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

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF)
WEDNESDAY 13 MAY 2026 AT 10.30
COMMITTEE ROOM 2, FIFE HOUSE

PRESENT: Vicki Bennett, British Dietetic Association Representative (Chair)
Lynne Garvey, Director of Health & Social Care (Co-Chair)
Aylene Kelman, Deputy Medical Director
Ben Morrison, TU Rep, Royal College of Podiatry
Caroline Cherry, Principal Social Work Officer, H&SC
Chris Conroy, Head of Community Care Services, H&SC
Colleen Allen, UNISON
Dafydd McIntosh, Organisational Development & Culture Specialist, HSCP
Debbie Fyfe, Joint Trade Union Secretary
Gemma Reid, HSCP Coordinator (Minutes)
Hugh Wilson, Health & Safety Lead Officer, Fife Council
Karen Marwick, Head of Complex & Critical Care Services
Karen Rennie, HR Team Manager, Fife Council
Laura Wheatley
Lisa Cooper, Head of Primary & Preventative Care, H&SC
Louise Noble, UNISON
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, NHS Fife
Melanie Jorgensen, HR Team Leader, NHS Fife
Roy Lawrence, Head of Culture, Engagement & Communities, H&SC
Steven Portsmouth, UNISON
Tracy Hogg, Chief Finance Officer, H&SCP
Vanessa Salmond, Head of Strategic Planning & Performance, H&SC
Yvonne Batehup, UNISON

APOLOGIES: Kenny McCallum
Jennifer Bell
Helen Caithness, RCN
Casey Fitzpatrick, HR Lead Officer, Fife Council
Lee-Anne French, HR, Fife Council
William Nixon, H&S Manager, NHS Fife

NO	HEADING	ACTION
1	**APOLOGIES**	
	Chair welcomed members to the meeting and apologies were noted as above.	
2	**PREVIOUS MINUTES / ACTION LOG FROM 10 MARCH 2026** Updates were provided for the action log. Following this, the minute and action log of the meeting held on 10 March 2026 were approved as an accurate record.	

3	**JOINT CHAIRS UPDATE**	
	Lynne Garvey opened the meeting by thanking attendees for their time and acknowledged that it has been an exceptionally busy period across health and social care since the previous LPF meeting. She expressed her appreciation for the continued hard work and dedication of all staff. Lynne highlighted the ongoing operational and system challenges, alongside examples of innovation and strong partnership working. She noted the resilience demonstrated by staff during this period, emphasising that their efforts should be recognised and commended. Lynne highlighted some key achievements as noted below. **Celebrating Success** • National award for School Nursing Service. • Digital innovation within Care at Home services. • Podiatry service shortlisted for a national award. • Continued focus on upstream work within Prevention and Early Intervention. • Development within Podiatry to support atrial fibrillation detection. **Workforce and Development** • Ongoing investment in the future workforce through recruitment events and open days, aimed at attracting new talent and developing internal staff. • Presentation of certificates through ELT/ILT programmes. **Service Developments** • Launch of the Strategic Plan (SP). • Progress in Reduction in Working Week (RWW). • Positive developments in service transformation and improvement initiatives. **Staffing Updates** • Congratulations extended to Aylene Kelman on being appointment as Deputy Medical Director. • Fran Simpson appointed as Head of Nursing. • Dafydd McIntosh appointed as Service Manager in Adult Resources. Lynne concluded by acknowledging the continued commitment and adaptability of the workforce, expressing sincere appreciation for the vital contribution staff make on a daily basis.	
4	**HEALTH AND WELLBEING**	
	4.1 Attendance Update **<u>NHS Update</u>** Melanie Jorgensen provided a summary of the NHS Fife Attendance Report. Melanie noted progress in the delivery of attendance management training, with enhanced content focusing on a more person-centred approach. This includes an	

emphasis on regular reviews and the consistent application of formal processes, with ongoing review embedded within the training programme.

Services reporting absence levels above 10% are undertaking detailed “deep dive” reviews to better understand and address underlying issues.

