ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2025/26

1. Purpose of Committee

1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.

2. Membership of Committee

2.1 During the financial year to 31 March 2026, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Jo Bennett	Non-Executive Member
Sinead Braiden	Non-Executive Member (to 1 September 2025)
Susan Dunsmuir	Director of Finance (from 1 April 2025)
Alastair Grant	Non-Executive Member (to 30 July 2025)
Cllr Mary Lockhart	Non-Executive Stakeholder Member (to 31 January 2026)
John Kemp	Non-Executive Member
Craig MacDonald	Non-Executive Member (from 1 September 2025)
Joni O'Sullivan	Non-Executive Member (from 1 September 2025)
Gillian McAuley	Director of Nursing (from 1 July 2025)
Margo McGurk	Director of Finance & Strategy (to 4 April 2025)
Professor Chris McKenna	Medical Director
Janette Keenan	Director of Nursing (to 30 June 2025)
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Digital & Information, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines, Deputy Director of Finance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

3.1 The Committee met on eight occasions during the financial year to 31 March 2026, on the undernoted dates:

- 8 May 2025
- 22 July 2025 (Development Session)
- 29 July 2025
- 16 September 2025
- 11 November 2025
- 13 January 2026

- 26 January 2026 (Extraordinary Meeting)
- 10 March 2026

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 An extract of the Committee's workplan for the year, illustrating the assurance levels agreed for each of the substantive agenda items, is attached as Appendix 2. A summary of the Committee's business over the year is given below.

Strategy

4.2 During the early part of the financial year, the Committee's strategic focus centred on delivery assurance for the 2024/25 Annual Delivery Plan and the development of forward plans for 2025/26. In May 2025, the Committee considered the Quarter 4 Annual Delivery Plan report for 2024/25 and concluded that, whilst delivery had been challenging, there was sufficient progress across the majority of deliverables to take a moderate level of assurance, and the report was endorsed for submission to the NHS Fife Board. Strategic discussion at this stage also focused on the Planned Care agenda, where the Committee recognised both the opportunities presented by national funding bids and the associated financial risk should performance conditions not be met. The Committee concluded that the plans were credible but remained dependent on successful recruitment and delivery and therefore agreed a moderate level of assurance.

4.3 Also in May 2025, the Committee reviewed the draft Annual Delivery Plan for 2025/26. The Committee recognised the importance of aligning the plan to national priorities whilst ensuring local objectives were measurable and deliverable. Whilst members acknowledged that the plan would continue to evolve following Scottish Government approval, the Committee endorsed the plan for onward submission to the Board and took a moderate level of assurance that it provided an appropriate strategic framework for the year ahead, subject to refinement of objectives to improve measurability.

4.4 In July 2025, strategic discussion shifted towards Urgent and Unscheduled Care. The Committee noted confirmation of additional Scottish Government funding and concluded that the development of Same Day Emergency Care, frailty pathways and the emerging 'Hospital Without Walls' model represented a significant opportunity for system transformation. The Committee recognised that digital capability, workforce capacity and infrastructure readiness would be critical enablers and noted that further updates would be required before higher assurance could be taken. At this stage, the Committee noted progress but did not take formal assurance, recognising the early stage of delivery.

4.5 Also in July 2025, strategic transformation remained a focus through consideration of progress of the Reform, Transform, Perform (RTP) Programme, including financial recovery elements. The Committee noted the scale of challenge facing the organisation but emphasised the importance of clarity around which actions within the original plan would no longer be delivered or would be delayed. Whilst the update was noted, the Committee did not record a formal assurance level at this stage, reflecting the early and evolving nature of the programme and the need for further clarity on deliverability and impact. Related thereto, in November 2025, through a follow-up on the NHS Fife Hackathon, the Committee took assurance that outcomes from the event were being embedded within planning for 2026/27, particularly in relation to the RTP programme and financial sustainability, and was content that this work would inform future strategic development.

