Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 11TH MARCH 2026 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	Cllr David Alexander (Chair) John Kemp, NHS Non-Executive Board Member Alistair Morris, NHS Non-Executive Board Member
Attending:	Lynne Garvey, Director of Health & Social Care Tracy Hogg, Chief Finance Officer Vanessa Salmond, Head of Strategic Planning & Performance Roy Lawrence, Head of Culture, Engagement & Communities Avril Sweeney, Manager, Risk Compliance Leesa Radcliffe, Clinical Service Manager, H@H Karen Marwick, Head of Complex & Critical Care Katie Feechan, HSCP Finance Manager Olivia Robertson, Senior Manager, Community Children's Services Gillian McNab, Management Support Officer (Minutes)
Apologies for Absence:	Cllr Dave Dempsey Caroline Cherry, Principal Social Work Officer Chris Conroy, Head of Integrated Community Care Service

No.	Item	ACTION
1.	**WELCOME AND APOLOGIES** David Alexander welcomed everyone to the meeting. Apologies were noted as above, and all were reminded of meeting protocols. Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible. Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	
2.	**DECLARATIONS OF INTEREST** Alistair Morris advised that his wife is the Chief Executive of Fife Carers, and an award has been granted to them.	

3.	**MINUTE OF PREVIOUS MEETING – 14th JANUARY 2026** The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed. Vanessa Salmond to discuss with Gillian McNab offline.	**VS/GM**
5.	**FINANCE**	
5.1	**Finance Update** Tracy Hogg, Chief Finance Officer apologised for the error in the papers sent out (date on front cover and Table 6 updated) and advised that an amended paper was issued. Tracy Hogg shared her screen and presented the PowerPoint detailing the financial position as at Month 10, January 2026 showing a £10.6m overspend which reflects c1.3% of the total budget of £805m. This is an adverse movement of £1.9m from the November position. Section three of the paper gives the analysis of the financial position noting the key areas of overspend, underspends and movements. Tracy Hogg highlighted the main areas of overspend which are non-delivery of savings of £6.315m, mental health & psychology at £4.000m, adult packages of care at £6.000m, care of the elderly at £1.100m, £1.300m on care at home and £0.850m on nursing & residential placements. Tracy Hogg advised that there are various offsets where we have underspends which are £1.950m in primary & preventative care, £4.000m across supported living, community support and social care fieldwork, £1.000m on learning disabilities, £2.100m across community nursing & ICASS teams and £1.659m on over achievement of savings on medicine efficiencies and locums which offsets the £6.3m of non-achievement. Committee noted the main movements from the month 8 position are removal of some management actions (£1.100m), increased social care cost to meet the current demand (£4.000m) and within care at home there was a reduction within the forecast trends for deaths over winter. Committee also noted further underspends due to community care & PB&E (£0.907m) due to additional Scottish Government funding, Pay award funding from Fife Council (£1.200m) and an increase on over achievement of savings on prescribing (£1.000m). Tracy highlighted the savings tracker shows we are on track for 84% delivery which is slightly higher than previously reported. It was noted that there is a slight non-delivery (£0.125m) against community rehab and this is due to the delay in Glenrothes ward 3 closure. This is on track to close by the end of March and is offset by an increase in delivery on the locums saving due to a reduction of around 90 shifts. Medicine efficiencies have increased over delivery of savings from £0.700 to £1.300m which is allowing us to track an 84% savings target of £29.424m.	