Multifactorial Reviews (MFR) continue to progress, with challenges noted around vacancies, capacity constraints, operational pressures, and the impact of sickness absence on remaining staff.

Positive developments were highlighted, including findings from an internal review which showed that staff are actively accessing available support mechanisms, demonstrating sustained and healthy engagement. There is an intention to expand this support to a wider group of staff.

Planned Actions

- Promotion of attendance panels, with agreement to include these as standing agenda items.
- Development of bite-sized learning modules, with four initial modules focusing on supporting attendance, managing short- and long-term absence, and well-being at work. This work is being progressed in collaboration with Jackie Millen’s team for implementation.

The Chair invited questions from members.

Member Comments

- Lynne Parsons welcomed the move towards greater consistency in the promotion of attendance panels and noted that there is value in sharing best practice across groups.
- Vicki Bennett commented positively on the development of more interactive bite-sized learning modules.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Attendance Report up to February 2026, noting that more up-to-date figures are available as at April.

- The HSCP recorded 27.67 working days lost (WDL) per FTE in February 2026, representing a slight increase compared to February 2025.

Karen highlighted that long-term absence is showing a downward trend, with notable improvements across Care at Home, Community Care and Localities.

Planned Actions

- Continuation of monthly absence panels.
- Review of the current panel format, including engagement with Heads of Service to assess whether they remain fit for purpose.

Areas of Focus

- Complex Care and Home Care, with a more proactive approach to progressing cases into capability processes, where appropriate, on a case-by-case basis.

	The Chair invited questions from members. **Discussion** • Debbie Fyfe queried the factors contributing to the recent reduction in long-term absence. • Karen Rennie advised that all long-term cases have been reviewed since August, with a focus on closing cases exceeding one year. As a result, there are now very few long-term cases, and newer cases are being progressed more quickly, contributing to gradual improvement in overall figures. • Debbie Fyfe cautioned that progressing staff more quickly to capability processes is not always appropriate and may be perceived as overly harsh, with insufficient focus on individual circumstances. While recognising the need to reduce absence, Debbie emphasised the importance of applying policy appropriately and ensuring adequate support is in place to facilitate return to work. • Karen Rennie acknowledged this concern, confirming that long-term absences extending beyond four years are not sustainable, and that capability is only considered where appropriate. All cases are reviewed individually, with a focus on managing risk and applying processes compassionately. • Lynne Garvey highlighted the reduction in sickness absence and referenced previous LPF discussions on the importance of early, proactive contact with staff to understand underlying causes, whether work or home-related. She noted increased managerial engagement across portfolios and suggested a deeper review to better understand the drivers behind the improving trend. • Karen Rennie confirmed the objective remains to support staff back to work wherever possible, including consideration of adjusted duties. • Debbie Fyfe emphasised the need for innovative approaches to facilitate return to work, including opportunities for redeployment into alternative roles. • Lynne Garvey noted the importance of ensuring any alternative roles do not impact professional registration. • Karen Rennie highlighted the complexities associated with temporary redeployment, including issues of capability and motivation. • Karen Marwick shared a positive example of using temporary adjusted duties within an individual's existing role, which reduced pressure and supported a phased return, with benefits to mental health. It was noted that clearer communication is needed to promote this option. • Colleen Allen reported that attendance panels have contributed to a reduction in absence figures, with improved visibility and earlier access to support for staff. • Karen Rennie confirmed that attendance panels will continue, with the review focused on format rather than removal. • Lynne Garvey added that both Attendance Panels and Promoting Attendance at Work (PAW) Panels have proven effective in supporting absence management.	