4.6 By September 2025, the Committee considered a range of strategic transformation matters, including reduced working week implementation, whole system infrastructure planning and service configuration proposals, such as the establishment of a static breast screening site at Queen Margaret Hospital. The Committee concluded that whilst each proposal was aligned with national strategy and local priorities, there remained delivery and affordability challenges, particularly in relation to workforce availability and capital constraints. A moderate level of assurance was taken across these strategic items, reflecting confidence in governance and intent but acknowledging ongoing delivery risk.

4.7 In November 2025, the Committee received assurance on the implementation of Integration Joint Board (IJB) Directions for 2025/26 and concluded that governance arrangements for direction-setting and monitoring were robust. With the majority of directions delivered or on track, the Committee took a significant level of assurance. The Committee also considered the Winter Preparedness Plan 2025/26 and concluded that the plan was comprehensive, system-wide and aligned with national priorities, whilst recognising the inherent uncertainty of winter pressures. A moderate level of assurance was taken, and the plan was endorsed for Board approval. Further strategic assurance was taken in relation to the Primary Care Strategy Year 2 report, where the Committee concluded that delivery was strong and directionally sound, taking a significant level of assurance and endorsing the planned Year Three actions.

4.8 In January 2026, strategic discussion increasingly reflected the national financial context and system sustainability. The Committee considered the Audit Scotland NHS Overview Report and concluded that whilst the report did not require formal assurance to be taken, it reinforced the seriousness of the financial challenge facing NHS Scotland and underscored the importance of continued transformation. The Committee also reviewed recent IJB Directions and concluded that delivery remained largely on track, though financial pressures were beginning to place some directions at risk, resulting in a moderate level of assurance.

4.9 In January 2026, the Committee considered the RTP Business Transformation Programme in greater depth. Members recognised the national context for administrative workforce reduction and acknowledged progress made through digital adoption and organisational change activity. However, concerns were raised regarding the absence of sufficiently clear SMART objectives and risks associated with pace and sustainability of change. The Committee therefore took a limited level of assurance, reflecting progress to date but highlighting the need for clearer milestones, measurable outcomes and strengthened risk mitigation.

4.10 By March 2026, strategic focus was firmly on sustainability and transformation going into 2026/27. The Committee received assurance on fleet decarbonisation, concluding that NHS Fife had exceeded national expectations by completing small and medium fleet decarbonisation ahead of target. A significant level of assurance was taken. The Committee also considered Annual Delivery Plan Quarter 3 performance and concluded that, whilst most Corporate Objectives were progressing appropriately, Urgent and Unscheduled Care continued to present material risk. Accordingly, a moderate level of assurance was taken overall, with limited assurance specifically for Urgent and Unscheduled Care.

4.11 In March 2026, the Committee also reviewed and endorsed the final Medium-Term Financial Plan for 2026/27 to 2028/29, recognising it as a creditable but high-risk plan given the scale of transformation required and the uncertainty surrounding funding assumptions. The Committee acknowledged the strategic complexity of the plan, including reliance on recurring efficiencies and system-wide delivery, and took a limited level of assurance before endorsing the plan for submission to the Board. The Committee also considered the developing Annual Delivery Plan for 2026/27, noting its alignment with refreshed national operational priorities and the integration of corporate objectives, delivery planning, and transformation planning.

No formal assurance level was recorded, with the update noted as part of the iterative planning process ahead of Board consideration.

Performance

4.12 Across 2025/26, the Committee has maintained oversight of financial and operational performance, with a sustained focus on recovery actions and delivery against agreed plans. In May 2025, review of the financial considerations of the Support & Intervention Framework highlighted the organisation's position within Level 2 of the national escalation framework and the requirement to deliver financial performance within a 1% revenue resource limit. The Committee took a moderate level of assurance that the framework was being appropriately considered at Executive and Board level, but took a limited level of assurance regarding delivery of the in-year financial plan, reflecting acknowledged risks to achieving the forecast position.