	Committee noted the recovery and management actions taken. There is approx. £6.000m of recovery actions already included in the report, which includes additional one-off funding, reserve balances, funding from Scottish Government and non-essential spend reductions. Management posts have also remained vacant. Tracy Hogg advised that the reserve balance of £1.500m is mostly for community alarms on the move from analogue to digital and Mental Health anti ligature works. It was noted that any balance remaining at the year-end will be carried forward to next year for these commitments. The discussion was opened to Committee members and discussion was held around the budget and financial position. Questions raised included with regards to management actions, is this the plan of what might happen or an indication of what we have saved, are the amounts for the whole year and how confident are we that the month 10 position will still be the month 12 position? AM raised concerns at having to continue making these savings year after year and is concerned for year 26/27. LG emphasised our track record in delivery of savings, £20m delivered in 2024-25, with a further £25m this year, plus £6m recovery actions. <u>Decision</u> The Committee 1. Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at January 2026 as outlined in Appendices 1-4 of the report. 2. Note the onward submission to the IJB of the financial monitoring position as at January 2026 and the onward submission of the Direction to NHS & FC for approval by IJB.	
5.2	**Grants to Voluntary Organisations** Tracy Hogg, Chief Finance Officer presented the paper and the proposed recommendations for the level of support to the IJB for the period 2026/27. The total grant contribution is proposed at £13.100M and the proposed funding awards are based on those awards that were either made in financial year 2025-26 or the amount applied for in the grant application, whichever is the lesser. Committee noted that there has been no uplift to our Voluntary Organisations model this year and this will be looked at on a case-by-case basis, should it mean any organisation was in financial difficulty. It was noted that some organisations have applied for less and want to do less which has been accepted. We will be working in year 2026-27 with our Voluntary Organisations to review and ensure all funding is allocated in line with the priorities of the 2026-29 Strategic Plan Committee is asked to approve the £13.1m today.	

	Alistair Morris was asked to leave the meeting during the discussion due to a conflict of interest. The Chair opened this up to Committee members for discussion and comment. Discussions were held on the reassurance that there will be a review within the year, concerns regarding on the impact this will have on organisations and the HSCP financial position. It was agreed that a bi-annual report would be brought to this committee for scrutiny. <u>Decision</u> The Committee 1. Discussed the grant schedules appended to this report, which detail the recommendations for a total grant contribution to the Voluntary Sector of £13.130m from the Health & Social Care Partnership. 2. Approved the recommendation.	**TH**
5.3	**FP&S Risk Register Deep Dive Review Report (Individual Deep Dive Reports)** Avril Sweeney, Manager, Risk Compliance presented the report for assurance and discussion. In keeping with the risk management strategy we have a risk reporting framework in place and as part of the framework it has been agreed that each risk on the IJB Strategic Risk Register is assigned to one or both of the Governance Committees. This risk is assigned to both committees. Committee noted the purpose of the deep dive risk review is to provide assurance to members that risks are being effectively managed within the IJB's agreed risk appetite and at the appropriate tolerance levels. The deep dive risk review for the Demographic/Changing Landscapes Impacts risk was shown at appx. 1 and set out the risk description and risk scoring. It also highlighted external and internal factors that may impact on the risk. It provided relevant assurances, performance measures, benefits and linked risks. Appx. 2 contained a question set to help members with their scrutiny of the risk. The risk matrix was included at appx. 3 so members are able to see the relevant descriptors for each risk score. Avril Sweeney highlighted the key mitigations on this risk which included the delivery of the Transformation change programme and implementation of the key enabling strategies that support delivery of the Strategic Plan. These are monitored through the PMO Oversight Board and the Strategic Planning Group and annual reports are brought to Committee and the IJB. The performance framework provides additional assurances of control measures and information on benefits from both a qualitative and quantitative perspective. Avril Sweeney advised there is confidence there is a reasonable level of assurance that work is ongoing to support management of this risk at this point in time and actions are on track for completion. However, the focus of this risk and other linked risks will shift and will require review and re-assessment in line with the refreshed Strategic Plan. The impact of demographic changes and increase in demand has been	

	incorporated into much of the work undertaken to develop the new Strategic Plan. Avril Sweeney proposed as we go forward that this risk be re-worded and merged with the Strategic Planning and Transformation risks in order to ensure a focus on achieving sustainability within the Medium-Term Financial Strategy. It was also recommended the deep dive risk review process is paused until all strategic risks are reviewed in line with the refreshed strategic plan. The Chair opened this up to Committee members for discussion and comment. Members agreed the risk should be reviewed in line with the refreshed Strategic Plan. <u>Decision</u> The Committee 1. Are assured on the level of assurance provided on the management of this risk. 2. Discussed the deep dive risk review and provide any comments or suggestions for improvement.	
6.	**PERFORMANCE**	
6.1	**Performance Report** Vanessa Salmond, Head of Strategic Planning & Performance presented the report and advised committee that William Penrice, Service Manager (Performance Management and Quality Assurance) has joined the meeting to answer any technical questions. Vanessa Salmond introduced the February 2026 Performance report which provides a high-level overview of the key performance indicators across the partnership along with more detailed information on the areas that are currently subject to escalation and enhanced scrutiny. Committee noted at present there are 6 indicators which remain escalated and these continue to undergo deep analysis and targeted improvement work. Vanessa Salmond advised that in response to previous feedback from this committee and feedback at the IJB development session, the report has been streamlined to reduce the volume of information presented. Committee noted that work will continue with services to strengthen the quality and consistence of the performance narrative, SMART improvement actions and the development of meaningful targets and benchmarks. As this performance framework continues to mature, further refinements will be brought forward to ensure the report supports effective scrutiny and decision making. The report is presented to committee to consider the current performance position, discuss the areas escalated for deeper review and agree the proposed change to specific indicators. The discussion was opened to Committee members. Discussions held focused on the streamlined format of the report, methodology used, comparisons with the NHS performance report and feedback from the Primary & Preventative Care escalations.	