	• Steven Portsmouth highlighted inconsistencies in the level of support provided by managers, which can result in prolonged absences, and queried whether further training is required. • Lynne Parsons noted that attendance management is an emotive issue, influenced by varied pressures across the organisation. Attendance panels were recognised as a valuable forum for sharing best practice and supporting managers to adopt effective approaches. Lynne welcomed the focus on supporting staff to return to work and emphasised the importance of retaining staff, given ongoing recruitment challenges and the investment in the workforce. **LPF members were assured by the current position.**	
	4.2 Attendance Management Flash Reports Heads of Service presented the attendance management flash reports to support the data presented by HR. **Primary & Preventative Care** Lisa Cooper provided an update on attendance management within the Primary and Preventative Care portfolio. • Overall, a positive position was reported, with a significant reduction in short-term absence. Managers are providing timely, direct support to teams. • The Band 7 peer support network continues to receive positive feedback, and there is ongoing collaboration with HR Business Partners. • A slight increase in long-term absence was noted. However, staff are being well supported through Stage 3 hearings, with a high standard of reports to support quality decision-making processes. Lisa highlighted that a number of cases are complex, but staff are being well supported and using available resources. • The service is reviewing absence records where “other” has been used as the reason, with any learning to be reported back to the LPF. • For services with absence levels above 10%, action plans are in place to address this. The Chair invited questions from members. • Ben Morrison, as the Staffside representative for PPC welcomed positive progress, noting improved discussions and shared learning. • It was highlighted that the management team is bringing examples of complex absence cases to meetings to support collective learning. • At the most recent meeting, work-related stress was reviewed. Findings indicated that stress-related absence is more commonly linked to personal factors rather than work-related issues. **Complex & Critical Care Services** Karen Marwick provided an update on attendance management within the Complex and Critical Care portfolio. • Mental Health and Addiction services remain stable.	

	• An increase in absence within Psychology (from 2% to 4%) was highlighted. A detailed review identified three short-term absence cases. Due to the small size of the service, these have had a disproportionate impact on overall figures. • The implementation of the Reduced Working Week (RWW) is expected to support improvements in staff wellbeing and attendance. In discussion, Vicki Bennett raised an increase in absence within Ward 4 at Queen Margaret Hospital (QMH). Karen advised that these absences relate to specific, non-work-related reasons and are expected to reduce, with an improvement anticipated in the next reporting period. **Community Care Services** Chris Conroy provided an overview of attendance management within the Community Care portfolio. • Attendance levels remain static across NHS services, with long-term absence continuing to be the primary contributing factor. Work is ongoing with HR Business Partners to refocus efforts in response to the current levels of long-term absence. Positive support arrangements at Stage 3 were noted. • For Fife Council (FC) staff, a gradual reduction in absence has been observed however, long-term absence remains the main driver. • The implementation of the Reduced Working Week (RWW) is expected to have a positive impact on staff health, wellbeing, and attendance. • Chris highlighted the significant level of change across CCS, including ward closures and the realignment of the Hospital at Home (H@H) team. Despite these pressures, staff have been supported through what have been challenging processes. The Chair invited questions from members. • Debbie Fyfe queried whether staff are surveyed following periods of sickness absence. Chris confirmed that formal surveys are not currently undertaken. While return-to-work discussions take place, this specific question is not routinely asked however, he agreed to consider this further. • Karen Marwick noted that managers should explore these discussions with staff throughout the period of absence. • Melanie Jorgensen highlighted the importance of understanding the individual's perspective and suggested that direct questioning by managers may not always elicit honest feedback. • Louise Noble suggested that such discussions may be more effective during return-to-work meetings, as staff may be better able to reflect on their experience at that stage. **Action:** • Implementation of a staff survey as part of the return-to-work process following periods of absence to be explored. **LPF members were assured by the current position.**	**MJ / KR**

4.3 Recruitment Update

NHS Update

Melanie Jorgensen provided an update on recruitment activity for Quarter 3 (October to December 2025).

- Recruitment activity has increased significantly, with 78 vacancies recorded - representing a 20% rise compared to Quarter 2.
- Time to hire remains the key challenge, with the average time from approval to start date now at 157 days, an increase of 60 days from Q2. The period from conditional offer to completion of pre-employment checks has also increased by 27 days.
- A deeper analysis is required to understand the underlying causes, and the East Region has been asked to review barriers within the process. Delays in Occupational Health assessments were noted as a contributing factor.
- Increased recruitment activity is anticipated to be seen in data from January onwards in preparation for the implementation of the Reduced Working Week (RWW).