4.13 In July 2025, financial performance and recovery actions were considered in the context of early-year forecasts, including identification of significant pressures within Acute services, external service level agreements, and the Health and Social Care Partnership. The Committee noted the update and emphasised the importance of understanding slippage against planned actions, again reflecting the challenging performance environment.

4.14 In November 2025, in-year recovery actions were reviewed in detail. The Committee acknowledged the extensive work undertaken by the Executive Leadership Team and noted the transition toward scenario planning, allowing risks and mitigations to be more clearly articulated. Whilst performance remained challenging, the Committee took assurance from the update provided, recognising the robustness of governance arrangements supporting recovery planning.

4.15 Performance oversight continued in January 2026 through consideration of workforce and productivity impacts associated with business transformation. Although progress was acknowledged, concerns about pace and clarity of impact remained, contributing to the limited level of assurance recorded for this programme.

4.16 In March 2026, performance considerations were embedded within broader financial and delivery planning. The Committee noted the significant delivery risk associated with achieving recurring efficiencies, particularly in relation to workforce, and acknowledged concerns raised regarding the potential impact of savings on patient flow and safety. These risks informed the limited level of assurance taken on the Medium-Term Financial Plan and reinforced the need for close performance monitoring throughout 2026/27.

4.17 Throughout the year, the Committee also maintained close scrutiny of organisational performance through the review of the Integrated Performance & Quality Report (IPQR). In May 2025, the Committee concluded that performance remained challenged across several domains, particularly in unscheduled care and cancer pathways, but recognised improvement in diagnostics and delayed discharge trajectories. The Committee concluded that the evidence presented supported only a limited level of assurance and endorsed the operational performance report, whilst emphasising the need for continued focus on improvement.

4.18 In July 2025, the Committee observed early signs of improvement in emergency access and cancer performance, alongside persistent challenges in long waits. Whilst recognising operational effort and improvement initiatives, the Committee concluded that variability in performance and data interpretation limited the assurance that could be taken. A moderate level of assurance was taken overall, with limited assurance for the financial position within the IPQR.

4.19 In September 2025, the Committee explicitly challenged the proposed assurance rating for the IPQR and concluded that the scale and persistence of performance challenges, particularly in delayed discharge and cancer waits, warranted a limited level of assurance across all elements, including finance. This represented a significant moment of scrutiny, and the Committee agreed that this change in assurance should be escalated to the Board.

4.20 By November 2025, the Committee recognised tangible improvement in some areas, including Same Day Emergency Care and diagnostic productivity, but concluded that emergency access and delayed discharge performance remained materially below trajectory. The Committee therefore maintained a limited level of assurance from the IPQR, whilst continuing to endorse operational performance and improvement actions.

4.21 In January 2026, performance scrutiny reflected extreme winter pressures. The Committee concluded that despite unprecedented demand, the organisation had continued to make progress in pathway redesign, cancer performance and long-wait reduction. However, the severity of system pressure meant that only a limited level of assurance could be taken from the IPQR overall, with moderate assurance specifically in relation to financial reporting accuracy.

4.22 In March 2026, the Committee acknowledged improved cancer performance against the 31-day standard, continued progress in reducing long waits and improvements in delayed discharge, albeit from a very challenging baseline. The Committee concluded that the organisation had demonstrated resilience and improvement capability, but that performance remained fragile. A limited level of assurance was therefore maintained for the IPQR, with moderate assurance for finance.

Governance

4.23 Governance matters formed a consistent and substantive part of the Committee's work. In May 2025, the Committee reviewed and approved its Annual Assurance Statement for 2024/25, taking a significant level of assurance that the report accurately reflected the Committee's work and provided a sound basis for onward assurance to the Audit & Risk Committee.