	Decision The Committee: 1. Agreed escalations and change to key performance indicators. 2. Were assured by the approach adopted for escalation of key HSCP performance metrics 3. Discussed content of the February Performance Report	
6.2	**Strategic Plan Annual Update – Year 3 Report** Vanessa Salmond, Head of Strategic Planning & Performance presented the Yar 3 Annual Report 2025 which provides an update on delivery of the e Strategic Plan 2023-26, thus being the last year of delivery. Vanessa Salmond advised the report summarises the progress made over the past year. Of all 5 strategic themes (local, sustainable, wellbeing, outcomes and integration) 2025 was a strong year for delivery, of the 61 actions identified for delivery, 43 actions were fully complete (70%), 16 actions (26%) were partially complete and will be rolled forward into 2026/27 and two actions were closed or delayed. Looking across the entire lifecycle of the Plan 2023-26, 188 actions were planned by January 2026 and 88% were delivered. 17 are carried forward and have been added into the refreshed Strategic Plan and 5 actions were closed. Committee noted the Strategic Planning Group continues to play a key role overseeing this work, ensuring that we maintain alignment of the long-term objectives and statutory responsibilities. The report is designed to give assurance that performance has been monitored robustly and that areas requiring continued focus have been identified. Committee was asked to review the report and propose any amendments prior to the report being presented to the IJB for final review and approval. The Chair opened up to Committee for discussion and comment. Members commended the report and no amendments were proposed. Decision The Committee 1. Discussed the Strategic Plan 2023-26 – Year 3 Report. 2. Support submission to the IJB for final approval.	
7.	**TRANSFORMATION**	
7.1	**Transformation & PMO Report** Vanessa Salmond, Head of Strategic Planning & Performance introduced the Transformation Change and PMO Update. The report is presented to committee to provide assurance that the transformation programmes and associated projects are being effectively governed, monitored, delivered and that the partnership is maintaining oversight of key risks, dependencies and progress.	

	Across HSCP all four transformation programmes and 11 active associated projects remain on track with no changes to the overall RAG status for this reporting period. Vanessa Salmond highlighted the following: • The ongoing progress of the Bairns Hoose Project is helping to shape a more integrated, trauma-informed response for children, ensuring they receive coordinated and compassionate support. • A new risk has been identified in relation to the delayed closure of Ward 2 at Glenrothes Community Hospital driven by system wide winter bed pressure. Committee noted the ongoing resource pressures within PMO noting a separate SBAR on PMO Resource is being presented to the Senior Leadership Team to seek support for re-prioritisation and ensure risks are being managed appropriately. Despite these pressures progress has been made across a number of programmes which include, Mental Health Service Re-design, Home First, Community Care Transformation, Primary Care Improvement Programme and HSCP Digital Programme. Each continue to move forward in line with planned milestones and further work in underway to strengthen benefits, monitor and ensure alignment with national and local requirements. The discussion was opened to Committee members, who raised several questions. These included: at what point transformation resources are identified to support delivery of the new Strategic Plan; when such activities should be considered projects requiring oversight by the PMO; and when we may need to review how this resource is being utilised. It was agreed that the report would be updated to reflect the planned closure of Ward 2 at Glenrothes Community Hospital later this month. <u>Decision</u> The Committee 1. Were assured around progress with HSCP transformation and PMO Support.	**VS**
8.	**ITEMS FOR HIGHLIGHTING** David Alexander confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board.	
9.	**AOCB** None	
10.	**DATE OF NEXT MEETING** Friday 15th May 2026 at 10.00 am via MS Teams	