In discussion:

- Louise Noble queried whether impact assessments are being undertaken in relation to workload pressures arising from recruitment delays.
- Melanie Jorgensen advised that further work is required to fully understand the causes, affected areas, and contributing factors, and will seek to identify specific issues.
- Karen Marwick highlighted a recent example where a vacancy advert received approximately 400 applications within 24 hours, many of which were AI-generated. The advert was temporarily closed to enable filtering for quality applications and may require reopening if quality of applications are low.
- Melanie Jorgensen suggested introducing 'killer questions' within application processes to support more effective shortlisting and will provide feedback to Sharon on facilitating a session to implement this approach.
- It was noted that Vacancy Management Forms (VMFs) are only valid for three months following sign-off. Delays in shortlisting mean VMFs may expire, and recruitment cannot proceed without a valid VMF attached to the post.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Recruitment Report from 1st January 2026 to 31st March 2026.

- 52 job requisitions raised, averaging 28 applicants per job requisition
- 13 re-advertised posts
- 77% of applicants were external with the remaining 23% being internal applicants
- Of candidates hired, 53% external and 47% internal

It was noted that recruitment to Care Assistant/Home Carer roles continue to present challenges.

	Issues relating to right-to-work checks and sponsorship were also highlighted, with a need to strengthen communication and ensure these requirements are consistently verified at an early stage in the recruitment process. The Chair invited questions from members. • Debbie Fyfe requested that future reports include a breakdown of vacancies by service area. **LPF members were assured by the current position.**	
	4.4 Staff Health & Wellbeing Updates Dafydd McIntosh presented a combined wellbeing update on behalf of NHS Fife and Fife Council, outlining key activity, achievements, and challenges for the reporting period. • The Wellbeing Oversight Group continues to operate. Although there is no longer a single designated wellbeing contact, it plays a key role in bringing together wellbeing leads across services. • National Wellbeing Week is scheduled to take place in June. • A key challenge identified is staff awareness of available wellbeing support. While a wide range of resources exists, more targeted and effective communication is required to ensure staff know how and where to access support. • A social media campaign is underway to promote the wellbeing toolkit, with a focus on supporting staff to proactively manage their own wellbeing. The Chair invited questions from members. • Debbie Fyfe highlighted ongoing concerns regarding limited awareness and understanding of available support. • Karen Rennie noted that a booklet outlining available resources is available for distribution to stewards. Dafydd agreed to take this forward, with UNISON supporting funding. • Roy Lawrence advised that presentations on The Well can be arranged for any teams or groups as required. • Lynne Parsons suggested that Health and Wellbeing (HWB) Champions should focus on learning from feedback gathered through attendance management processes. • Lynn Barker highlighted Mental Health Awareness Week (11–17 May). • It was noted that UNISON Fife is supporting “Wear It Green Day” on 14 May as part of National Mental Health Awareness Week activities. **LPF members were assured by the current position.**	
5	**HEALTH AND SAFETY**	
	5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression) **<u>Fife Council Update</u>** Hugh Wilson, representing the Fife Council Health and Safety Team, provided an update on current workstreams.	