4.24 Across the year, the Committee regularly reviewed delivery of its annual workplan, approving changes to the 2025/26 workplan in May, July and subsequent meetings, and later approving the draft 2026/27 workplan. The Committee consistently concluded that workplan delivery was appropriate and took moderate assurance, whilst noting deferrals and adjustments where necessary.

4.25 In July 2025, the Committee reviewed the governance arrangements supporting the Digital Medicines Programme. The Committee took a significant level of assurance regarding programme governance, noting that appropriate controls, reporting, and methodologies were in place to support complex system implementation, whilst taking a moderate level of assurance on progress against benefits.

4.26 In November 2025, the Committee considered and welcomed the introduction of the initial draft of a new Performance & Assurance Framework, concluding that it represented a material strengthening of governance arrangements by integrating performance, finance, risk and improvement into a single coherent system. A moderate level of assurance was taken, with strong endorsement of the framework's direction.

4.27 In January and March 2026, the Committee undertook reflective governance activity, including its self-assessment and review of internal controls. The Committee concluded that governance arrangements were functioning effectively, with positive evidence of challenge, transparency and learning. A moderate level of assurance was taken from the

self-assessment, and significant assurance was taken from specific governance enhancements such as Additional Cost of Teaching oversight.

4.28 In January 2026, governance of change programmes remained a focus, with the Committee explicitly linking assurance levels to the strength of objectives, milestones, and risk controls. The limited assurance recorded reflected governance maturity but underscored the need for clearer accountability and measurable outcomes.

4.29 In March 2026, the Committee took a significant level of assurance from the Annual Budget Setting Process, recognising it as robust and compliant with audit requirements. Governance oversight was further evidenced through endorsement processes for strategic plans and the formal escalation of key documents to the Board for consideration.

Risk

4.30 Risk management remained a standing and critical item throughout the year. At each meeting, the Committee reviewed corporate risks aligned to its remit and consistently concluded that, whilst actions were being taken to mitigate risks, the financial position continued to drive limited assurance for that element.

4.31 In May, July and September 2025, the Committee concluded that the overall risk environment remained high, with multiple risks above tolerance, particularly in relation to financial balance, capital funding and whole system capacity. The Committee consistently took a moderate level of assurance overall, explicitly caveated by limited assurance for the financial position.

4.32 In November 2025, January 2026 and March 2026, the Committee acknowledged that risk scores had largely stabilised but remained above appetite. The Committee concluded that mitigation actions were appropriate and proportionate, but that structural financial pressures, social care demand and winter capacity risks meant that assurance could not be increased. Accordingly, the Committee maintained a moderate level of assurance, with continued limited assurance for the financial position.

4.33 Risk management featured prominently throughout the reporting period in relation to a number of substantive agenda items, particularly in relation to financial sustainability, workforce impacts and programme delivery. In May 2025, risks associated with remaining within financial escalation tolerances and delivering the in-year plan informed the limited assurance taken on financial delivery.

4.34 As the year progressed, risks related to system-wide recovery, funding uncertainty, reliance on recurring efficiencies, and interdependencies with health and social care partners became more pronounced. These risks were repeatedly acknowledged by the Committee, particularly in July and November 2025, where updates were noted alongside recognition of the challenging financial position.

4.35 In January 2026, risk was explicitly linked to transformation pace and workforce capacity, with members emphasising the need to balance delivery of savings with organisational sustainability. This again contributed to limited assurance for these related agenda items.

4.36 In March 2026, risk considerations were central to the Committee's conclusions on the Medium-Term Financial Plan. The Committee explicitly recognised downside financial scenarios, uncertainty regarding Scottish Government funding, challenges in delivering recurring efficiencies, and risks arising from integration arrangements. Patient safety was highlighted as a critical risk consideration in the context of savings delivery. The limited assurance recorded reflected the Committee's view that, whilst plans were necessary and credible, they carried significant inherent risk requiring sustained oversight, strong leadership, and robust governance through the forthcoming year ahead.

