation.
- Mr. Derick Murray noted differences from Month 9 £31.7m overspend, December outturn and savings phasing and achievability. Interim Director of Improvement responded that confidence is high that several one off schemes scheduled for month 12 will be delivered, including £6m Agenda for Change non-pay reform, £3m IJB provision and £2m procurement stock management. This trajectory is supported by above plan delivery over last six months. Deputy Director of Finance noted higher activity levels in planned care may increase medical supplies costs, and this has been included.
- Mr. Derick Murray queried the £11m funding increase due to NHS Scotland Resource Allocation Committee (NRAC) share changes. Deputy Director of Finance responded that NHS Grampian's share increased by 10.9%, driven mainly by demographic changes (notably growth in older populations) on annual review.
- Mr. Derick Murray queried the underspend against available funding. Director and Deputy Director of Finance clarified that funding was received later than for some Boards, and recruitment delays led to slippage, consistent nationally due to workforce challenges. Scottish Government has confirmed underspend (£1.4m) can be reinvested locally.
- Deputy Director of Finance also noted the forecast includes provision for winter related additional spend, that additional central provision was created for early January extreme weather costs, and, while further extreme events cannot be fully predicted, current known pressures are accounted for.
- Mr. Ritchie Johnson reflected on recent Recovery Board discussions, noting improved assurance regarding IJB collaboration and requested an update on the deteriorating position in Moray IJB. Director of Finance advised Moray IJB report (due to their Board) shows improvement to £8.2m deficit. Recovery measures are in place, but full sustainability next year is unlikely without additional support, which will be considered through the budget process.

		<ul style="list-style-type: none"> • Mr. Ritchie Johnson queried the context of the 1.8 medical additional hours pay rate referenced. Director of Finance and Medical Director, Acute Services clarified that the 1.8 rate was a historic local workaround; work is underway to transition back to the 1.3 national rate and address underlying workforce gaps. • Mr. Ritchie Johnson asked whether the review of interdependency process reflected concerns or enhanced practice. The Interim Director of Improvement responded that reviewing interdependencies is considered good practice and now standard. Cross system checks of savings schemes are being strengthened to avoid unintended impacts across NHS Grampian and the three IJBs. <p>PAFIC agreed to note the recommendations:</p> <ol style="list-style-type: none"> 1. Note the update on the Board’s financial position for the period to December 2025/26 and the current forecast year end position. 2. Note the update on the development of the three-year Financial Plan and Medium-Term Financial Framework. <p>PAFIC agreed no escalation required.</p>	
	<p>2) 2025/2026 Month 8 Value & Sustainability Plan Update</p>	<p>The Programme Lead V&S introduced the paper. Month 8 figures show the programme achieved its savings target for the 6th consecutive month. Acknowledgement was given to all teams involved for sustaining delivery. Noted the Quality Improvement Assessment (QIA) panel met for the first time, with further meetings monthly, and documentation is being strengthened to ensure quality and rigour. The Venus Bulletin was highlighted as an accessible communication tool, especially for partnership staff without intranet access.</p> <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • PAFIC noted progress on the credible savings plan for next year, supported by a planned risk register deep dive, and welcomed the re-establishment of the North East System Transformation Group, which will explore future savings opportunities and is due to meet next month. The committee also emphasised the ongoing challenge of securing recurring (sustainable) savings • Mr. Ritchie Johnson expressed appreciation for the significant effort across the whole system, recognising that while further work is required, it is important to acknowledge the progress achieved so far. • The Programme Lead V&S further highlighted the considerable contribution of the Finance Team and finance managers, describing them as a “hidden resource” essential to the delivery of savings, and 	

	<p>3) Procurement Strategy</p>	<p>PAFIC agreed their efforts should be formally noted in the minutes.</p> <p>PAFIC agreed to note the recommendations:</p> <ul style="list-style-type: none"> • Note the financial savings achieved through Value & Sustainability (V&S) Programme up to December 2025. <p>PAFIC agreed no escalation required.</p> <p>The Head of Procurement introduced the paper, noting prior approval by the Chief Executive Team at their November business meeting. The paper was brought to the Committee for awareness, assurance, and any further comment.</p> <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • PAFIC found the strategy comprehensive and straightforward. • Mr. Ritchie Johnson indicated overall support for approval and advised he may follow up separately with a small number of detailed queries, and requested sight of the annual KPIs and recent performance to understand current baselines. The Head of Procurement confirmed she would provide this information. • The Chair highlighted the importance of the strategy's alignment with Scottish Government and national procurement strategies, as well as NHS Grampian's Plan for the Future, noting the clear "golden thread" running through these documents. <p>PAFIC agreed to note the recommendations: Assurance – The NHS Grampian Procurement Strategy is aligned to organisational priorities, Governance processes are in place, and the strategy is supported by measurable outcomes enabling safe, sustainable, and best value procurement across NHS Grampian.</p> <p>PAFIC agreed no escalation required.</p>	<p>J.Y.</p>
<p>5.</p>	<p>Infrastructure – Exec Lead Alan Wilson Topics and paper author:</p> <p>1) Commercial Leases</p>	<p>The Director of Infrastructure & Sustainability introduced the paper, which was noted as being an annual report. The paper was taken as read and questions and comments from the Committee requested.</p> <p>PAFIC Questions/Comments</p> <ul style="list-style-type: none"> • The Chair noted that the paper was straightforward and helpful <p>PAFIC agreed to note the recommendations:</p> <ul style="list-style-type: none"> • Assurance - review and scrutinise the information provided in this paper and confirm that it provides assurance that the policies and processes necessary 	

		in relation to lease arrangements are in place and are robust. PAFIC agreed no escalation required.	
6.	Matters to escalate to Board/Committee Chairs	No items formally identified for escalation.	
7.	Date of Next Meeting: 1st April 2026		