	• A total of 210 incidents were recorded between 1 March 2026 and 20 April 2026, consistent with the same period last year. Of these, 51 involved injury or harm, 125 related to violence, aggression, or threat (VAT), and 34 were classified as near misses or property damage. A notable increase in VAT incidents was linked to a specific location. • Slips, trips and falls were the most common type of incident (26 cases), followed by manual handling incidents. • Debrief completion rates were reported as: 39 completed, 77 arranged, and 9 not completed. It was noted that the "not completed" figure relates to a system error. • There were 5 RIDDOR-reportable incidents during the period, 4 of which were associated with VAT at a single location. Hugh highlighted that VAT incidents remain a key area of concern, with ongoing mitigation measures in place. • KSI/STF were attributed to staff frequently moving between locations, often under time pressure. It was noted that the age demographic of the workforce may increase susceptibility to such injuries and longer recovery periods. • Wellbeing concerns for staff affected by VAT incidents were acknowledged, with the debrief process identified as an important support mechanism. • The importance of ensuring risk assessments are regularly reviewed and informed by staff input through team meetings was emphasised. Achievements noted included: • Publication of two Health and Safety Management Framework (HSMF) Part 2 documents. • A planned focus on stress risk assessments over the next six months. • Ongoing support for Care at Home (CAH) development sessions, with an offer to support additional sessions where capacity allows. The Chair invited questions from members. • Debbie Fyfe emphasised the importance of completing debriefs and expressed assurance regarding gender reporting, noting that the associated action can now be closed. Debbie also sought confirmation that risk assessments are robust, regularly updated following incidents, and clarity on where these are held. • It was noted that Fife Council will launch a Violence, Aggression and Threat (VAT) Charter on Monday. The Charter, agreed at the February JNCF and aligned to the UNISON charter, has been signed off by the Chief Executive, Leader of the Administration, and Trade Unions. It outlines the support available to staff affected by VAT incidents. HSCP services are expected to align with this from a Council perspective, and NHS colleagues may wish to consider adopting a similar approach. • Caroline Cherry highlighted the value of the report and noted positive engagement through debrief discussions with team managers.	

	NHS Update William Nixon from the NHS Health and Safety Team was unable to attend the meeting and the report was included within the meeting pack for information. Any queries on report content should be directed to Billy via email. **LPF members were assured by the current position.**	
	5.2 Mandatory Training Dashboard This item was discussed in detail during the earlier LPF Development Session and therefore, due to time constraints, it was decided to defer further discussions until the next LPF. **LPF members were assured by actions planned and ongoing to improve the current position.**	
	5.3 Health, Safety & Wellbeing Assurance Group Due to time constraints, a decision was taken to defer discussions until the next LPF.	
6	**FINANCE**	
	6.1 Finance Update Tracy Hogg provided a verbal update on the current financial position noting that the provisional outturn for Fife HSCP reports an overspend of £9.515m. Tracy highlighted that this represents a reduction of £1.093m from the position reported in January 2026. **Primary & Preventative Care – Underspend £2.839m** • Overspend of £0.433m within Primary Medical Services, primarily due to premises costs, maternity and sickness cover, and GP superannuation. • Underspend of £3.272m driven by lower-than-anticipated prescribing costs and proactive budget management. **Complex & Critical Care – Overspend £9.280m** • Overspend of £4.410m in Mental Health & Psychology, reflecting non-delivery of £0.793m savings, alongside pressures from specialist inpatient costs, increased bed numbers, and use of supplementary and locum staffing. • Underspend of £1.035m in Learning Disabilities, linked to national recruitment challenges for LD nurses. • Overspend of £5.905m in Adult Social Care, due to increased care packages, transport costs, and an element of savings not delivered. **Community Care – Overspend £0.678m** • Overspend of £1.3m across Care of the Elderly and Specialist Inpatients due to surge and agency staffing usage. • Underspend of £2.6m within Community Nursing Teams and ICASS as a result of vacancies. • Overspends include: o £0.750m in Care at Home (packages exceeding budget)	

- £0.900m in Nursing & Residential placements (activity above budget)
- £0.500m in Occupational Therapy (increased demand and price pressures)

PBE & Other – Overspend £2.396m

- Overspend of £4.348m on SLAs and out-of-area placements.
- Underspend of £1.951m through management actions and vacant posts.

Savings

- 83% of savings were delivered on a recurring basis, equating to £24.3m of a £29.4m target.
- Outstanding savings are planned for delivery in 2026–27.

Reserves

- Opening balance: £1.7m
- Allocated during the year: £1.5m
- Added in-year: £2.192m
- Closing balance: £2.359m (fully committed)
- The ambition to maintain 2% reserves is currently unachievable due to service demand.