5. Self-Assessment

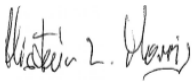
5.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2026 meeting, and action points are being taken forward at both Committee and Board level.

6. Conclusion

6.1 Over the course of 2025/26, the Finance, Performance & Resources Committee provided robust scrutiny and assurance across the detailed areas of strategy, performance, governance and risk. The Committee demonstrated appropriate challenge, particularly in relation to performance and financial sustainability, and consistently aligned its assurance levels to the evidence presented. Whilst the year was characterised by significant system pressure and financial constraint, the Committee concluded that governance arrangements were effective, improvement activity was credible, and risks were being actively managed, providing the NHS Fife Board with a balanced and evidence-based assurance position at year-end.

6.2 As Chair of the Finance, Performance & Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.

6.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 5 May 2026

Alistair Morris, Chair
On behalf of the Finance, Performance & Resources Committee

Appendix 1 - Attendance Schedule
Appendix 2 - Levels of Assurance mapped to Committee's Annual Workplan

APPENDIX 1

FINANCE, PERFORMANCE & RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2025/26

	08.05.25	29.07.25	16.09.25	11.11.25	13.01.26	26.01.26	10.03.26
Members							
A Morris, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓	✓	✓
J Bennett, Non-Executive Member	x	✓	✓	✓	✓	✓	✓
S Braiden, Non-Executive Member	x	✓	✓				
A Grant, Non-Executive Member	✓	x					
J Kemp, Non-Executive Member	✓	x	✓	✓	✓	✓	✓
C MacDonald, Non-Executive Member			✓	✓	✓	✓	✓
J O'Sullivan, Non-Executive Member			x	✓	✓	✓	✓
Cllr M Lockhart, Local Authority Member	x	✓	✓	x			
S Dunsmuir, Director of Finance (Exec Lead)	✓	✓	x	✓	✓	x	✓
G McAuley, Executive Nursing Director		x	✓	x	✓	✓	x
C McKenna, Medical Director	✓	x	✓	✓	✓	✓	✓
J Keenan, Director of Nursing	✓						
L Parsons, Non-Executive Stakeholder Member	✓	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	x	x	✓	✓	✓	✓
J Tomlinson, Director of Public Health	X	✓	✓	✓	✓	x	✓
In attendance							
K Booth, Head of Financial Services & Procurement	✓		✓ Part	✓ Item 8.6			✓ Item 8.3
C Dobson, Director of Acute Services	✓	✓	✓	✓	✓	x	✓
S Fraser, Deputy Director of Planning & Transformation		✓		✓	✓	x	✓
F Forrest, Director of Pharmacy & Medicines	x	x	x	x	x	✓	x
L Garvey, Director of Health & Social Care	✓	✓	✓	✓	x	✓	✓
A Graham, Director of Digital & Information	✓	✓	✓	✓	✓	x	x
B Hannan, Director of Planning & Transformation	✓	x	✓	✓	✓	✓	✓
T Hogg, Chief Finance Officer, HSPC					✓		
B Johnston, Head of Capital Planning & Project Director			✓ Deputising				

APPENDIX 1

	08.05.25	29.07.25	16.09.25	11.11.25	13.01.26	26.01.26	10.03.26
G MacIntosh, Associate Director of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓	✓
N McCormick, Director of Property & Asset Management	✓	✓	x	✓	✓	✓	✓
M Michie, Deputy Director of Finance	✓	x	✓	✓	✓	✓	✓
D Miller, Director of People & Culture			✓ Item 7.1				

APPENDIX 2

Agreed Level of Assurance	
S	Significant
M	Moderate
L	Limited
N	None

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
ANNUAL WORKPLAN 2025/26

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Governance Matters							
Annual Assurance Statement 2024/25	**Board Secretary**	**S**					
Annual Internal Audit Report 2024/25	**Chief Internal Auditor**		✓				
Committee Self-Assessment	**Board Secretary**						**M**
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Corporate Risks Aligned to Finance, Performance & Resources Committee (including Deep Dives)	**Director of Finance**	**M** (Risk) **L** (Financial position)	**M** (Risk) **L** (Financial position)	**M** (Risk) **L** (Financial position)	**M** (Risk) **L** (Financial position)	**M** (Risk) **L** (Financial position)	**M** (Risk) **L** (Financial position)
Delivery of Annual Workplan 2025/26	**Board Secretary**	✓	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2025/26	**Chief Internal Auditor**					✓	
PPP Performance Monitoring Report	**Director of Property & Asset Management**				**M**		
Review of Annual Workplan 2026/27	**Board Secretary**					✓ **Draft**	✓ **Approval**
Review of General Policies & Procedures	**Board Secretary**	**M**					
Review of Terms of Reference	**Board Secretary**						**Deferred to May 26**
Strategy / Planning							
Annual Delivery Plan 2026/27	**Director of Planning & Transformation**						**S** Private

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Annual Delivery Plan 2025/26	**Director of Planning & Transformation**	**M** Private Session					
Medium Term Financial Plan 2026 – 2028	**Director of Finance**					**Removed** ***Extraordinary FPR Meeting to take place***	**L** Private
Annual Budget Setting Process 2026/27	**Director of Finance**						**S** Private
Corporate Objectives	**Chief Executive**	**Removed**					
Progress Report on Decarbonisation of the NHS Fife Fleet	**Director of Property & Asset Management**					**Deferred**	**S**
Digital Medicines Programme	**Director of Digital & Information**		**S** (Programme Governance) **M** (Programme Progress) Private			**S** (Programme Governance) **M** (Programme Progress) Private	
~~Report~~ Reducing Long Waits	**Director of Planning & Transformation / Director of Acute Services**		**Removed**				
Control of Entry – Pharmaceutical List	**Director of Pharmacy & Medicines / Director of Health & Social Care**			**M**			
Reduced Working Week	**Director of People & Culture**			**M**			
Fife Breast Screening Static Site - Queen Margaret Hospital	**Director of Public Health**			**M**			
Strategy / Planning							
IJB Directions 2025/26	**Director of Finance *(May only)*** **Director of Health & Social Care**	**M** (Governance) **L** (Performance)			**S**	**M**	

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Quality & Performance							
Integrated Performance & Quality Report	**Exec. Leads**	**M** (Op. Performance) **L** (Financial Position)	**M** (Op. Performance) **L** (Financial Position)	**M** (Op. Performance) **L** (Financial Position)	**L** (Op. Performance) **L** (Financial Position)	**L** (Op. Performance) **M** (Financial Position)	**L** (Op. Performance) **M** (Financial Position)
Financial Performance Report	**Director of Finance**	**M**	**M**	**M**	**M**	**M**	**M**
Laboratories Managed Service Contract 2024/25	**Director of Acute Services**			**S**			
Procurement Key Performance Indicators	**Head of Financial Services & Procurement**	**S**		**S**	**S**		**S**
Reform, Transform, Perform Update	**Director of Planning & Transformation** **Director of Digital & Information (November)**	**M** Q4 (2024/25)	✓ (Inc. Financial Recovery) Private Session	**M** Transformation Portfolio Update & Savings Delivery	✓ Private Session	**L** Business Transformation Update Private Session	**M** Transformation Portfolio Update and Savings Delivery
Annual Reports							
Annual Delivery Plan Quarterly Performance Report 2025/26 **M8 Update provided under Quality/Performance*	**Director of Planning & Transformation**	**M** Q4 (2024/25)	**M** Q1	**M** ADP **L** Urgent & unscheduled Care Finance	**S** Women and Children's Health Climate **L** Urgent & Unscheduled Care Finance	**M** ADP **L** Corporate Objective for "Urgent and Unscheduled Care" Month 8*	**M** ADP **L** Urgent and Unscheduled Care Q3
Primary Care Strategy – Year Two Annual Report (2024/25)	**Director of Health & Social Care**			**Deferred**	**S**		
Annual Procurement Report	**Head of Financial Services & Procurement**			**S**			