Next Steps / Forward Look

- The PRU process will continue into 2026–27, including review of overspending areas.
- Regular financial governance arrangements will continue, including:
  - Four-weekly Director of Finance meetings
  - Eight-weekly tripartite meetings
- Finance will work with the Strategic Planning Group to align resources with strategic priorities, with a focus on linking finance, performance, outcomes for people, and quality of care.

Chair complimented a clear report and opened to questions from members.

Debbie Fyfe sought clarification on whether Heads of Service and Portfolio Leads intend to provide updates to the LPF regarding current demand, service provision, and anticipated future pressures across Children and Families services.

Debbie also highlighted concerns in relation to individuals living at home who are primarily supported by parental carers. She queried what contingency arrangements are in place for when parents are no longer able to continue in their caring role, and whether there are plans to provide an update to the LPF on this matter, including associated timescales.

Tracy Hogg confirmed that this issue is being progressed in collaboration with the Strategic Planning Group. Tracy also highlighted that the Finance Governance Board will review its purpose, membership, and intended outcomes.

It was noted that the recruitment of a new Head of Corporate Governance presents an opportunity to undertake a wider review of committee structures.

	LPF members were assured by the current position.	
7	**SERVICE PRESSURES & WORKFORCE UPDATES**	
	7.1 Admin Transformation Update Tracy Hogg highlighted a number of emerging issues, noting the increased complexity arising from the impact of the Reduced Working Week (RWW) on current vacancies. While a list of vacancies is in place, challenges have been identified in relation to a policy allowing staff, with managerial agreement, to increase or decrease their contracted hours by 7.5 hours, resulting in movement within the administrative workforce. It was also noted that, under RWW, some staff have been offered the option to retain their existing hours, and actions have been taken to manage this appropriately. An update on this position has been requested. • The impact of these changes on clinical staff requires further mapping. • Engagement with staff is needed to better understand value-added work and job satisfaction. • Limitations were noted with the Dragon digital dictation system due to an insufficient number of licences. • Consideration is required on how to align with the shared service model being explored across NHS services. • It was noted that, should anticipated savings not be realised, management actions will require review. The Chair invited questions from members. • Lynne Parsons raised concerns regarding the oversight and control of retire and return arrangements, as well as partial retirement, noting these are not consistently visible at vacancy panel. Concerns were expressed regarding the potential financial impact. • Lynne Garvey confirmed that action has been taken to progress a Vacancy Management Form (VMF) in response. **LPF members were assured by the current position.**	
	7.2 Reduced Working Week – Update on Recruitment Due to time constraints, a decision was taken to defer discussions until the next LPF meeting.	
	7.3 Workforce Action Plan 2026/27 Roy Lawrence presented the Workforce Action Plan for 2026/27 for LPF endorsement. He noted that this is the fourth annual action plan and highlighted its continued alignment with the Strategic Plan. • It was noted that the Scottish Government no longer requires a standalone action plan, and a revised approach has been adopted to align more closely with the Strategic Plan.	

	• Roy described the plan as more streamlined, with a clear focus on key priorities, and acknowledged the collaborative approach taken in its development. Roy also extended his thanks to Dafydd McIntosh for his work over the past four years in supporting the workforce agenda. It was noted that the partnership with The King's Trust has been recognised, with Dafydd attending the Royal Garden Party at Buckingham Palace in acknowledgment of this work. **LPF members were assured by the current position and endorsed progression to IJB.**	
	7.4 Workforce Mobilisation Hub Due to time constraints, a decision was taken to defer discussions until the next meeting of the LPF.	
8	**GOVERNANCE**	
	8.1 LPF Workplans 2026/27 The LPF workplan was included for assurance and noting.	
9	**ITEMS FOR BRIEFING STAFF / AOCB** No notification of AOCB was received and therefore the meeting was closed by updating members on the date of the next meeting.	
DATE OF NEXT MEETING **LPF Meeting (MS Teams)** **Wednesday 15 July 2026, 10:30-12:30**		