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Project Hydra *(moved from Strategy/Planning Section)*	**Director of Property & Asset Management**			**Deferred**		**Deferred**	**Deferred**
NHS Fife Procurement Strategy - Annual Review *(moved from Strategy/Planning Section)*	**Head of Financial Services & Procurement**			**S**			
Linked Committee Minutes							
Fife Capital Investment Group	**Chair**	✓ 23/04/25	✓ 11/06/25	✓ 23/07/25	✓ 03/09/25 15/10/25	✓ 03/12/25	✓ 14/01/26
Procurement Governance Board	**Chair**	✓ 23/04/25		**Removed**	**Removed**	✓ 29/10/25	✓ 09/02/25
IJB Finance, Performance & Scrutiny Committee	**Chair**	✓ 12/03/25	✓ 13/05/25	✓ 16/07/25	✓ 17/09/25	✓ 12/11/25	✓ 14/01/26
Primary Medical Services Subcommittee	**Chair**	✓ 04/03/25	✓ 03/06/25	✓ 02/09/25		✓ 02/12/25	
Pharmacy Practice Committee	**Chair**	Ad-Hoc Meetings					
Ad-hoc Items							
Whole System Infrastructure Planning	**Director of Property & Asset Management**			**M**			
Overview of Planned Care Plans 2025/26	**Director of Planning & Transformation / Director of Acute Services**	**M**					
Improving Flow: Urgent & Unscheduled Care	**Director of Planning & Transformation / Director of Acute Services / Director of Health & Social Care**	✓ Verbal	✓ Verbal				
Ad-hoc Items							
Performance Management Approach 2025/26	**Director of Planning & Transformation**	**Removed**					
NHS Fife 2025-2028 Financial Plan Letter	**Director of Finance**	✓					

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
'Finance for Non-Finance Colleagues' Training Sessions Update	**Director of Finance**	**M**					
Support and intervention Framework – Financial considerations	**Director of Finance**	**M** (Framework) **L** (Financial plan) Private Session					
Bed Modelling – Closing Report	**Director of Planning & Transformation**				**Deferred**	**Deferred**	**Removed**
Hackathon – Next Steps	**Director of Planning & Transformation**				**Removed**		
Hackathon – Follow Up	**Director of Planning & Transformation**				✓ Private Session		
In Year Recovery Actions	**Director of Planning & Transformation / Director of Finance**				✓ Private Session		
Performance & Assurance Framework	**Director of Planning & Transformation**				**M**		
Winter Preparedness Plan 2025/26	**Director of Planning & Transformation**				**M**		
Energy Efficiency & Decarbonisation Plan 2026/27	**Director of Property & Asset Management**					**M**	
15 Box Grid – Progress Report	**Director of Finance / Director of Planning & Transformation**					**M**	
Ad-hoc Items							
Audit Scotland NHS 2025 Report	**Director of Finance**					✓	
Whole System Planning & Strategic Assessment	**Director of Property & Asset Management**						**M** Private
Additional Cost of Teaching Governance & Assurance	**Medical Director**						**S**
Transformation Portfolio Update and Savings Delivery	**Director of Planning & Transformation**						**M**

	Lead	22/07/2025	26/01/2026
Development Sessions / Extraordinary Meetings			
Planned Care: Over 52 Week Waits – The Path to Zero *(Development Session)*	**Director of Acute Services**	✓	
Medium Term Financial Plan 2026-2028 *(Extraordinary Meeting)*	**Director of Finance**		✓
Financial Performance Report – Month 9	**Director of Finance**		✓
Walk In Services Pilot	**Director of Health & Social Care**		✓